STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055523	A. Building B. Wing	08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glendale Post Acute Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure two of four sampled residents (Resident 1 and Resident 2) who were at risk for falls, were provided supervision to prevent further fall instances, by failing to: 1. Ensure Resident 1, who had severely impaired cognition (thought process) was frequently monitored as indicated on Resident 1's Care Plan.2. Accurately document and assess Resident 2's Fall Risk Assessment after Resident 2 fell on 5/25/25 and 7/27/25.This deficient practice resulted in Resident 1 sustaining a fall on 7/27/2025.This deficient practice resulted in Resident 2 sustaining a fall on 5/25/2025 and 7/27/2025 and Resident 2 not receiving appropriate preventative measures to prevent future falls. During a review of Resident 1's admission Record (AR), the AR indicated that resident 1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including hypertension (high blood pressure), Traumatic Subdural Hemorrhage without loss of consciousness (a serious injury where blood collects between the brain and its outer covering), and mood disorder due to known physiological condition (general emotional state or mood is distorted or inconsistent with circumstances and interferes with ability to function).During a review of Resident 1's History and Physical (H&P) dated 4/18/2025, the H& P indicated Resident 1 does not have a capacity to make medical decision.During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool) dated 7/18/2025, the MDS indicated Resident 1's brief interview of mental status (BIMS, brief screener that aids in detecting cognitive impairment) score was 2 (a score of 0-7 indicated cognitive skills for daily decision was severely impaired).The MDS indicated Resident 1's tub/shower transfer and toilet transfer was not attempted due to medical condition or safety concern. The MDS indicated Resident 1 required maximal assistant (helper dose more than half of the effort. Helper lifts or holds trunk or limbs and provide more than half the effort) for personal hygiene, upper lower body dressing, toileting hygiene, oral hygiene, chair/bed to-chair transfer. The MDS indicated Resident 1 required partial moderate assistant (helper dose less than half the effort. Helper lifts, holds, or supports trunk or limb but provides less than half of the effort)During a Review of Resident 1 Change in Condition Evaluation dated 7/27/2025, at 8:15 AM, the Evaluation indicated Resident 1 sustained a fall at 8:15 AM and was found lying down on the floor on Resident 1's Left side.During a Review of Resident 1's Fall Risk assessment dated [DATE] indicated Resident 1 was at risk for falls.During a Review of Resident 1's Care plan for [Resident 1] is at risk for unavoidable falls with injury related to limited mobility , confusing , dec conditioning , gait balance problem incontinent , paralysis , unaware of safety needs , vison hearing problem recurrent falls attempting to get out of bed without assistance, revised on 6/11/25, the care plan indicated a goal for Resident 1 to be free of falls. The Care Plan intervention indicated to anticipate and meet the resident needs, be sure the resident call light is within reach and encourage the resident to use it as needed and frequent visual monitoring. During a review of Resident 2's AR, the AR indicated the Resident 2 was admitted to the facility on [DATE] with diagnoses including dependent on renal dialysis (Kidney dialysis is the process of removing excess water, solutes, and toxins from the blood in people whose kidneys can no longer perform these functions naturally), type 2 Diabetes (high blood sugar) , Depression (metal illness constant feeling of sadness).A review of Resident 2's History and Physical (H&P) encounter date 12/1/2024, the H&P indicated Resident 2 has the capacity to understand and make decision.During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2's BIMS, score was 13 (a score of 13-15 indicated cognitive skills for daily decision making is intact). The MDS indicated Resident 1 required supervisor and touching assistant (helper provide verbal clues and/or touching steadying and /or contact guard assistance as Resident completes activity. Assistant may be provided throughout the activity or intermittently.) for sit to stand, chair/bed-to chair transfer toilet transfer, walk 10 feetDuring a Review of Resident 2 Change in Condition Evaluation dated 3/09/2025 at 00:40 AM, the Evaluation indicated Fall , and indicated Resident 2 reported that he fell in the front lobby when he attempting to stand up from his wheelchair, the strap from his boot got caught on his wheelchair and Resident 2 loss his balance and fell. The evaluation indicated that Resident 2 sustained two small cuts noted on his right shin.During a Review of Resident 2 Change in Condition Evaluation dated 5/25/2025 at 6:08 PM, the Evaluation indicated Fall , and indicated Resident 2 reported that he fell in the room, after losing balance. The Evaluation indicated Resident 2 fell knees first onto the floor. During a Review of Resident 2's Change in Condition Evaluation dated 7/27/2025 at 4:44 PM, the Evaluation indicated Fall and indicated Resident 2 was seen falling in front of his room by the door, holding his breakfast tray and suddenly

