

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555690	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2020
NAME OF PROVIDER OF SUPPLIER ALAMEDA CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to report to the State Survey Agency (Department of Public Health) an unusual occurrence that occurred on 1/22/2020, where Resident 1, 2 & 3 were diagnosed with [REDACTED]. This resulted in a delay of an onsite inspection by the State Survey Agency to ensure the safety of the other residents and to ensure an investigation was implemented. Findings: a. A review of Resident 1's Admission Record indicated the facility readmitted Resident 1 on 9/9/19 with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and screening tool) dated 11/11/19 indicated Resident 1 has severely impaired cognitive (knowledge and understanding through thought, experience and senses) skills for daily decision making. The MDS also indicated Resident 1 requires supervision with bed mobility, transfer, locomotion on and off unit, eating; requires limited assistance with toilet use; and requires extensive assistance with dressing and personal hygiene. A review of Resident 1's Non-Pressure Sore Skin Problem Report dated [DATE], at 3:16 p.m. indicated Resident 1 has generalized body rash. The Non-Pressure Sore Skin Problem Report indicated [DIAGNOSES REDACTED]. [REDACTED]. Repeat once a week x 4 weeks. Every evening shift, every Thursday for [MEDICAL CONDITION]. Further review of Resident 1's Treatment Administration Record (TAR) indicated [MEDICATION NAME] Cream 5% was administered to Resident 1 on 1/2[DATE]9, [DATE], 2/14/2020. b. A review of Resident 2's Admission Record indicated the facility admitted Resident 2 on 11/11/19 with [DIAGNOSES REDACTED]. A review of Resident 2's MDS dated [DATE] indicated Resident 2 has severely impaired cognitive skills for daily decision making. The MDS also indicated Resident 2 requires extensive assistance with bed mobility transfer, locomotion on and off unit, dressing, toilet use, and personal hygiene. Resident 2 requires limited assistance with eating. A review of Resident 2's Non-Pressure Sore Skin Problem Report dated [DATE], at 3:06 p.m. indicated Resident 2 has generalized body rash. The Non-Pressure Sore Skin Problem Report indicated [DIAGNOSES REDACTED]. [REDACTED]. Repeat once a week x 4 weeks. Every evening shift, every Thursday for [MEDICAL CONDITION]. Further review of Resident 2's TAR indicated [MEDICATION NAME] Cream 5% was administered to Resident 2 on [DATE], 2/6/2020, and 2/13/2020. c. A review of Resident 3's Admission Record indicated the facility readmitted Resident 3 on 12/26/19 with [DIAGNOSES REDACTED]. A review of Resident 3's MDS dated [DATE] indicated Resident 3 has severely impaired cognitive skills for daily decision making. The MDS also indicated Resident 3 requires extensive assistance with bed mobility, transfer, dressing, toilet use, and personal hygiene. Resident 3 requires limited assistance with locomotion on and off the unit and eating. A review of Resident 3's Non-Pressure Sore Skin Problem Report dated [DATE], at 2:52 p.m. indicated Resident 3 has generalized body rash. The Non-Pressure Sore Skin Problem Report indicated [DIAGNOSES REDACTED]. [REDACTED]. Repeat once a week x 4 weeks. Every evening shift, every Sunday for [MEDICAL CONDITION]. Further review of Resident 3's TAR indicated [MEDICATION NAME] Cream 5% was administered to Resident 3 on [DATE]. During an interview with Licensed Vocational Nurse 1 (LVN1), on 1/28/2020, at 12:24 p.m., he stated [MEDICATION NAME] Cream is used for the treatment of [REDACTED]. She further stated the facility did not report the rashes because the facility's dermatologist diagnosed the rashes as unspecified [MEDICAL CONDITION]. During an interview with the Public Health Nurse (PHN), on 3/9/2020, at 1:10 p.m. she stated facilities should be reporting to the Department of Public Health any 2 or more unknown rashes. A review of the facility's undated policy, titled Unusual Occurrences indicated the following: The facility is to report unusual occurrences to the local health department within 24 hours of each occurrence. The policy further indicates that the listed examples are not intended to be an all-inclusive list of unusual occurrences. The list does not replace sound, professional judgment. A review of the facility's undated policy, titled Scabies: Prevention and Control, undated, indicated the reporting to the local Public Health Nurse and Licensing and Certification when two or more suspected cases of scabies are treated with [MEDICATION NAME] 5% within a 14-day period, regardless of whether confirmed cases are identified.