STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056079	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glendora Grand, Inc	805 W. Arrow Hwy. Glendora, CA 91740

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a comfortable, homelike environment by not ensuring the room temperature between 71 degrees Fahrenheit (F, a temperature measurement unit) to 81 F for one of four sampled rooms and two of seven sampled residents (Resident 5 and Resident 6).This deficient practice violated Resident 5's and Resident 6's right to have a comfortable, homelike environment and placed Resident 5 and Resident 6 at risk for health complications due to increased room temperature.1. During a review of Resident 5's admission Record (AR), the AR indicated the facility originally admitted Resident 5 on 3/30/2018 and readmitted Resident 5 on 5/22/2026 with diagnoses which included type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), and urinary tract infection (UTI- an infection in the bladder/urinary tract). During a review of Resident 5's History and Physical (H&P, physician's clinical evaluation and examination of the resident), dated 5/22/2026, the H&P indicated Resident did not have the capacity to understand and make decisions.During a review of Resident 5's Minimum Data Set (MDS, a resident assessment tool), dated 5/13/2026, the MDS indicated Resident 5 had severely impaired cognitive skills (ability to think, learn, remember, use judgement, and make decisions). The MDS indicated Resident 5 was dependent on staff (helper does all the effort or the assistance of 2 or more helpers is required to complete the activity) on lower body dressing and personal hygiene. The MDS indicated Resident 5 required substantial/maximal assistance (helper does more than half the effort to complete the activity) with toileting hygiene, to shower/bathe self, and with putting on/taking off footwear.2. During a review of Resident 6's AR, the AR indicated the facility originally admitted Resident 6 on 12/27/2023 and readmitted Resident 6 on 12/30/2025 with diagnoses which included COPD, chronic kidney disease (a condition in which the kidneys are damaged and can't filter blood as well as they should), UTI, and anxiety disorder (mental health condition that involves excessive fear, worry, or nervousness that interfere with daily life).During a review of Resident 6's H&P, dated 4/18/2026, the H&P indicated Resident 6 did not have the capacity to understand and make decisions.During a review of Resident 6's MDS, dated [DATE], the MDS indicated Resident 6 had severely impaired cognitive skills. The MDS indicated that Resident 6 was dependent on staff for most activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily).During a concurrent observation and interview on 6/17/2026 at 4:05 PM with Maintenance (MT) 1 and MT 2 inside Resident 5's and Resident 6's room, the room temperature was 83.6 F which was checked by MT 1 and MT 2. MT1 and MT 2 stated Resident 5 and 6's room temperature was greater than 81 F.During a concurrent interview and record review on 6/17/2026 at 4:10 PM with MT 1, the facility's policy and procedure (P&P) titled, Safe and Homelike Environment, undated, was reviewed. MT 1 stated that the facility should have made sure that the residents' room temperature was between 71 F and 81 F.During a concurrent interview and record review on 6/18/2026 at 10:55 AM with the Director of Nursing (DON), the facility's P&P titled, Safe and Homelike Environment, undated, was reviewed. The DON stated it was important to keep (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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	residents comfortable and to make sure the residents' room temperature was between 71 F and 81 F.During a review of the facility's policy and procedure (P&P) titled, Safe and Homelike Environment, undated, the P&P indicated, The facility will maintain comfortable and safe temperature levels.a. Comfortable and safe temperature levels means that the ambient temperature should be in a range that minimizes residents' susceptibility to loss of body heat and risk of hypothermia or susceptibility to respiratory ailments and colds.b. The facility should strive to keep the temperature in common resident areas between 71 and 81 degrees Fahrenheit.