

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	

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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44429</p> <p>Based on observation, interview and record review, the facility failed to ensure that residents were kept clean and assisted with activities of daily living, when the facility failed to provide incontinent care and ADL assistance for 5 of 6 sampled residents (Resident 1, 2, 3, 4 and 5).</p> <p>These deficient practices resulted in the residents feeling frustrated, embarrassed, and angry due to lack of or delay in receiving sufficient services to maintain incontinent care and had the potential to lead to skin breakdown and psychosocial distress.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record indicated the facility admitted the resident on 8/30/23, with diagnoses pathological fracture (broken bone done by direct or indirect force) and anxiety disorder (excessive worry and feelings of fear).</p> <p>During a review of Resident 1 ' s History and Physical Examination (HPE, a comprehensive physician ' s note regarding the assessment of the resident ' s health status) signed by the attending physician dated 1/10/24, indicated Resident 1 had a fluctuating (constantly changing) capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS, a comprehensive standardized assessment and screening tool) dated 5/28/24, indicated the resident cognition (thought process) was intact.</p> <p>During a review of Resident 1 ' s Care Plan titled The resident has limited physical mobility related to pathological fracture dated on 6/17/24, indicate Resident will remain free of complication related to immobility and skin breakdown.</p> <p>During a review of Resident 1 ' Care Plan titled The resident has a psychosocial well-being problem related to little interest or pleasure in doing things because of kidney cancer dated 9/12/23.</p> <p>During a review of Resident 2 ' s Admission Record indicated the facility admitted the resident on 7/1/24, with diagnoses muscle atrophy (thinning or loss of muscle tissue) and type 2 diabetes mellitus (disease that causes high blood sugar levels).</p> <p>During a review of Resident 2 ' s HPE signed by the attending physician dated 7/22/24, indicated Resident 2 does not have the capacity to understand and make decisions.</p> <p>(continued on next page)</p>

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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 2 ' s MDS dated [DATE] , indicated the Resident 2 had a severely impaired cognition. The MDS indicated Resident 2 required substantial/maximal assistance with upper body dressing, oral hygiene, sit to stand, chair transfers, and personal hygiene while Resident 2 required dependent care for lower body dressing, toileting hygiene, putting on/taking off footwear, and sit to lying position</p> <p>During a review of Resident 2 ' s Care Plan titled Postural Alignment Skin Integrity relate to decreased functional mobility dated 7/2/24, indicated Resident 2 will not develop complication to decrease mobility.</p> <p>During a review of Resident 3 ' s Admission Record indicated the facility admitted the resident on 7/22/22, with diagnoses major depressive disorder (a persistent feeling of sadness) and type 2 diabetes mellitus (disease that causes high blood sugar levels).</p> <p>During a review of Resident 3 ' s HPE signed by the attending physician dated 7/22/24, indicated Resident 3 does not have the capacity to understand and make decisions. The MDS indicated Resident 3 required substantial/maximal assistance with upper body dressing, oral hygiene, sit to stand, chair transfers, and personal hygiene while Resident 3 required dependent care for lower body dressing, toileting hygiene, putting on/taking off footwear, and sit to lying position</p> <p>During a review of Resident 3 ' s MDS dated [DATE], indicated that Resident 3 had a moderately impaired cognition.</p> <p>During a review of Resident 3 ' s Care Plan titled Bowel Incontinence at risk for skin breakdown resident requires extensive assistance on toileting dated on 8/3/22.</p> <p>During a review of Resident 3 ' s Care Plan titled The resident uses antidepressant medication related to depression manifested by poor oral intake dated 2/6/23.</p> <p>During a review of Resident 4 ' s Admission Record indicated the facility admitted the resident on 1/13/24, with diagnoses major depressive disorder and type 2 diabetes mellitus.</p> <p>During a review of Resident 4 ' s HPE signed by the attending physician dated 7/22/24, indicated Resident 4 does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 4 ' s MDS dated [DATE] , indicated the resident had a moderately impaired cognition. The MDS indicated Resident 4 required supervision or touching assistance (helper does less than half the effort) with upper body dressing, oral hygiene, sit to stand, chair transfers, and personal hygiene while Resident 4 required substantial/maximal assistance (helper does more than half the effort) for lower body dressing, toileting hygiene, putting on/taking off footwear, and sit to lying position.