STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555690	A. Building B. Wing	02/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alameda Care Center	925 W. Alameda Ave. Burbank, CA 91506

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the residents received care consistent with professional standards of practice for three of five sampled residents (Residents 1, 6, and 7), by failing to:1. Ensure treatment for rashes was provided to Resident 1 as per physician order. Resident 1's Treatment Administration Record (TAR) was blank on 1/16/2026, 1/20/2026, and 1/27/2027.2. Obtain a physician order for Resident 6's treatment for rashes from 11/1/2025 to 11/13/2025.3. Ensure Dermatologist (a medical practitioner specializing in the diagnosis and treatment of skin disorders) was notified as per physician order on 5/17/2025. Resident 6 was never seen by a Dermatologist for eight months after a physician order.4. Ensure Dermatologist was notified as per physician order. Resident 7 had physician order for Dermatologist consultation on 12/25/2025 and was not seen until 1/26/2026. These failures had the potential for Residents 1, 6, and 7's delay in Dermatologist treatment and could potentially lead to worsening of residents' rashes. Findings:a. During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 10/28/2025, and readmitted on [DATE], with diagnoses that included schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior)-bipolar type (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), unspecified (unconfirmed) dementia (a progressive state of decline in mental abilities) and chronic viral hepatitis B (a long-term [lifelong] infection of the liver caused by the hepatitis B virus (HBV) that lasts for more than six months. It means the immune system could not clear the virus, allowing it to remain in the blood and liver, potentially causing silent damage, scarring or liver cancer over time).During a review of Resident 1's Skin Reassessment, dated 1/15/2026, the Skin Reassessment indicated Treatment Nurse 2 (TN 2) documented Resident 1 had rashes to chest and abdomen.During a review of Resident 1's Order Summary Report, dated 1/15/2026, the Order Summary Report indicated an order to clean chest and abdominal rash with normal saline (salt in water solution), pat dry, apply hydrocortisone (medication used to treat inflammation, itching and swelling) cream one percent (%-one part in every hundred) on affected area and leave open to air daily on day and evening shift for four weeks.During a review of Resident 1's Treatment Administration Record (TAR), dated 1/2026, the TAR indicated blank on the following dates and times:1. 1/16/2026, at day and evening shift,2. 1/20/2026, at day shift3. 1/27/2026, at day shift.During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool,) dated 2/2/2026, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired.During a concurrent interview and record review on 2/17/2026, at 9:03 a.m., with TN 1, Resident 1's Order Summary Report, dated 1/15/2026, and TAR, dated 1/2026, were reviewed. TN 1 stated Resident 1's TAR was left blank on 1/16/2026, 1/20/2026, and 1/27/2026.During an interview on 2/18/2026, at 10:15 a.m., with the Registered Nurse Supervisor (RNS), the RNS stated blank TAR means rashes treatment was not signed (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and treatment was not provided to Resident 1.During an interview on 2/18/2026, at 10:57 a.m., with the Minimum Data Set nurse (MDSN), the MDSN stated blank TAR means treatment was not provided to Resident 1. The MDSN stated Resident 1's rashes can worsen since treatment for rashes was not provided.During a concurrent interview, and record review on 2/19/2026, at 11:08 a.m., with the MDSN, facility's policy and procedure (P&P), titled, Administering Medications, dated 3/2023, and last reviewed on 1/14/2026, the P&P indicated, Medications are administered in accordance with prescriber's orders, including any required time frame.20. The individual administering the medication initials the resident's Medication Administration Record (MAR) on the appropriate line after giving each medication and before administering the next ones.21. As required or indicated for a medication, the individual administering the medication records in the resident's medical record:a. the date and time the medication was administered;b. the dosage;c. the route of administration;d. the injection site (if applicable);e. any adverse or undesired result;f. any results achieved and when those results were observed; andg. the signature and title of the person administering the drug.b. During a review of Resident 6‘s admission Record, the admission Record indicated the facility admitted Resident 6 on 12/4/2024, with diagnoses that included Parkinson's Disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), unspecified dementia and unspecified dermatitis (a common, non-contagious inflammation of the skin characterized by itching, redness, rashes, and dryness).During a review of Resident 6's Physician Order, dated 10/2/2025, the Physician Order indicated to clean generalized rashes to bilateral upper extremities (BUE), bilateral lower extremities (BLE) and chest with normal saline, pat dry, apply clotrimazole (medication used to treat skin infections)-betamethasone (medication used to reduce itching, redness, swelling, and inflammation from skin conditions) external cream 1 %-0.05 % to affected areas and leave open to air daily on day and evening shift for unspecified dermatitis for four weeks.During a review of Resident 6's Skilled Nursing Facility (SNF) Wound Care notes, dated 10/28/2025, the Wound Care notes indicated the Nurse Practitioner (NP) for wound care assessed Resident 6 with generalized unspecified dermatitis and documented plan to cleanse with normal saline and apply clotrimazole 1% and betamethasone 0.05% cream twice daily.During a review of Resident 6's Treatment Administration Record (TAR), dated 11/2025, the TAR indicated no treatment was provided to Resident 6 from 11/1/2025, to 11/13/2025.During a review of Resident 6's SNF Wound Care notes, dated 11/11/2025, the Wound Care notes indicated the NP assessed Resident 6 with generalized unspecified dermatitis and documented plan to cleanse with normal saline and apply clotrimazole 1% and betamethasone 0.05% cream twice daily.During a review of Resident 6's MDS, dated [DATE], the MDS indicated Resident 6's cognitive