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure staff followed the facility's Infection Prevention and Control Program policy and procedure (P&P) for one of eight sampled residents (Resident 3) who was on Enhanced Barrier Precaution (EBP- refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities) when:1. Activity Assistant (AA) 1 came out of Resident 3's room, removed isolation gown and put the isolation gown in the trash outside Resident 3's room.2. Resident 3's used meal tray was taken outside Resident 3's room and placed on top of the cart used to store clean isolation supplies.These deficient practices had the potential to result in widespread infection (the invasion and growth of germs [such as bacteria, fungi, yeast, virus, or other microorganisms]) in the facility.During a review of Resident 3's admission Record (AR), the AR indicated the facility originally admitted Resident 3 on 4/3/2024 and readmitted on [DATE] with diagnoses which included type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), chronic kidney disease (a condition in which the kidneys are damaged and can't filter blood as well as they should), and urinary tract infection (UTI- an infection in the bladder/urinary tract). During a review of Resident 3's Minimum Data Set (MDS, a resident assessment tool), dated 4/29/2026, the MDS indicated Resident 3 had severely impaired cognitive skills (ability to think, learn, remember, use judgement, and make decisions). The MDS indicated Resident 3 was dependent (helper does all the effort or the assistance of 2 or more helpers is required for the resident to complete the activity) on staff with toileting hygiene and to shower/bathe self. The MDS indicated Resident 3 required substantial/maximal assistance (helper does more than half the effort to complete the activity) with oral hygiene, upper and lower body dressing, putting on/taking off footwear, and personal hygiene.During a review of Resident 3's Order Summary Report (OSR), dated 6/17/2026, the OSR indicated Resident 3 may have Enhanced Barrier Precaution (EBP- refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities) related to positive Candida Auris (C. Auris, a type of yeast that can cause severe illness and spread easily among very sick patients in healthcare facilities).During a review of Resident 3's Care Plan (CP), initiated 9/18/2024, revised 11/10/2025, the CP indicated Resident 3 had presence of Candida Auris.During a concurrent observation and interview on 6/17/2026 at 11:10 AM with Certified Nursing Assistant (CNA) 1 in front of Resident 3's room in the hallway. Activity Assistant (AA) 1 was observed coming out of Resident 3's room in an isolation gown. AA 1 removed the isolation gown and threw the gown in a trash can in hallway, outside of Resident 3's room. CNA 1 stated that AA 1 should not have taken off the isolation gown outside of Resident 3's room and trash the gown out of the resident's room. CNA 1 stated that staff should remove the gown and gloves and put them in the trash inside the resident's room to prevent spreading the infection.During an observation on 6/17/2026 at 12:42 PM in front of Resident 3's room in hallway, there was a finished uncovered disposable meal tray of Resident 3 on top of a cart for storing clean gowns in hallway.During a concurrent observation and interview on 6/17/2026 at 12:55 PM with Licensed Vocational Nurse (LVN) 1 in front of Resident 3's room in hallway, LVN 1 was observed taking Resident 3's finished and uncovered disposable meal tray from the top of the isolation gown cart in hallway to a soiled room to trash. LVN 1 stated that LVN 1 threw away Resident 3's disposable meal tray because the meal tray was uncovered and left in hallway.During an interview on 6/17/2026 at 3:21 PM with Registered Nurse (RN) 1, RN1 stated staff should remove isolation gown and trash the disposable meal tray inside Resident 3's room to prevent spreading infection.During an interview on 6/17/2026 at 3:55 PM with Infection Preventionist (IP) 1, IP 1 stated staff should take off the gown before passing the resident's room door and trash the gown inside the room for infection control. IP 1 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stated staff should trash the disposable isolation meal tray inside the resident's room in a bag, tie the bag, then bring out of the room to prevent infection spread.During an interview on 6/18/2026 at 10:55 AM with the Director of Nursing (DON), the DON stated that it is important to take off the gown after taking care of residents before leaving the room and trash the gown inside of resident's room for infection control. The DON stated that it is important to trash the disposable meal tray inside resident's room to prevent infection spreading out.During a review of the facility's policy and procedure (P&P) titled, Infection Prevention and Control Program, dated 5/2021, the P&P indicated the facility should have established and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The P&P indicated, All staff are responsible for following all policies and procedures related to the program. The P&P indicated, All staff shall use personal protective equipment (PPE) according to established facility policy governing the use of PPE.During a review of the facility's policy and procedure (P&P) titled, Enhanced Barrier Precautions, dated 7/2022, the P&P indicated the facility should implement enhanced barrier precautions (EBP) for the prevention of transmission of multidrug-resistant organisms. The P&P indicated that Candida Auris is one of the organisms that should be on EBP. The P&P indicated, Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room.