</p> <p>During a review of Resident 4 ' s Care Plan titled The resident has mixed bladder incontinence relate to activity intolerance, disease process and impaired mobility dated 1/14/24.</p> <p>During a review of Resident 4 ' s Care Plan titled The resident has a psychosocial well-being problem related to current illness dated 5/6/24.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 5 ' s Admission Record indicated the facility admitted the resident on 6/25/18, with diagnoses major depressive disorder (a persistent feeling of sadness) and type 2 diabetes mellitus (disease that causes high blood sugar levels).</p> <p>During a review of Resident 5 ' s HPE signed by the attending physician dated 6/30/24, indicated Resident 5 does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 5 ' s MDS dated [DATE] , indicated that Resident 5 had a moderately impaired cognition. The MDS indicated Resident 5 required supervision or touching assistance with upper body dressing, oral hygiene, sit to stand, chair transfers, and personal hygiene while Resident 4 required substantial/maximal assistance for lower body dressing, toileting hygiene, putting on/taking off footwear, and sit to lying position.</p> <p>During a review of Resident 5 ' s Care Plan titled The resident is High risk for falls related to history of multiple falls revised 6/23/20 indicated the resident will be free of falls and free of minor injuries.</p> <p>During a review of Resident 5 ' s Change of Condition (COC) dated 8/4/24, indicated Resident 5 was found on the floor of the bathroom in a sitting position with her back against the wall. The COC indicated Resident 5 had lost her balance and fell backwards, sliding down the wall. The COC indicated the fall was unwitnessed and only found after roommate called for help.</p> <p>During a review of Resident 5 ' s Radiology Report dated 8/5/24 indicated that Resident 5 left forearm was negative for a fracture. The report indicated Resident 5 left humerus (bone in the upper arm) was negative for a fracture.</p> <p>During an interview on 8/5/24 at 2:50 PM with Resident 1, Resident 1 stated she was recovering from fractures to her left femur and lower back and was bed bound. Resident 1 stated because of her current physical state she needs assistance with daily care from incontinence. Resident 1 stated that on 7/21/24 at 3 PM she had waited 3.5 hours to be changed. Resident 1 stated she had laid on her urine and stool for several hours. Resident 1 stated she felt worthless and not important because she was dependent to others. Resident 1 stated she also felt upset and frustrated because she used her call light and the nurses never came to her room to provide care. Resident 1 stated she called the front desk for help and nobody picked up the phone so she could get assistance. Resident 1 stated that was the longest time she had to wait to be changed while resding at the facility, on 7/21/24.</p> <p>During an interview on 8/5/24 at 3:45PM, Resident 2's Family Member- (FM 1) stated that on 7/21/24, the facility did not have enough CNAs during the 3 PM to 11 PM shift. FM 1 stated that it took about two hours for the CNA to come assist Resident 2 with incontinence. FM 1 stated she comes to the facility every day because she wanted to make sure Resident 2 gets the ADL care he needed. FM 1 stated she noticed that during the 3 PM to 11 PM shift there were not enough CNAs for the months of July and August 2024.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on 8/5/24 at 4:15 PM with Resident 3, in his room, Resident 3 stated that on 7/21/24 in the afternoon shift , Resident 3 pressed his call light to request assistance to be cleaned up after an incontinent episode, but he had waited for more than two hours and was laying down on soiled diaper until a CNA finally arrived [unable to recall the time]. Resident 3 stated that he was very upset and frustrated he had to wait for hours to be changed. Resident 3 stated he began crying and stated He felt less than human.</p> <p>During an observation and interview on 8/6/24 at 10 AM, with Resident 4 in his room, Resident 4 stated that during the afternoon shifts and night shifts, there were not enough nurses to answer the call lights for help/assistance especially during the months of July and August. Resident 4 stated he needs assistance to go to the bathroom and two weeks ago some-time in the middle of July 2024 [unable to recall the exact date] during the afternoon shift [3 PM to 11 PM], he had waited for more than two hours for a CNA to come to his room and assist him to change his soiled diaper. Resident 4 stated he began crying and stated that he felt very helpless and embarrassed that time. Resident 4 stated he felt like there are not enough nurses to adequately care for all the residents.