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to :1-Provide adequate Certified Nursing Assistant (CNA) staff to respond to requests for assistance with toileting and activities of daily living (ADL) in a timely manner , for three of four sampled residents (Resident 2, Resident 3,and Resident 4).2- Implement the Facility Assessment and All facility Letter (AFL) 21-11 to meet requirement Direct Care Service Hours Per Patient Day (DHPPD) for CNA for minimum of 2.4 hours.This deficient practice resulted in Resident 2 sustaining a fall on 7/27/25 in the facility hallway, Resident 4 stated feeling helpless after facility staff did not address the call light timely to assist Resident 4 with his wheelchair, and Resident 3 waiting for two hours to assist with ADL's.This deficient practice resulted in not meeting the minimum requirements for CNA's to provide adequate care and necessary services needed for each resident in the facility.During a review of Resident 2's admission Record (AR), the AR indicated the Resident 2 was admitted to the facility on [DATE] with diagnoses including dependent on renal dialysis (Kidney dialysis is the process of removing excess water, solutes, and toxins from the blood in people whose kidneys can no longer perform these functions naturally), type 2 Diabetes (high blood sugar) , Depression (metal illness constant feeling of sadness).During a review of Resident 2's History and Physical (H&P) encounter date 12/1/2024, the H&P indicated Resident 2 has the capacity to understand and make decision.During a review of Resident 2's Minimum Data Set (MDS, a resident assessment tool) dated 6/3/2025, the MDS indicated Resident 2's brief interview of mental status (BIMS, brief screener that aids in detecting cognitive impairment) score was 13 (a score of 13-15 indicated cognitive skills for daily decision making is intact). The MDS indicated Resident 1 required supervisor and touching assistant (helper provide verbal clues and/or touching steadying and /or contact guard assistance as Resident completes activity. Assistant may be provided throughout the activity or intermittently.) for sit to stand, chair/bed-to chair transfer toilet transfer, walk 10 feet.During a Review of Resident 2 Change in Condition Evaluation dated 7/27/2025 and timed at 4:44 PM, the Evaluation indicated the date and time Resident 2's responsible party (RP) was notified of Resident 2's fall was 7/27/2025 at 8:47 AM. The Evaluation indicated Resident was seen falling in front of his room by the door holding his breakfast tray and suddenly lost his balance. The Resident quickly sat on the floor before nurses can stop the fall.During a review of Resident 3's AR , the AR indicated Resident 3 was admitted to the facility on [DATE] with diagnoses including hearth failure (high blood pressure), pressure ulcer of sacral region (pressure ulcer of sacral region), and atherosclerosis of Aorta (a progressive buildup of plaque in the largest artery in your body, called your aorta).During a review of Resident 3's H&P encounter date 7/11/2025, the H&P indicated Resident 3 has the capacity to understand and make decision.During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3's BIMS score was 15 (a score of 13-15 indicated cognitive skills for daily decision making is intact).The MDS indicated Resident 3 is dependent (helper dose all of the effort . Resident done none of the effort to complete the activity or assistance of 2 or more helpers is required for the resident to complete the activity) on toileting , hygiene shower/bath self, personal hygiene, roll left and right . The MDS indicated sit to lying, lying to sitting , sit to stand toilet transfer did not attempt due to medical condition or safety concerns.During a review of Resident 4's AR, the AR indicated the Resident 4 was admitted to the facility on [DATE] with diagnoses including Diabetes (high blood sugar) , hypertension (high blood pressure) , and Syncope and collapse (sudden and temporary loss of consciousness and fall).During a review of Resident 4's H&P encounter date 4/23/2025, Resident 4 has the capacity to understand and make decision.During a review of Resident 4's MDS, dated [DATE], the MDS indicated Resident 4's BIMS score was 13 (a score of 13-15 indicated cognitive skills for daily decision making is intact). The MDS indicated Resident 1 required supervisor and touching assistant (helper provide verbal clues and/or touching steadying and /or contact guard assistance as Resident completes activity .Assistant may be provided throughout the activity or intermittently) for sit to stand, chair/bed-to chair transfer , toilet transfer. The MDS indicated Resident 4 required partial moderate assistant (helper dose less than half the effort. Helper lifts, holds, or supports trunk or limb but provides less than half of the effort) for walking 10 feet.During an interview on 8/6/2025 at 11:25 AM with Resident 2, Resident 2 stated on 7/27/2025 between 7:30 AM to 8 AM he pressed the call light so staff could take his empty breakfast tray, however no one showed up. Resident 2 stated he waited approximately 30 min then he decided to take the tray away himself but had a fall in front of his room. During an interview on 8/6/2025 at 11:40 AM with Resident 3, Resident 3 stated on 8/4/2025 around 1 AM