</p> <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure there was adequate indication for the use of [MEDICATION NAME] Cream (a medication used to treat scabies, a condition caused by tiny insects called mites - sarcoptes scabiei, that infest and irritate a person's skin) for three of three sampled residents (Resident 1, 2 & 3) not diagnosed with [REDACTED]. Findings: a. A review of Resident 1's Admission Record indicated the facility readmitted Resident 1 on 9/9/19 with [DIAGNOSES REDACTED].) with behavioral disturbance, [MEDICAL CONDITION] (A type of brain disorder that causes problems with memory, thinking and behavior), [MEDICAL CONDITION] disorder, and unspecified [MEDICAL CONDITION] not due to substance. A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and screening tool) dated 11/11/19 indicated Resident 1 has severely impaired cognitive (knowledge and understanding through thought, experience and senses) skills for daily decision making. The MDS also indicated Resident 1 requires supervision with bed mobility, transfer, locomotion on and off unit, eating; requires limited assistance with toilet use; and requires extensive assistance with dressing and personal hygiene. A review of Resident 1's Dermatology Preliminary Notes, dated 1/22/2020 indicated Resident 1 was diagnosed with [REDACTED]. A review of Resident 1's physician's orders [REDACTED]. Repeat once a week x 4 weeks. Every evening shift, every Thursday for [MEDICAL CONDITION]. Further review of Resident 1's Treatment Administration Record (TAR) indicated [MEDICATION NAME] Cream 5% was administered to Resident 1 on 1/2[DATE]9, [DATE], 2/14/2020. A review of Resident 1's Laboratory Report for scabies exam with a collection date of 1/29/2020 indicated there were no sarcoptes scabiei seen. b. A review of Resident 2's Admission Record indicated the facility admitted Resident 2 on 11/11/19 with [DIAGNOSES REDACTED]. A review of Resident 2's MDS dated [DATE] indicated Resident 2 has severely impaired cognitive skills for daily decision making. The MDS also indicated Resident 2 requires extensive assistance with bed mobility transfer, locomotion on and off unit, dressing, toilet use, and personal hygiene. Resident 2 required limited assistance with eating. A review of Resident 2's Dermatology Preliminary Notes, dated 1/22/2020 indicated Resident 2 was diagnosed with [REDACTED]. A review of Resident 2's physician's orders [REDACTED]. Repeat once a week x 4 weeks. Every evening shift, every Thursday for [MEDICAL CONDITION]. Further review of Resident 2's TAR indicated [MEDICATION NAME] Cream 5% was administered to Resident 2 on [DATE], 2/6/2020, and 2/13/2020. A review of Resident 2's Laboratory Report for scabies exam with a collection date of 1/29/19 indicated there were no sarcoptes scabiei seen. c. A review of Resident 3's Admission Record indicated the facility readmitted Resident 3 on 12/26/19 with [DIAGNOSES REDACTED]. A review of Resident 3's MDS dated [DATE] indicated Resident 3 has severely impaired cognitive skills for daily decision making. The MDS also indicated Resident 3 requires extensive assistance with bed mobility, transfer, dressing, toilet use, and personal hygiene. Resident 3 requires limited assistance with locomotion on and off the unit and eating. A review of Resident 3's Dermatology Preliminary Notes, dated 1/22/2020 indicated Resident 3 was diagnosed with [REDACTED]. A review of Resident</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.

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F 0757 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>3's physician's orders [REDACTED]. Repeat once a week x 4 weeks. Every evening shift, every Sunday for [MEDICAL CONDITION]. Further review of Resident 3's TAR indicated [MEDICATION NAME] Cream 5% was administered to Resident 3 on [DATE]. A review of Resident 3's Laboratory Report for scabies exam with a collection date of 1/29/2020 indicated there were no sarcoptes scabiei seen. During an interview with the Director of Nursing (DON), on 1/28/2020 at 1:30 p.m., she stated that no skin s[REDACTED]ping were done for Residents 1, 2 & 3 before the application of [MEDICATION NAME] Cream. A review of Scabies Prevention and Control Guidelines for Healthcare Facilities, dated 9/18, page 12, indicated facility-wide (mass) [MEDICATION NAME] of all residents and at-risk health care workers (HCW) should be considered if positive s[REDACTED]jings are found in residents. A review of an article in MedlinePlus titled [MEDICATION NAME] Cream, copyrighted 2020, indicated [MEDICATION NAME] Cream is used to treat scabies in adults and works by killing lice and mites.</p>		