</p> <p>During an observation and interview on 8/6/24 at 11 AM, with Resident 5 in the dining area/activity area while sitting up in her wheelchair, Resident 5 stated that two days ago in the afternoon shift she was in the bathroom and lost her balance. Resident 5 stated her shoulder hit the bathroom wall and there was no CNA to assist her right away, when she called for help, so she decided to do her own care. Resident 5 stated that an x-ray was done and there was no injury.</p> <p>During an observation and interview on 8/6/24 at 11:15 AM, Resident 6 was in the dining area/activity area in her wheelchair. Resident 6 was not interviewable and repeats a simple phrase over and over.</p> <p>During an interview on 8/5/24 at 3:10 PM, CNA 1 stated she worked on 7/21/24 during the 7 AM to 3 PM shift and was caring for 9 residents. CNA 1 stated that the 3 PM to 11 PM shifts was short of CNAs and they were caring for 16 to 18 residents. CNA 1 stated that the facility had been short staffing the evening and night shifts CNAs. CNA 1 stated that resident care is being affected from the short staffing and residents are not being cleaned in a timely manner. CNA 1 stated they had to wait for a few hours to be cleaned and residents tends to had falls in the months of July.</p> <p>During an interview on 8/5/24 at 3:24 PM, LVN 1 stated that on 7/21/24, one CNA had called off sick and the CNAs working that day had to care for 16 to 18 during the evening shift because the CNA that called off did not get coverage. LVN 1 stated that ADL care was delay at least one to two hours that shift. LVN 1 stated that Resident 1 had to wait for two hrs to be changed and Resident 1 was very upset. LVN 1 stated that the facility had been sending CNAs and LVN 's home early in the months of July and August 2024, and it was affecting resident care.</p> <p>During an interview on 8/6/24 at 9:23 AM, LVN 2 stated that CNAs and licensed nurses preassigned during the evening shift, and night shift are being cancelled to work. LVN 2 stated that on 7/21/24, the CNAs were short and resident care was being compromised and assistance were being delayed. LVN 2 stated that with delayed resident care, residents had the potential to get skin breakdown and residents would be very upset. LVN 2 stated that there had been multiple resident falls lately for July and August.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview 8/6/24 at 1:10 PM, with the Director of Nursing (DON) stated that during the afternoon and night shift for the month of July they have been short CNA. The DON stated a few CNAs have either call of sick, resigned or switch to part-time. The DON stated the facility does not use registry. The DON stated the facility is trying to hire more CNAs. The DON stated because of the CNA not being staffed adequately during the afternoon and night shifts, CNAs are taking care of more residents that they normally would and care had been affected.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44429</p> <p>Based on observation, interview, and record review the facility failed to provide sufficient nursing staff to provide nursing care and related services to assure resident safety, assist residents in activities of daily living (ADL) and prevent falls for 6 out of 6 sampled residents (Residents 1, 2, 3, 4, 5, and 6) who required staff assistance for ADLs.</p> <p>This deficient practice resulted in a delay in response to resident needs and resulted in the increased of fall in the facility for the month of July 2024. The facility had a total of 11 falls for July 2024. Three residents falls resulted with injuries.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record indicated the facility admitted the resident on 8/30/23, with diagnoses pathological fracture (broken bone done by direct or indirect force) and anxiety disorder (excessive worry and feelings of fear).</p> <p>During a review of Resident 1 ' s History and Physical Examination (HPE, a comprehensive physician ' s note regarding the assessment of the resident ' s health status) signed by the attending physician dated 1/10/24, indicated Resident 1 had a fluctuating (constantly changing) capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS, a comprehensive standardized assessment and screening tool) dated 5/28/24, indicated the resident cognition (thought process) was intact.</p> <p>During a review of Resident 1 ' s Care Plan titled The resident has limited physical mobility related to pathological fracture dated on 6/17/24, indicate Resident will remain free of complication related to immobility and skin breakdown.</p> <p>During a review of Resident 2 ' s Admission Record indicated the facility admitted the resident on 7/1/24, with diagnoses muscle atrophy (thinning or loss of muscle tissue) and type 2 diabetes mellitus (disease that causes high blood sugar levels).