STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056118	A. Building B. Wing	09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gladstone Sub-Acute and Rehab Center	435 E. Gladstone St 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40913 Based on observation, interview, and record review, the facility failed to develop and implement a care plan (CP) that addressed individual assessed needs for one of two sampled resident (Resident 1) by failing to include Physical Therapy 1's (PT 1) assessments and recommendation and Resident 1's behavior of getting up (from wheelchair or from Resident 1's bed) without calling for assistance from staff as indicated in the facility's Policy and Procedure (P&P) titled Care Planning. This deficient practice had the potential to result in unmet individualized needs, inconsistent provision of treatment and services for Resident 1, and the potential to affect Resident 1's physical and psychosocial well-being. Findings: During a review of Resident 1's Admission Record (AR), the AR indicated the facility admitted Resident 1 on 7/19/24, with diagnoses that included hemiplegia (weakness and paralysis of one side of the body) affecting the right dominant side, gout [a type of arthritis (joint inflammation) that causes pain and swelling in the joints), difficulty in walking, generalized muscle weakness, and epilepsy [brain disorder in which a person has repeated seizures (a sudden, uncontrolled episode of abnormal electrical activity in the brain that can cause physical changes in behavior and movement) over time]). During a review of Resident 1's document titled Physical Therapy Evaluation & Plan of Treatment, start of care dated 7/20/24, the document's fall risk assessment indicated Resident 1 felt unsteady when standing, walking, and worried about falling. The evaluation indicated Resident 1 had impaired right and left lower extremity (legs) strength and required contact guard assistance (CGA, the caregiver places one or two hands on the resident's body to help with balance but provides no other assistance to perform the functional mobility task) with transfers and gait (pattern of a person's walk) on level surfaces. The document's Assessment Summary indicated Resident 1 presented with impaired mobility and impaired coordination and Resident 1 was at risk for falls. During a review of Resident 1's History and Physical (H&P) dated 7/22/24, the H&P indicated Resident 1 had the capacity to understand and make decisions. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056118	A. Building B. Wing	09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gladstone Sub-Acute and Rehab Center	435 E. Gladstone St 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1's untitled CP for fall risk, initiated on 7/22/24, the CP indicated a goal for Resident 1's risk of falls to be decreased by the next CP review. The CP's interventions included for staff to anticipate Resident 1's needs, explain the call system if appropriate, assess ability to use the call light, and keeping an environment well-lit and hazard free. During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool) dated 7/25/24, the MDS indicated Resident 1 had intact cognition (ability to think and process information). The MDS indicated Resident 1 required touching assistance with toilet transfer and to walk 10 feet. During a review of Resident 1's Physical Therapy Treatment Encounter Notes dated 8/21/24, the notes indicated Resident 1 had compromised balance, coordination, functional activity tolerance, postural support/control, safety awareness and strength. The notes indicated Resident 1 required CGA with gait on level surfaces and standby assistance with transfers. During an interview on 9/4/24 at 3:20 pm, Licensed Vocational Nurse 1 (LVN 1) stated Resident 1 was alert, and oriented to person, place and time. LVN 1 stated Resident 1 did not use the call light, Resident 1 was very independent and liked to do things on Resident 1's own. LVN 1 stated Resident 1 had been getting up independently to the bathroom since Resident 1's admission. During a concurrent interview and record review on 9/4/24 at 3:31 pm, Resident 1's PT Encounter Notes were reviewed with the Director of the Rehabilitation (DOR). The DOR stated there were different levels of function, starting with independent, set-up, supervised assist, standby assist, CGA, and being dependent. The DOR stated CGA required a little contact from staff to resident to keep the resident steady during the activity. The DOR stated Resident 1 required CGA for safety [reasons]. During a phone interview on 9/4/24 at 4:07 pm, Certified Nursing Assistant 2 (CNA 2) stated CNA 2 was occasionally assigned to care for Resident 1 and Resident 1 got up every morning independently. CNA 2 stated Resident 1 never used the call light. During a concurrent record review and interview on 9/5/24 at 1 pm, with Registered Nurse 1 (RN 1), Resident 1's CP for risk for falls initiated on 7/22/24 was