skills for daily decisions were severely impaired.During a concurrent interview and record review on 2/17/2026, at 8:53 a.m., with TN 1, Resident 6's TAR, and Physician Order, dated 11/2025 were reviewed. TN 1 stated Resident 6 still had rashes on BUE, BLE and chest on 11/1/2025 until 11/13/2025. TN 1 stated on 10/29/2025, TN 1 documented in Skin Rash Report that Resident 6 had rashes to BUE, BLE and chest with treatment was clotrimazole and betamethasone. TN 1 stated no documented physician order for Resident 6's rashes and no treatment was provided to Resident 6 from 11/1/2025 to 11/13/2025. TN 1 stated the treatment order was not renewed. TN 1 stated it the responsibility of the TNs to call the physician to obtain order to renew the treatment order. TN 1 stated if there was no documented treatment, Resident 6's rashes were not treated from 11/1/2025 to 11/13/2025. TN 1 stated Resident 6 rashes can worsen and spread if no treatment was provided.During an interview on 2/18/2026, at 10:06 a.m., with the RNS, the RNS stated if there was no physician order on 11/1/2025 for Resident 6 rashes, it means no treatment was provided to Resident 6. The RNS stated Resident 6's rashes could worsen if treatment was not (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	provided for 13 days.During an interview on 2/18/2026, at 10:57 a.m., with the MDSN, Resident 6 rashes can worsen since no treatment was documented for 13 days. The MDSN stated TNs should have called the physician to renew the order for Resident 6's treatment for rashes.During a concurrent interview, and record review on 2/20/2026, at 2:59 p.m., with the RNS, facility's P&P, titled, Administering Medications, dated 3/2023, and last reviewed on 1/14/2026, the P&P indicated, Medications are administered in a safe, timely manner and as prescribed. The RNS stated Resident 6 should have received the treatment for rashes since it was documented that he (Resident 6) still had rashes. The RNS stated treatment for Resident 6 should not have stopped. The RNS stated because treatment was not provided to Resident 6 for 13 days, Resident 6's rashes can worsen and cause Resident 6 discomfort from itching.During a review of facility's P&P titled, Non-Pressure Sore Management, undated and last reviewed on 1/14/2026, the P&P indicated, Notification of physician and orders for non-pressure sore treatment.During a review of facility's P&P, titled, Alteration in Skin Integrity, undated and last reviewed on 1/14/2026, the P&P indicated, Residents with alteration in skin integrity will be assessed, orders for treatment will be obtained and care plans will be developed. Procedure:1. Skin alteration will be assessed by licensed staff to include: a. Distribution of skin alteration (measurement of affected skin areas). b. Description of actual affected area(s), including degree of skin alteration. c. Symptoms, if any, manifested by resident, including degree of itching, mild, moderate, severe.2. Physician will be notified and appropriate orders obtained.c. During a review of Resident 6's Order Summary Report, dated 5/17/2025, the Order Summary Report indicated an order for Dermatology consultation and follow up treatment as indicated.During a review of Resident 6's SNF Wound Care notes, from 2/25/2025 to 12/25/2025, the SNF Wound Care notes indicated the NP documented the following:2/25/2025, 3/4/2025, 3/11/2025, 3/18/2025, 4/1/2025, 4/15/2025, and 5/1/2025 - Resident 6 had generalized fungal dermatitis (a widespread skin infection characterized by itchy, red, scaly, and sometimes blistering rashes caused by fungi)6/17/2025, 7/15/2025, and 8/19/2025 -Resident 6 had generalized unspecified dermatitis, other (widespread skin inflammation of unknown origin, often appearing as extensive rash, redness, itching, and scaling [the visible shedding, peeling, or flaking of the skin's outer layer]).9/2/2025, 9/16/2025, 9/30/2025, 10/14/2025, 10/28/2025, 11/11/2025, 11/25/2025, 12/9/2025, and 12/25/2025 - Resident 6 had generalized unspecified dermatitis.During a concurrent interview and record review on 2/13/2026, at 3:21 p.m., with the Infection Preventionist (IP), Resident 6's Transfer Form, dated 1/16/2026, was reviewed. The Transfer Form indicated Resident 6 was transferred to General Acute Care Hospital 1 (GACH 1) on 1/16/2026, due to altered mental status (AMS- a non-specific, often acute change in brain function, resulting in confusion, decreased alertness, disorientation) and abnormal vital signs (measurements falling outside established healthy ranges for adults, typically indicating physiological distress). The IP stated Resident 6 was transferred to GACH 1 with body rashes.During an interview on 2/17/2026, at 8:53 a.m., TN 1 stated Resident 6 was never seen by the Dermatologist only by the NP who was a wound care specialist.During an interview on 2/17/2026, at 9:03 a.m., TN 1 stated the Dermatologist came and visited the facility on 1/26/2026, and Resident 6 was already transferred out to GACH 1 on 1/16/2026.During a concurrent interview and record review on 2/18/2026, at 9:53 a.m., with the IP, Resident 6's Oder Summary Report, dated 5/17/2025, was reviewed. The IP stated Resident 6 had order for dermatology consultation since 5/17/2025.During an interview on 2/18/2026, at 10:06 a.m., with the RNS, the RNS stated the Dermatologist did not come and did not assess Resident 6 rashes from 5/17/2025, (date of physician order) to 1/16/2026, (day of transfer to GACH 1), for almost eight months. The RNS stated the NP is not a Dermatologist but a wound care specialist. The RNS stated Resident 6 rashes can worsen if not seen by the Dermatologist (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	for eight months. The RNS stated if the Dermatologist was notified of Resident 6 ongoing rashes, the Dermatologist could have ordered skin scraping (a common, minimally invasive diagnostic procedure where a technician uses a dull scalpel blade to collect surface skin cells, debris, or parasites for microscopic examination) and treatment for rashes before Resident 6 was transferred to GACH 1 and preventing Resident 6 from testing positive in GACH 1 for scabies (a skin infestation resulting in intense itching and a pimple-like rash, especially at night) which can possibly result to spread of scabies amongst staff and resident. The RNS stated if Resident 6 was seen earlier by the Dermatologist scabies outbreak (a sudden, unexpected increase