</p> <p>During a review of Resident 2 ' s HPE signed by the attending physician dated 7/22/24, indicated Resident 2 does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 2 ' s MDS dated [DATE] , indicated the Resident 2 had a severely impaired cognition. The MDS indicated Resident 2 required substantial/maximal assistance with upper body dressing, oral hygiene, sit to stand, chair transfers, and personal hygiene while Resident 2 required dependent care for lower body dressing, toileting hygiene, putting on/taking off footwear, and sit to lying position</p> <p>During a review of Resident 2 ' s Care Plan titled Postural Alignment Skin Integrity relate to decreased functional mobility dated 7/2/24, indicated Resident 2 will not develop complication to decrease mobility.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 3 ' s Admission Record indicated the facility admitted the resident on 7/22/22, with diagnoses major depressive disorder (a persistent feeling of sadness) and type 2 diabetes mellitus (disease that causes high blood sugar levels).</p> <p>During a review of Resident 3 ' s HPE signed by the attending physician dated 7/22/24, indicated Resident 3 does not have the capacity to understand and make decisions. The MDS indicated Resident 3 required substantial/maximal assistance with upper body dressing, oral hygiene, sit to stand, chair transfers, and personal hygiene while Resident 3 required dependent care for lower body dressing, toileting hygiene, putting on/taking off footwear, and sit to lying position</p> <p>During a review of Resident 3 ' s MDS dated [DATE], indicated that Resident 3 had a moderately impaired cognition.</p> <p>During a review of Resident 3 ' s Care Plan titled Bowel Incontinence at risk for skin breakdown resident requires extensive assistance on toileting dated on 8/3/22.</p> <p>During a review of Resident 4 ' s Admission Record indicated the facility admitted the resident on 1/13/24, with diagnoses major depressive disorder and type 2 diabetes mellitus.</p> <p>During a review of Resident 4 ' s History and Physical Examination, signed by the attending physician dated 7/22/24, indicated Resident 4 does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 4 ' s MDS dated [DATE] , indicated the resident had a moderately impaired cognition. The MDS indicated Resident 4 required supervision or touching assistance (helper does less than half the effort) with upper body dressing, oral hygiene, sit to stand, chair transfers, and personal hygiene while Resident 4 required substantial/maximal assistance (helper does more than half the effort) for lower body dressing, toileting hygiene, putting on/taking off footwear, and sit to lying position.</p> <p>During a review of Resident 4 ' s Care Plan titled Fall Without Injury dated 1/14/24, indicated Resident 4 will have no falls in the facility.</p> <p>During a review of Resident 4 ' s Change of Condition (COC) dated 7/19/24, indicated Resident 4 attempted to move the pedals on his wheelchair and fell out of his chair when he leaned forward. The COC indicated Resident 4 stated he hit his face when he fell . The COC indicated no other injury was noted.</p> <p>During a review of Resident 5 ' s Admission Record indicated the facility admitted the resident on 6/25/18, with diagnoses major depressive disorder (a persistent feeling of sadness) and type 2 diabetes mellitus (disease that causes high blood sugar levels).</p> <p>During a review of Resident 5 ' s HPE signed by the attending physician dated 6/30/24, indicated Resident 5 does not have the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 5 ' s MDS dated [DATE] , indicated that Resident 5 had a moderately impaired cognition. The MDS indicated Resident 5 required supervision or touching assistance with upper body dressing, oral hygiene, sit to stand, chair transfers, and personal hygiene while Resident 4 required substantial/maximal assistance for lower body dressing, toileting hygiene, putting on/taking off footwear, and sit to lying position.</p> <p>During a review of Resident 5 ' s Care Plan titled The resident is High risk for falls related to history of multiple falls revised 6/23/20 indicated the resident will be free of falls and free of minor injuries.</p> <p>During a review of Resident 5 ' s Change of Condition (COC) dated 8/4/24, indicated Resident 5 was found on the floor of the bathroom in a sitting position with her back against the wall. The COC indicated Resident 5 had lost her balance and fell backwards, sliding down the wall. The COC indicated the fall was unwitnessed and only found after roommate called for help.</p> <p>During a review of Resident 5 ' s Radiology Report dated 8/5/24 indicated that Resident 5 left forearm was negative for a fracture. The report indicated Resident 5 left humerus (bone in the upper arm) was negative for a fracture.