

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056129</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BURBANK HEALTHCARE &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1041 S. MAIN ST. BURBANK, CA 91506</b>	
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 0580  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to ensure timely notification to physician and perform a Change of Condition (COC- any changes in resident's condition) assessment for one of three sample residents (Resident 1). Resident 1 developed a skin discoloration of right periorbital area and the physician was not notified timely. This deficient practice resulted in Resident 1 not receiving immediate care and physician's treatment recommendations for the discoloration. Findings: A review of Resident 1's Admission Record indicated the resident was originally admitted to the facility on [DATE] and readmitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-screening tool) dated 4/6/2020, indicated the resident has the ability to usually self understood and has the ability to usually understand others. A review of the Change of Condition (COC- means any changes in resident's condition) assessment form dated 4/15/2020, indicated, Resident 1 had skin discoloration to right eye. COC assessment form also indicated Resident 1's primary physician and responsible parties were notified. A review of Interview Record, dated 4/15/2020, indicated Licensed Vocational Nurse 1 (LVN 1) noticed a skin discoloration on right orbital area of Resident 1 on 4/11/2020. During an interview on 5/12/2020 at 11:13 AM, Licensed Vocational Nurse 2 (LVN 2) stated, on 4/15/2020 around 7 AM, she noticed a skin discoloration in Resident 1's right periorbital (around the eye) region about 4 centimeters (cm - unit of measurement) by 5 cm in size. LVN 2 stated there was no discoloration inside the eye. During an interview on 5/12/2020 at 2:43 PM, LVN 1 stated, he was assigned to Resident 1 on 4/11/2020 at 3 PM to 11 PM shift and he noticed an ecchymosis (bruising) on the right periorbital area starting from mid upper eyelid towards inner canthus down to mid lower eye lid. LVN 1 also stated there was no discoloration in the sclera (white of the eye). LVN 1 further stated he did not either document in COC assessment form or informed the physician. LVN 1 stated he should have documented in the COC form, inform the physician, and initiated continuous monitoring. During an interview on 5/12/2020 at 3:14 PM, Registered Nurse 1 (RN 1) stated he was assigned to Resident 1 on 4/11/2020 at 7 AM to 3 PM shift and noticed a bluish discoloration around Resident 1's right eye like crescent moon shape about 4 cm by 2 cm in size. RN 1 did not document in COC form or informed the physician. He further stated he was new to the facility and was not familiar with the documentation and protocol. During an interview on 5/19/2020 at 6:19 PM, Registered Nurse 2 (RN 2) stated she was assigned to Resident 1 on 4/10/2020 at night shift and noticed a spotty reddish discoloration around Resident 1's right eye and face. RN 1 also stated it was her first time assigned to the resident and did not realize it was a new skin condition. On 5/20/2020 at 1:18 PM, during a record review and concurrent interview, the Director of Nursing (DON) confirmed there was no COC documentation and notification to physician in place related to skin discoloration identified on 4/11/2020. The DON further stated COC documentation is important for timely notification to physician and timely management of the problem. A review of the facility's policy and procedures titled Change of Condition, dated 1/24/2017, indicated the purpose of policy is to ensure proper assessment and follow-through for any resident with a change of condition. A change of condition is a sudden or marked difference in resident's vital signs, behavior, appetite, output, lab or X ray report, resident complaints, chest congestion, drainage from a wound, open or red area (new), bruises, lacerations, blister, rashes, or skin tears, skin condition (e.g. swelling or discoloration), injuries, level of consciousness and level of functioning. All changes of condition in resident shall be handled promptly.</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.