in cases of a specific disease within a particular, often localized, geographic area or population, exceeding what is normally expected) could have been prevented.During an interview on 2/19/2026, at 12:34 p.m., with the NP, the NP stated he (NP) did brought up to the Director of Nursing (DON) the scabies test and treatment before the 12/25/2025, but he (NP) was informed not to order the scabies test and treatment since the holiday was coming up and the facility might have a potential scabies outbreak and affect the staffing. The NP stated the facility informed him (NP) not to make aggressive treatment for scabies. The NP stated the facility intervened with him (NP) by preventing him (NP) ordering scabies tests and treatment for scabies. The NP stated he (NP) was notified on 1/2026, that the Department was in the facility for scabies outbreak. The NP stated before 1/2026, the facility had no Dermatologist for two years.During a review of facility's P&P, titled, Wound Care, dated 3/2023, and last reviewed on 1/14/21026, the P&P indicated, The purpose of this procedure is to provide guideline for the care of wounds to promote healing. Preparation:1. Verify that there is a physician's order for this procedure.During a review of facility's submitted document titled, Acute Communicable Disease Control Program- Scabies Prevention and Control Guidelines for Healthcare Setting (the Guideline), dated 7/2019 was reviewed. The Guideline indicated, Access to and use as needed of the diagnostic skills of a clinician and or other healthcare consultant experienced in recognizing scabies to evaluate difficult or unusual; cases or response to treatment.Confirm the presence of scabies by microscopic identification of the mite or its products (skin scraping) in one or more symptomatic patients/residents or healthcare worker.d. During a review of Resident 7's admission Record, the admission Record indicated the facility admitted Resident 7 on 1/27/2023, with diagnoses that included unspecified cerebral infarction (a type of ischemic stroke caused by a blocked blood vessel, leading to brain tissue death [necrosis] due to oxygen deprivation), unspecified dementia and unspecified pneumonia (an infection/inflammation in the lungs).During a review of Resident 7's Order Summary Report, dated 12/25/2025, the Order Summary Report indicated Dermatology Consult and follow-up treatment as indicated.During a review of Resident 7's Skin Reassessment, dated 12/26/2025, the Skin Reassessment indicated Resident 7 had rashes to BUE, BLE, chest and back.During a review of Resident 7's Care Plan, dated 1/5/2026, about rash, the Care Plan indicated an intervention to notify Dermatologist of non-response. During a review of Resident 7's History and Physical (H&P-a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings), dated 1/8/2026, the H&P indicated Resident 7 did not have the capacity to understand and make decisions.During a review of Resident 7's MDS, dated [DATE], the MDS indicated Resident 7's cognitive skills for daily decisions were intact.During a concurrent interview, and record review on 2/13/2026, at 3:21 p.m., with the IP, Resident 7's Skin Rash Report, dated 1/9/2026, and 1/24/2026, were reviewed. The Skin Rash report indicated Resident 7 had rashes to BUE, BLE and back.During a review of Resident 7's TAR, dated 1/2026, the TAR indicated Resident 7 received triamcinolone (medication used to reduce inflammation, itching, and redness in skin conditions) twice a day for dermatitis from 1/1/2026 to 1/31/2026.During an (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	interview on 2/17/2026, at 9:03 a.m., with TN 1, TN 1 stated Resident 7 was Resident 6's roommate (tested positive for scabies in GACH 1 on 1/22/2206). TN 1 stated Resident 7 had rashes since 12/26/2025. TN 1 stated Resident 7 was not seen by the Dermatologist until 1/26/2026, when the Dermatologist came to the facility to assess and evaluate nine residents with rashes and after Resident 6 tested positive for scabies.During an interview on 2/18/2026, at 10:15 a.m., with the RNS, the RNS stated the facility should have followed the physician order for dermatologist consultation. The RNS stated a delay of Dermatologist notification for one month can worsen Resident 7's rashes.During a concurrent interview, and record review on 2/19/2026 at 8:41 a.m., with TN 1, Resident 7's SNF Wound Care notes were reviewed. TN 1 stated there were no Wound Care notes after 12/25/2025, when the physician ordered the Dermatologist consultation. TN 1 stated Resident 7 was last seen by the NP on 12/9/2025, for right lower leg cellulitis (a skin infection that causes swelling and redness) and not for rashes. TN 1 stated the NP should have been notified on 12/25/2025, upon readmission with rashes and the Dermatologist should have been notified as per physician order. TN 1 stated Resident 7 was seen by the Dermatologist one month after the physician order. TN 1 stated Resident 7 ‘s rashes can worsen since he (Resident 7) was not seen by the NP and the Dermatologist timely.During an interview on 2/19/2026, at 10:36 a.m., with TN 1, TN 1 stated Registered Nurse (RNs) obtains Dermatologist consultation order. TN 1 stated Dermatologist are informed thru fax (a way to transmit a paper document, image, or text from one location to another instantly) or thru phone of the consultation. TN 1 stated she (TN 1) did not call the Dermatologist because the facility does not have a Dermatologist until 1/26/2026.During a concurrent interview, and record review on 2/20/2026, at 2:59 p.m., with the RNS, facility's P&P, titled, Non-Pressure Sore Management, undated and last reviewed on 1/14/2026, the P&P indicated, Notification of physician and orders for non-pressure sore treatment.During a concurrent interview and record review on 2/20/2026, at 3:13 p.m., with the RNS, facility's P&P, titled, Change in Condition, dated 1/24/2027, and last reviewed on 1/14/2026, the P&P indicated, To ensure proper assessment and follow-through for any resident with a change of condition. A change in condition is a sudden or marked difference in residents: .11. Bruises, lacerations, blisters, rashes or skin tears. Upon a change in condition for any reason, nursing staff members are to take the following actions: Physician shall be called promptly. The RNS stated that when Resident 7 had rashes on 12/26/2026, a change of condition should have been created, and physician order should have been followed.