</p> <p>During a review of Resident 6 ' s Admission Record indicated the facility admitted the resident on 12/17/18, with the diagnosis of dementia (the loss of cognitive functioning; thinking, remembering, and reasoning that it interferes with a person's daily life and activities) and left knee contracture (permanent tightening of muscles that causes shorting of the joints).</p> <p>During a review of Resident 6 ' s HPE signed by the attending physician dated 6/5/24, indicated Resident 6 does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 6 ' s MDS dated [DATE] , indicated the Resident 6 had a severely impaired cognition. The MDS indicated Resident 6 required substantial/maximal assistance with upper body dressing, oral hygiene, sit to stand, chair transfers, and personal hygiene while Resident 6 required dependent care for lower body dressing, toileting hygiene, putting on/taking off footwear, and sit to lying position</p> <p>During a review of Resident 6 ' s Care Plan titled The resident is at risk for falls related generalized weakness and hypertension (high blood pressure) revised 6/30/20 indicated the staff will assess and observe for any sudden change in mental status.</p> <p>During a review of Resident 6 ' s Change of Condition (COC) dated 7/30/24 indicated that Resident 6 was found on the floor by another resident who shouted that Resident 6 was on the floor. The COC indicated Resident 6 fell asleep on the chair and leaned forward and fell . The COC indicated Resident 6 was lying on her left side with her left shoulder on the ground and her head hit the floor. The COC indicated Resident 6 denied pain and had a small skin cut on the left frontal part of the head.</p> <p>During a review of the Nursing Staffing Assignment and Sign-In Sheet dated 7/21/24 for the 3:00 PM to 11:00 PM shift on Station 2, the Nursing Staffing Assignment indicated there were only one CNA for 13 residents for the entire shift.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the Nursing Staffing Assignment and Sign-In Sheet dated 7/30/24 for the 11:00 PM to 7:00 AM shift on Stations 1 and 2, the Nursing Staffing Assignment indicated there were only one CNA for 18 residents for the entire shift.</p> <p>During a review of the Nursing Staffing Assignment and Sign-In Sheet dated 8/4/24 for the 3:00 PM to 11:00 PM shift on Stations 1 and 2, the Nursing Staffing Assignment indicated there were only one CNA for 18 residents for the entire shift.</p> <p>During a review of the Facility Fall List dated 7/2024 to 8/2024, indicated that the facility had a total of 11 residents fall in the month of July and a total of 1 resident fall for the month of August.</p> <p>During an interview on 8/5/24 at 2:50 PM with Resident 1, Resident 1 stated she was recovering from fractures to her left femur and lower back and was bed bound. Resident 1 stated because of her current physical state she needs assistance with daily care from incontinence. Resident 1 stated that on 7/21/24 at 3 PM she had waited 3.5 hours to be changed. Resident 1 stated she had laid on her urine and stool for several hours. Resident 1 stated she felt worthless and not important because she was dependent to others. Resident 1 stated she also felt upset and frustrated because she used her call light and the nurses never came to her room to provide care. Resident 1 stated she called the front desk for help and nobody picked up the phone so she could get assistance. Resident 1 stated that was the longest time she had to wait to be changed while residing at the facility, on 7/21/24.</p> <p>During an interview on 8/5/24 at 3:10 PM, CNA 1 stated she worked on 7/21/24 from 7 AM to 3 PM shift and was caring for nine residents. CNA 1 stated that the 3 PM to 11 PM shift was short of CNAs and they were caring for 16 to 18 residents. CNA 1 stated the facility had been short staffing the 3 PM to 11 PM and 11 PM to 7 AM shift CNA staffing. CNA 1 stated that resident care is being affected from the short staffing. CNA 1 stated that residents are not being cleaned and call lights were not answered in a timely manner and they had to wait for a few hours to be cleaned. LVN 1 stated that on 7/21/24, one CNA had called off sick and the CNAs working that day had to care for 16 to 18 residents, during the 3 PM to 11 PM shift. LVN 1 stated that ADL care was delay at least one to two hours. LVN 1 stated that Resident 1 had to wait for two hours to be changend and Resident 1 was very upset that day.</p> <p>During an interview on 8/5/24 at 3:45 PM, Resident 2's Family Member- (FM 1) stated that on 7/21/24, the facility did not have enough CNAs during the 3 PM to 11 PM shift. FM 1 stated that it took about two hours for the CNA to come assist Resident 2 with incontinence. FM 1 stated she comes to the facility every day because she wanted to make sure Resident 2 gets the ADL care he needed. FM 1 stated she noticed that during the 3 PM to 11 PM shift there were not enough CNAs for the months of July and August 2024.