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement infection control measures for six of fifteen sampled residents (Residents 1, 2, 3, 4, 5, and 6) after a scabies (a highly contagious [an illness or condition that can be easily spread from one person to another] skin infestation [the state of being invaded or overrun by pests or parasites] caused by the microscopic [too small to be seen by the naked eye] mite [relatives of spiders and ticks found in nearly all habitats] Sarcoptes scabiei [the human itch mite], which burrows [make a hole or tunnel], into the skin to lay eggs causing intense itching especially at night and a pimple-like rash) outbreak (occurs when there is a sudden, unexpected increase in the number of people getting sick with a specific illness in a particular place) was identified in the facility on 1/27/2026, by failing to:1. Ensure Resident 1's Skin Rash Report was completed weekly following Resident 1's readmission on [DATE].2. Notify the Wound Care Physician (WCP) that Resident 1 was readmitted on [DATE], with skin rashes.3. Ensure Treatment Nurse (TN) 1 and TN 2 informed the Dermatologist (a medical practitioner specializing in the diagnosis and treatment of skin disorders), who was present in the facility on 1/26/2026, of Resident 1's rashes and informed of an order for a dermatology consultation.4. Document the notification received on 2/9/2026, from General Acute Care Hospital 2 (GACH 2) that Resident 1 tested positive for scabies. 5. Report the scabies outbreak to the State Survey Agency (SSA) on 2/9/2026, upon notification of the second confirmed case of scabies involving Resident 1.6. Perform and document daily skin assessments for four residents (Resident 2, 3, 4, and 5) exposed to Resident 1.7. Provide training and education to ensure TN 1 and TN 2 were competent (having the necessary skills, knowledge, and ability to perform a task or role effectively) in performing skin scrapings (procedure used to collect surface or deep skin cells usually with a scalpel [sharp, small, straight-bladed knife] blade and mineral oil to identify mites, parasites, or fungal infections under a microscope [an instrument that is used to magnify small objects]).8. Ensure Certified Nursing Assistant 1 (CNA) 1, who developed lower back rashes on 1/28/2026, was assessed for scabies via skin scraping.9. Develop a line list (a table that contains key information about each case in an outbreak), identifying CNA 1's resident contacts for the six weeks prior to the onset of symptoms (beginning 12/17/2025) through 1/28/2026, when CNA 1 developed rashes on her lower back.10. Follow its facility's policy and procedure (P&P) titled, Prevention of Pressure Injuries (localized damage to the skin and/or underlying tissue usually over a bony prominence) /Skin Breakdown, last reviewed on 1/14/2026, that indicated, Inspect skin condition weekly for any new skin breakdown and changes in skin conditions such as skin tears, bruising, pressure injuries, skin rash.11. Follow its P&P titled, Alteration in Skin Integrity, last reviewed on 1/14/2026, that indicated Weekly skin progress reports will be completed using the non-pressure skin form.12. Follow its P&P titled, Non-Pressure Sore Management, last reviewed on 1/14/2026, that indicated Wound Physician notification for physician, indicating non pressure sore.13. Follow its P&P titled, Reporting Communicable (one that is spread from one person to another) Disease, last reviewed on 1/14/2026, that indicated, the Infection Preventionist (IP) is responsible for notifying the local, district, or state health department of confirmed cases of state-specific reportable disease.14. Follow the facility provided document titled, Acute Communicable Disease Control Program on Scabies Prevention and Control Guidelines for Healthcare Settings, dated 7/2019, that indicated, the following: a. Report healthcare-associated scabies outbreak (two or more cases) to Los Angeles County (LAC)-Department of Public Health. b. Confirm the presence of scabies by microscopic identification of mite or its products in one or more symptomatic resident or employee. c. Prepare a line listing of symptomatic healthcare workers from six weeks before the (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	onset of symptoms until current date and symptoms in household or other close contact. d. Outbreak reported to LAC Health Facilities Inspection Division (HFID) or California Department of Public health Licensing and Certification local office. e. Resident line list completed. f. Daily skin assessment/ documented on all exposed residents.These failures had the likelihood for the residents with scabies, that is not detected by the facility, to continue to transmit and spread scabies to other residents, staff, and visitors. Findings:a. During a review of Resident 1‘s admission Record, the admission Record indicated the facility admitted Resident 1 on 10/28/2025, and readmitted on [DATE], with diagnoses that included schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior)-bipolar type (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), unspecified (unconfirmed) dementia (a progressive state of decline in mental abilities) and chronic viral hepatitis B (a long-term [lifelong] infection of the liver caused by the hepatitis B virus (HBV) that lasts for more than six months. It means the immune system could not clear the virus, allowing it to remain in the blood and liver, potentially causing silent damage, scarring or liver cancer over time). During a review of Resident 1's Skin Reassessment, dated 1/15/2026, the Skin Reassessment indicated TN 2 documented Resident 1 had rashes to the chest and abdomen.During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool) dated 2/2/2026, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired.During a concurrent interview and record review on 2/19/2026, at 8:41 a.m., with TN 1, Resident 1's Skin Reassessment, dated 1/15/2026, Skin Rash Reports, and Treatment Administration Record (TAR), dated 1/2026, and 2/2026, were reviewed. TN 1 stated the facility readmitted Resident 1 on 1/15/2026, and the Skin Reassessment, dated 1/15/2026, indicated TN 2 documented Resident 1 had rashes to chest and abdomen and TN 2 notified the Primary Physician (PP). TN 1 stated there were no weekly Skin Rash Report after 1/15/2026, until Resident 1 was transferred to GACH 2 on 2/6/2026. TN 1 stated the TAR, dated 1/2026, and 2/2026, indicated administration of hydrocortisone (medication used to treat inflammation, itching and swelling) twice a day to Resident 1 for rashes to chest and abdomen from 1/15/2026, to 2/6/2026. TN 1 stated weekly skin rash report should have been documented in Resident 1's medical record to keep track of the progress of the rashes and to find out if treatment was effective. TN 1 stated the weekly Skin Rash Report was not started on 1/15/2026. TN 1 stated as a TN she (TN 1) should have made sure it was done and documented weekly. TN 1 stated as TN they failed to perform and document skin rash report on 1/22/2026, 1/29/2026 and 2/5/2026. TN 1 stated they check residents' skin weekly every Thursday and rash report should have been documented.During an interview on 2/19/2026, at 10:36 a.m., with TN 1, TN 1 stated TN 2 did Resident 1's Skin Reassessment on 1/15/2026, and TN 2 should have opened the Skin Rash Report and documented. TN 1 stated Skin Rash Report was not done and not documented in Resident 1's medical record for three weeks.During a concurrent interview, and record review on 2/19/2026, at 11:08 a.m., with the Minimum Data Set Nurse (MDSN), facility's policy and procedure (P&P), titled, Prevention of Pressure Injuries/Skin Breakdown, dated 1/2026, was reviewed. The P&P indicated, Inspect skin condition weekly for any new skin breakdown and changes in skin condition such as skin tear, bruising, pressure injuries, skin rash. Non pressure wound will be documented in the non-pressure wound report and skin rash report, which will be updated weekly until skin problem is resolved or resident discharged from the facility. The MDSN stated there were no documented weekly skin rash report in Resident 1's medical record after the readmission on [DATE]. The MDSN stated the P&P was not followed. The MDSN stated TNs should do a weekly skin rash report assessment and documentation. The MDS stated if weekly skin rash report was not done and not (continued on next page)

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	555690	A. Building B. Wing	02/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alameda Care Center	925 W. Alameda Ave. Burbank, CA 91506

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	documented, staff might miss some interventions and can worsen Resident 1's rashes.During a concurrent interview, and record review on 2/20/2026, at 2:59 p.m., with the RNS, facility's P&P, titled, Body Checks, undated and last reviewed on 1/14/2026, the P&P indicated, To help reduce skin impairment in geriatric (specialized medicine, care, and conditions associated with older age, focusing on complex health needs, often involving multiple chronic illnesses, rather than just chronological age) residents, residents lose sensitivity in their skin and may not feel discomfort until it's too late, and a condition has become severe. It is important to inspect these residents during daily care and also on a weekly basis. The RNS stated the facility's policy was not followed. The RNS stated Resident 1's rashes can worsen if skin rashes are not assessed weekly.During an interview on 2/21/2026, at 9:10 a.m., with TN 2, TN 2 stated Resident 1's skin rash report should have been assessed and documented weekly. TN 2 stated without weekly skin rash report there will be no documentation of the progress of rashes if worsening or getting better. TN 2 stated Resident 1's rashes can worsen if not checked weekly. During a review of facility's P&P, titled, Alteration in Skin Integrity, undated and last reviewed on 1/14/2026, the P&P indicated, Weekly skin progress will be completed using the non-pressure skin form.b. During a review of Resident 1's Order Summary Report, dated 1/15/2026, the Order Summary Report indicated an order for chest and abdominal rash to be cleanse with normal saline (salt in water solution), pat dry, apply hydrocortisone cream, one percent (%-one part in every hundred) on affected area and leave open to air every day and evening shift.During a concurrent interview and record review on 2/17/2026, at 9:03 a.m., with TN 1, Resident 1's Skilled Nursing Facility (SNF) Wound Care notes were reviewed. TN 1 stated there were no documented SNF Wound Care notes from the WCP or the Nurse Practitioner (NP) after 1/15/2026 readmission. TN 1 stated if there was no documentation it means Resident 1 was not seen by the WCP or the NP.During a concurrent interview, and record review on 2/19/2026, at 8:41 a.m., with TN 1, Resident 1's Skin Reassessment, and Progress Notes, dated 1/15/2026, were reviewed. The Skin Reassessment indicated TN 2 documented the NP will reassess and change order if needed. TN 1 stated there was no documentation that the NP was informed of Resident 1's rashes on readmission on [DATE]. TN 1 stated if not documented it was not done. TN 1 stated if the NP was not informed, he (NP) will not be aware of the Resident 1's rashes and will not see the resident. TN 1 stated Resident 1's rashes could worsen if the NP was not informed.During an interview on 2/19/2026, at 9:31 a.m., with the IP, the IP stated TNs should inform the NP who was the wound care provider that oversees skin and wound care that Resident 1 was readmitted on [DATE], with rashes. The IP stated if the NP was not informed appropriate treatment could not be provided to treat Resident 1's rashes. The IP stated Resident 1's rashes can worsen.During an interview on 2/19/2026, at 11:08 a.m., with the MDSN, the MDSN stated TNs should have informed the NP and document the notification. The MDSN stated if not documented, the NP was not informed and if the NP was not informed, right treatment for rashes could not be provided to Resident 1.During an interview on 2/19/2026, at 12:34 p.m., with the NP, the NP stated he (NP) was not informed of Resident 1's rashes. The NP stated if he (NP) was informed he (NP) would have seen Resident 1 and left a documentation. The NP stated if Resident 1 was not seen, correct diagnosis and treatment would not be provided to treat the rashes. The NP stated evaluation could not be done if the treatment was effective for Resident 1's rashes.During an interview on 2/19/2026, at 2:06 p.m., with RN 1, RN 1 stated wound care provider which is the NP should have been notified of Resident 1's rashes. RN 1 stated if the NP was not notified Resident 1's rashes could potentially exacerbate (to make a disease, condition, or its symptoms worse, more severe, or more intense).During a concurrent interview, and record review on 2/20/2026, at 2:59 p.m., with the RNS, facility's P&P, titled, Non-Pressure Sore management, undated and last (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	reviewed on 1/14/2026, the P&P indicated, Procedure: . 