</p> <p>During an observation and interview on 8/5/24 at 4:15 PM with Resident 3, in his room, Resident 3 stated that on 7/21/24 in the afternoon shift , Resident 3 pressed his call light to request assistance to be cleaned up after an incontinent episode, but he had waited for more than two hours and was laying down on soiled diaper until a CNA finally arrived [unable to recall the time]. Resident 3 stated that he was very upset and frustrated he had to wait for hours to be changed. Resident 3 stated he began crying and stated He felt less than human.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 8/6/24 at 10 AM with Resident 4 stated he had a fall about two weeks ago. Resident 4 stated he was sitting on his wheelchair in the hallway in front of the nurse ' s station and had drop a piece of paper he was holding then reached for it and slid his wheelchair and landed on the floor with no injury. Resident 4 stated that during the afternoon to night shift that are not enough nurses to answer the call light for help during the month of July.</p> <p>During an observation and interview on 8/6/24 at 10 AM, with Resident 4 in his room, Resident 4 stated that during the afternoon shifts and night shifts, there were not enough nurses to answer the call lights for help/assistance especially during the months of July and August. Resident 4 stated he needs assistance to go to the bathroom and two weeks ago some-time in the middle of July 2024 [unable to recall the exact date] during the afternoon shift [3 PM to 11 PM], he had waited for more than two hours for a CNA to come to his room and assist him to change his soiled diaper. Resident 4 stated he began crying and stated that he felt very helpless and embarrassed that time. Resident 4 stated he felt like there are not enough nurses to adequately care for all the residents.</p> <p>During an observation and interview on 8/6/24 at 11 AM, with Resident 5 in the dining area/activity area while sitting up in her wheelchair, Resident 5 stated that two days ago in the afternoon shift she was in the bathroom and lost her balance. Resident 5 stated her shoulder hit the bathroom wall and there was no CNA to assist her right away, when she called for help, so she decided to do her own care. Resident 5 stated that an x-ray was done and there was no injury.</p> <p>During an observation and interview on 8/6/24 at 11:15 AM, Resident 6 was in the dining area/activity area in her wheelchair. Resident 6 was not interviewable and repeats a simple phrase over and over.</p> <p>During an interview on 8/6/24 at 9:23 AM, LVN 2 stated that CNAs and licensed nurses preassigned during the evening shift, and night shift are being cancelled to work. LVN 2 stated that on 7/21/24, the CNAs were short and resident care was being compromised and assistance were being delayed. LVN 2 stated that with delayed resident care, residents had the potential to get skin breakdown and residents would be very upset. LVN 2 stated that there had been multiple resident falls lately for July and August.</p> <p>During an interview 8/6/24 at 1:10PM, with the Director of Nursing (DON) stated that during the afternoon and night shift for the month of July they have been short CNA. The DON stated a few CNAs have either call of sick, resigned or switch to part-time. The DON stated the facility does not use registry. The DON stated the facility is trying to hire more CNAs. The DON stated because of the CNA not being staffed adequately during the afternoon and night shifts, CNAs are taking care of more residents that they normally would and care had been affected as evidence by an increase in the number of falls for the month of July. There were 11 falls for July 2024 and one fall in August. The DON stated by not having adequate CNA staffing, resident care is affected and had the potential to cause more falls with injuries.</p> <p>During an interview, on 8/6/24 at 1:45 PM, the ADM stated she has been with the facility since June 2024, and had been short staffing during the afternoon and night shift .The ADM stated there had been a few CNAs that have resigned, switched to part-time and have been calling off sick during the afternoon and night shifts. The ADM stated the facility does not use registry and they are trying to hire more CNAs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility ' s policy and procedure titled, Staffing, Sufficient and Competent Nursing revised 8/2022 indicated the facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment. The policy indicated certified nursing assistants are available 24 hours a day, seven (7) days a week to provide competent resident care services including: assuring resident safety, attaining, or maintaining the highest practicable physical, mental, and psychosocial well-being of each resident and responding to resident needs.</p>