3. Notification of physician and orders for on-pressure sore treatment. 7. Wound Physician Notification for Physician, indicating Non-Pressure Sore. The RNS stated the WCP or the NP should have been notified of Resident 1's rashes on readmission on [DATE]. The RNS stated there is a potential spread of scabies if the physician was not notified. The RNS stated Resident 1 was not evaluated for scabies while the facility had scabies outbreak.During an interview on 2/21/2026, at 9:10 a.m., with TN 2, TN 2 stated he (TN 2) had called Resident 1's Primary Physician (PP) of Resident 1's readmission with rashes on 1/15/2026 but was not sure if he (TN 2) had called and notified the WCP or the NP. TN 2 stated he (TN 2) did not document if he (TN 2) had called the NP. TN 2 stated if it was not documented, the NP was not notified of rashes on 1/15/2026. TN 2 stated if the WCP or the NP was not notified Resident 1's rashes can worsen.c. During a review of Resident 1's Order Summary Report, dated 1/15/2026, the Order Summary Report indicated an order for Dermatology Consult and follow up treatment as indicated.During a review of Resident 1's Care Plan Report, dated 1/15/2026, on alteration in skin integrity-rashes, the Care Plan Report indicated an intervention for Dermatologist consult as per physician order.During an interview on 2/19/2026, at 11:41 a.m., with the IP, the IP stated TNs should have informed the Dermatologist who was here on 1/26/2026, of Resident 1's rashes so Dermatologist could assess and order skin scraping for early detection of scabies if necessary and obtain an order for Elimite cream to prevent spread of scabies. The IP stated if Resident 1 was seen by the Dermatologist on 1/26/2026, she (Resident 1) would have been tested for scabies and received Elimite and will have less chance of testing positive in GACH 2. The IP stated because it was not detected early, Resident 1 could have spread scabies among staff, residents and staff in GACH 2.During an interview on 2/19/2026, at 2:41 p.m., with the Dermatologist, the Dermatologist stated when he (Dermatologist) came to the facility on 1/26/2026, he (Dermatologist) was provided with a list of residents with rashes and he (Dermatologist) went around and ordered skin scraping and elimite cream. The Dermatologist stated he (Dermatologist) cannot remember if he (Dermatologist) had evaluated Resident 1's rashes. The Dermatologist stated if Resident 1 was evaluated on 1/26/2026, and was provided with Elimite cream there will be less chance of her (Resident 1) testing positive for scabies, resulting in less chance of spreading scabies.During a concurrent interview, and record review on 2/19/2026, at 4:08 p.m., with the ADM, residents Dermatologist Progress Notes, dated 1/26/2026, were reviewed. The Dermatologist Progress Notes, indicated the Dermatologist seen, evaluated, ordered skin scraping and Elimite application to nine residents (Residents 3, 7, 8, 9, 10, 11, 13, 14, and 15). The ADM stated the Dermatologist only saw nine residents. The ADM stated TN 1 should have notified the Dermatologist of all residents with rashes including Resident 1. The ADM stated she (ADM) had expected the Dermatologist to have assessed and evaluated all residents on 1/26/2026. During an interview on 2/20/2026, at 8:36 a.m., with the IP, the IP stated the Dermatologist returned and evaluated resident on 2/2/2026. The IP stated it was TNs second chance to inform the Dermatologist of Resident 1's rashes but still was not done.During an interview on 2/20/2026, at 11:42 p.m., with the Medical Director (MD), the MD stated he (MD) was not informed of Resident 1's rashes while the facility was on scabies outbreak. The MD stated if he (MD) was informed he (MD) would have ordered skin scraping to check for the presence of scabies and order Elimite cream for Resident 1.During a review of facility's P&P, titled, Scabies: Prevention and Control, undated and last reviewed on 1/14/2026, the P&P indicated, Nurses and other healthcare workers will be trained to recognize and report any patient, themselves or other healthcare worker with signs and symptoms compatible with scabies infestation.During a review of facility's P&P, titled, Change of Condition, undated and last reviewed on 1/14/2026, the P&P indicated, A change in condition is a sudden (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	marked difference in residents. 11. Bruises, lacerations, blisters, rashes or skin tears. Upon a change in condition for any reason, nursing staff members are to take the following actions. 1. physicians shall be called promptly: If for some reason physician cannot be reached, alternative physician. shall be contacted. If alternate cannot be reached, Medical Director is to be contacted. All contacts or attempt to contact shall be documented and include the correct time of the activity.d. During an interview on 2/17/2026, at 10:01 a.m., with the Marketer, the Marketer stated GACH 2 called him (Marketer) on his (Marketer) personal phone to notify him (Marketer) that Resident 1 was positive for scabies. The Marketer stated he (Marketer) did not remember the date he (Marketer) was notified. The Marketer stated he (Marketer) did not document in Resident 1's electronic medical record because he (Marketer) does not have access to the electronic medical record. The Marketer stated he (Marketer) reported to the ADM. During a concurrent interview and record review on 2/17/2026 at 10:08 a.m., with the ADM, Resident 1's Progress Notes, dated 2/9/2026, were reviewed. The ADM stated on 2/9/2026, the Marketer notified her (ADM) that Resident 1 tested positive for scabies in GACH 2. The ADM stated she (ADM) reported to the IP and IP should have documented it in Resident 1's medical record.During a concurrent interview, and record review on 2/19/2026, at 11:08 a.m., with the MDSN, facility's policy and procedure (P&P), titled, Charting and Documentation, dated 7/2017, and last reviewed on 1/14/2026, the P&P indicated, Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate. The MDSN stated there should be a documentation that the facility was notified of Resident 1 testing positive for scabies in GACH 2. The MDSN stated the policy was not followed. The MDSN stated Resident 1's medical record was not complete.e. During a review of Resident 6‘s admission Record, the admission Record indicated the facility admitted Resident 6 on 12/4/2024, with diagnoses that included Parkinson's Disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), unspecified dementia and unspecified dermatitis (a common, non-contagious inflammation of the skin characterized by itching, redness, rashes, and dryness).During a review of Resident 6's Minimum Data Set (MDS-a resident assessment tool) dated 12/3/2025, the MDS indicated Resident 6's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired.During a review of Resident 6's Change of Condition (COC) Assessment Form, dated 1/16/2026, the COC indicated Resident 6 was transferred to GACH 1 on 1/16/2026, due to altered mental status (illnesses, disorders and injuries affect brain function) and abnormal vital signs (measurements falling outside established healthy ranges for adults).During a review of Resident 6's Scabies Examination, dated 1/18/2026, the Scabies Examination resulted in presence of scabies tested in GACH 1.During an interview on 2/13/2026, at 3:21 p.m., with the IP, the IP stated Resident 6 tested positive for scabies in GACH 1 and the facility was informed on 1/22/2026. The IP stated the facility then had a second case of positive scabies when Resident 1, who was transferred to GACH 2 on 2/6/2026, tested positive in GACH 2 and the facility was informed on 2/9/2026. The IP stated 12 residents who developed rashes were skin scraped for scabies in the facility since Resident 6 tested positive and one staff (CNA 1) had developed lower back rashes on 1/28/2026, and was treated with Elimite cream.During an interview on 2/17/2026, at 10:01 a.m., with the Marketer, the Marketer stated GACH 2 called him (Marketer) on his (Marketer) personal phone to notify him (Marketer) that Resident 1 was positive for scabies. The Marketer stated he (Marketer) did not remember the date he (Marketer) was notified. The Marketer stated he (Marketer) reported to the ADM.During an interview on 2/17/2026, at 10:08 a.m., with the ADM, the ADM stated on 2/9/2026, she (ADM) was notified by the Marketer that Resident 1's tested positive for scabies in GACH 2. The ADM stated she (ADM) did not report to SSA because they were already on (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	scabies outbreak and she (ADM) already reported the first case of scabies on 1/23/2026 when Resident 1 tested positive for scabies in GACH 1.During an interview on 2/18/2026, at 10:15 a.m., with RNS 1, RNS 1 stated positive cases of scabies should be reported to SSA.During an interview on 2/19/2026, at 11:41 a.m., with the IP, the IP stated scabies outbreak is when there are two cases of scabies and should have been reported to SSA as soon as possible within 24 hours.During an interview on 2/19/2026, at 12:31 p.m., with the IP, the IP stated the facility was on scabies outbreak since 1/27/2026.During a concurrent interview, and record review on 2/19/2026, at 12:56 p.m., with the ADM, facility's policy and procedure (P&P) titled, Unusual Occurrences, undated and last reviewed on 1/14/2026, the P&P indicated, The facility is to report unusual occurrences to the local health department within 24 hours of each occurrence. The examples listed below are not intended to be an all-inclusive list of unusual occurrences. This list is not to replace sound, professional judgment.2. An epidemic (a widespread occurrence of an infectious disease in a community at a particular time) outbreak of any disease, prevalence of communicable disease or infestation by parasites or vectors. The ADM stated Resident 6's scabies were reported to SSA and Public Health on 1/23/2026, under unusual occurrence. The ADM stated the facility was notified by Public Health that one case of scabies should not be reported as outbreak.During a concurrent interview, and record review on 2/19/2026, at 1:19 p.m., with the ADM, facility's policy and procedure (P&P) titled, Scabies: Prevention and Control, undated and last reviewed on 1/14/2026, the P&P indicated, Immediate action when the threshold for scabies outbreak has been reached will include: Reporting to local Public Health Nurse and Licensing and Certification (SSA) when two or more suspected cases of scabies are treated with Elimite five % within a 14-day period, regardless of whether confirmed cases are identified. The ADM stated she (ADM) did not report the second case of scabies because her (ADM) QANC did not advise her (ADM) to report. The ADM stated the P&P indicated to report scabies if there were two confirmed, two alleged or two or more clinically suspected. The ADM stated she (ADM) should have reported that the facility had a second confirmed case of scabies under scabies outbreak to Public Health and SSA as per the facility's P&P. The ADM stated the P&P was not followed.During an interview on 2/20/2026, at 8:36 am with the IP, the IP stated scabies outbreak should be reported to SSA for further investigation.During an interview on 2/20/2026, at 2:59 p.m., with RNS 1, facility's submitted guidelines titled, Acute Communicable Disease Control Program-Scabies Prevention and Control Guidelines for Healthcare Settings, dated 7/2019, was reviewed. The Guideline indicated, Outbreak definition: Two (2) or more clinically suspect or confirmed cases of scabies identified in patients/residents, healthcare workers, volunteers and/or visitors during a six (6) week time period.Report healthcare-associated scabies outbreaks (two or more cases) to LAC Department of Public Health. RNS 1 stated scabies outbreak should have been reported to SSA to prevent the spread of scabies among staff and residents and to get help on how to control the spread.During an interview on 2/21/2026, at 3:31 p.m. with the ADM, the ADM stated she (ADM) should have reported the second case when Resident 1 tested positive for scabies to SSA to prevent delay in investigation. The ADM stated delay in investigation can potentially cause spread of scabies among staff and residents.During a review of facility's P&P titled, Reporting Communicable Disease, dated 4/2023, and last reviewed on 1/14/2026, the P&P indicated, the Infection Preventionist is responsible for notifying the local, district, or state health department of confirmed cases of state-specific reportable disease.f. During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 1/15/2026, with diagnoses that included unspecified encephalopathy (a broad term for any disease or dysfunction of the brain, causing altered mental state, confusion, memory loss, and personality changes), unspecified dementia and generalized (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	muscle weakness.During a review of Resident 2's History and Physical (H&P-a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings), dated 1/15/2026, the H&P indicated Resident 2 did not have the capacity to understand and make decisions.During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2's cognitive skills for daily decisions were severely impaired.During a review of Resident 2's Care Plan, dated 2/9/2026, about contact isolation (are steps that healthcare facility visitors and staff need to follow before going into a patient's room) precaution for suspicious rashes, the Care Plan indicated an intervention to observe contact isolation.During a review of Resident 3's admission Record, the admission Record indicated the facility admitted Resident 3 on 7/17/2025, with diagnoses that included unspecified dementia, unspecified dermatitis and history of falling.During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3's cognitive skills for daily decisions were severely impaired.During a review of Resident 3's Dermatology Progress Notes, dated 1/26/2026, the Dermatology Progress Notes indicated the Dermatologists ordered Elimite, skin scraping, oral (by mouth) and topical (applied directly to a specific, local surface area of the body most commonly the skin) steroids (medications used to reduce inflammation, swelling, and allergic reactions throughout the body).During a review of Resident 4‘s admission Record, the admission Record indicated the facility admitted Resident 4 on 10/14/2021, with diagnoses that included unspecified dementia, history of falling and unspecified schizophrenia (a mental illness that is characterized by disturbances in thought).During a review of Resident 4's H&P, dated 1/17/2025, the H&P indicated Resident 4 did not have the capacity to understand and make decisions.During a review of Resident 4's MDS, dated [DATE], the MDS indicated Resident 4's cognitive for daily decisions were severely impaired.During a review of Resident 4's TAR, dated 2/2026, the TAR indicated Resident 4 received Elimite cream on 2/11/2026, at 11:16 p.m.During a review of Resident 5‘s admission Record, the admission Record indicated the facility admitted Resident 5 on 3/1/2022, with diagnoses that included unspecified dementia, unspecified encephalopathy and unspecified cataract (a common, age-related clouding of the eye's natural lens that causes blurry, faded vision, glare, and difficulty seeing at night).During a review of Resident 5's H&P, dated 5/1/2025, the H&P indicated Resident 5 did not have the capacity to understand and make decisions.During a review of Resident 5's MDS, dated [DATE], the MDS indicated Resident 5's cognitive skills for daily decisions was intact.During a review of Resident 5's TAR, dated 2/2026, the TAR indicated Resident 5 received Elimite cream on 2/12/2026 at 4:09 a.m.During a concurrent interview and record review on 2/19/2026, at 2:06 p.m., with RN 1, facility's submitted guidelines titled, Acute Communicable Disease Control Program-Scabies Prevention and Control Guidelines for Healthcare Settings, dated 7/2019, was reviewed. The Guideline included an Appendix B-Scabies Outbreak Management Checklist that indicated daily skin assessment documented on all exposed residents. RN 1 stated daily skin assessment should be done and documented in resident's medical record.During an interview on 2/20/2026, at 8:36 a.m., with the IP, the IP stated Resident 1 had contact with Residents 2, 3, 4, and 5 before Resident 1 tested positive for scabies in GACH 2. The IP stated Resident 2 was Resident 1's roommate and Residents 3, 4, and 5 were exposed to Resident 1 while seated on the dining during mealtimes. The IP stated there were no documented daily skin assessments on four residents (Resident 2, 3, 4, and 5) who were exposed to Resident 1. The IP stated if there were no daily skin assessment the facility would not know if the four residents (Resident 2, 3, 4, and 5) had developed rashes that could potentially delay treatment and could potentially spread scabies.During a concurrent interview, and record review on 2/20/2026, at 2:59 p.m., with the RNS, facility's policy and procedure (P&P) titled, Scabies Identification, Treatment and Environmental Cleaning dated 8/2016, and (continued on next page)

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	last reviewed on 1/14/2026, the P&P indicated, A resident sharing a room with someone infected with scabies should be examined carefully for scabies. If signs and symptoms are present, the resident should be treated in accordance with these procedures. If symptoms are not present, daily assessments should be made until the case has been resolved. The RNS stated according to the P&P, daily skin assessment should have been done until the case was resolved. The RNS stated Resident 1's roommate was Resident 2. The RNS stated if daily skin assessment was not done to check for the presence of rashes, possible spread of scabies can occur.g. During an interview on 2/20/2026, at 8:36 a.m., with the Director of Staff Development (DSD)/IP, the DSD stated there was no inservice, education or training provided to TN 1 and TN 2 on skin scraping. The DSD stated TN 1 and TN 2 were not checked for skin scraping competency. The DSD stated TN 1 and TN 2 should have been taught by the NP of the Dermatologist. The DSD stated if TN 1 and TN 2 were not competent in skin scraping, the procedure would not be done correctly and might affect the result of the skin scraping.During an interview on 2/20/2026 at 2:59 p.m., with the RNS, the RNS stated no training was provided to the staff before skin scraping on 1/26/2026. The RNS stated training should have been done and competency should have been evaluated before 1/26/2026, when skin scraping was done to residents. The RNS stated the importance of providing training and competency for skin scraping was for accurate specimen collection. The RNS stated if staff were not trained, an inaccurate result could possibly happen causing a potential spread of scabies.During an interview on 2/2