reviewed. RN 1 verified and stated Resident 1's CP was not updated to include Resident 1 getting up without calling for staff assistance. RN 1 verified and confirmed Resident 1's CP did not include PT 1's evaluation indicating Resident 1 required CGA during ambulation. RN 1 stated the PT assessment regarding Resident 1 requiring CGA and Resident 1's refusal to use the call light to ask for assistance [prior to getting up] had to be included in Resident 1's CP. RN 1 stated appropriate interventions to add to Resident 1's CP included providing education and explaining to Resident 1 the risk and benefits of calling for staff assistance, involving Resident 1's family in the education, and implementation of a toileting program. During a concurrent record review and interview on 9/5/24 at 3:07 pm with the Director of Nursing (DON), Resident 1's PT Evaluation and Plan of Treatment dated 7/20/24, Resident 1's MDS dated [DATE], and Resident 1's fall risk CP dated 7/22/24 were reviewed with the DON. The DON verified Resident 1 required CGA during ambulation. The DON stated other interventions that needed to be included and implemented in Resident 1's the CP included a room change close to the nurse's station, education of the resident and involvement of Resident 1's the family. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056118	A. Building B. Wing	09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gladstone Sub-Acute and Rehab Center	435 E. Gladstone St 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's P&P titled Care Planning dated 10/24/2022, the P&P indicated the purpose for care planning was to ensure that a comprehensive person-centered care plan was developed for each resident based on their individual assessed needs. The P&P indicated a licensed nurse will initiate the care plan, and the plan will be finalized in accordance with OBRA/MDS guidelines and updated as indicated for change of condition, onset of new problems, resolution of current problems, and as deemed appropriate by clinical assessment and judgement on as needed basis. The P&P indicated each resident's comprehensive care plan will describe any services that were required, but not provided due to the resident's exercise of rights, which includes the right to refuse treatment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056118	A. Building B. Wing	09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gladstone Sub-Acute and Rehab Center	435 E. Gladstone St 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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40913 Based on interview and record review, the facility failed to provide care and services to prevent a fall (move downward, typically rapidly and freely without control, from a higher to a lower level) for one of two sampled residents, (Resident 1) who was assessed as needing contact guard assistance (CGA, place one or two hands on the resident's body to help with balance) with ambulation, by failing to: 1. Ensure Certified Nursing Assistant 1 (CNA) 1, CNA 2, Licensed Vocational Nurse (LVN) 1, and LVN 2, who were assigned to take care of Resident 1, were made aware by Physical Therapist 1 (PT 1, a licensed medical professional who helps patients/residents improve their ability to move and function) that Resident 1 required touching assistance (helper provides verbal cues and/or tactile [touch] cues or contact guard assistance while the resident completes activity) with ambulation on level surfaces and walking ten feet. 2. Provide touching assistance to Resident 1 while Resident 1 walked in the room, from the closet to Resident 1's bed. As a result, on 8/23/24 at around 9 pm, Resident 1 fell while walking from the closet to Resident 1's bed. Resident 1 experienced 10/10 pain (on a scale of 0 to 10 [0 representing no pain and 10 representing the worst pain imaginable]) on the right groin area (area where the lower abdomen meets the inner thigh). The facility transferred Resident 1 to General Acute Hospital 1 (GACH 1) for further evaluation. At GACH 1, Resident 1 was found to have a fracture (a break in a bone) through the transcervical region (the middle portion) of the right femoral neck (the part of the thigh bone that connects the femoral head [the top of the thigh bone] to the femoral shaft [the long, straight part of the thigh bone]). Resident 1 was hospitalized at the GACH 1 for 20 days (from 8/23/24 to 9/12/24). On 8/26/24, Resident 1 underwent a partial right hip arthroplasty (a surgical procedure to replace part of the hip joint with a prosthetic [artificial] implant). Cross reference F656 Findings: During a review of Resident 1's Admission Record, the admission record indicated the facility admitted Resident 1 on 7/19/24, with diagnoses that included hemiplegia (weakness and paralysis of one side of the body) affecting the right dominant side, gout [a type of arthritis (joint inflammation) that causes pain and swelling in the joints), difficulty in walking, generalized muscle weakness, and epilepsy (brain disorder in which a person has repeated seizures [a sudden, uncontrolled episode of abnormal electrical activity in the brain that can cause physical changes in behavior and movement] over time). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056118	A. Building B. Wing	09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gladstone Sub-Acute and Rehab Center	435 E. Gladstone St 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 0689 Level of Harm - Actual harm Residents Affected - Few	During a review of Resident 1's Physical Therapy (PT) Evaluation and Plan of Treatment, dated 7/20/24, the PT Evaluation and Plan of Treatment indicated Resident 1 was assessed as feeling unsteady when walking and Resident 1 was worried about falling. The PT Evaluation and Plan of Treatment indicated Resident 1 had impaired right and left lower extremity strength and required contact guard assistance with transfers and gait (manner of walking or moving on foot) on level surfaces. The PT Evaluation and Plan of Treatment indicated Resident 1 presented with impaired mobility (ability to move) and impaired coordination (a condition that makes it difficult to control your body's movements), due to the documented physical impairments, and Resident 1 was at risk for falls. During a review of Resident 1's History and Physical (H&P) dated 7/22/24, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's untitled care plan (CP), initiated on 7/22/24, the CP indicated Resident 1 was at risk for falls due to hemiplegia. The CP interventions included for staff to anticipate Resident 1's needs, explain the call system if appropriate, and assess ability to use the call light. During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool) dated 7/25/24, the MDS indicated Resident 1 had intact cognition (ability to think and process information). The MDS indicated Resident 1 required touching assistance with toilet transfer and to walk 10 feet. During a review of Resident 1's Physical Therapy Encounter Notes (PT EN) dated 8/21/24, the PT EN indicated Resident 1 had compromised [unable to function optimally (in the best way)] balance, coordination, functional activity tolerance, postural support/control (appliance or device used to achieve proper body position and balance, to improve a resident's mobility and independent functioning), safety awareness and strength. The PT EN indicated Resident 1 required contact guard assistance with gait on level surfaces and standby assistance (when someone is present to help prevent injury or falls but does not provide physical assistance or touch the person they are helping) with transfers. During a review of Resident 1's Physical Therapy Discharge Summary (PT DS), dated 8/21/24, the PT DS indicated Resident 1 required contact guard assistance with ambulation on level surfaces using a two-wheeled walker (a rolling walker that has wheels on the front two legs and rubber tips on the back two legs). The PT DS indicated Resident 1 required standby assistance with functional (having a special purpose or task) transfers. During a review or Resident 1's Situation, Background, Assessment and Recommendation (SBAR, a structured communication framework to share information about the condition of a resident) dated 8/23/24, timed at 10:01 pm, the SBAR indicated on 8/23/24, at around 9 pm, Resident 1 was found lying on the floor on Resident 1's back and Resident 1 complained of discomfort in the right groin area. The SBAR indicated Resident 1 stated Resident 1 tripped over the wheelchair footrest while the resident was walking back to her bed from the closet. The SBAR indicated there was a bone protruding (location was not indicated). The SBAR indicated LVN 2 notified Resident 1's Attending Physician/Medical Doctor 1 (MD 1) of the fall and MD 1 ordered to transfer Resident 1 to GACH 1 for further evaluation. During a review of Resident 1's Physician Order (PO) dated 8/24/24, timed at 12:15 am, the PO indicated to transfer Resident 1 to GACH 1's emergency room for further evaluation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056118	A. Building B. Wing	09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gladstone Sub-Acute and Rehab Center	435 E. Gladstone St 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 0689 Level of Harm - Actual harm Residents Affected - Few	During a review of Resident 1's GACH 1 Emergency Department (ED) Narrative dated 8/24/24, timed at 12:41 am, the ED Narrative indicated Resident 1 reported a mechanical fall (an external force that caused the resident to fall) resulting in Resident 1 hitting her head on the door. The ED Narrative indicated Resident 1experienced an onset of right groin pain radiating down Resident 1's right leg which began immediately after the fall. During a review of Resident 1's GACH 1 Computed Tomography Scan (CT scan, an imaging test that uses X-ray techniques to create detailed images of the body) Report dated 8/24/24, timed at 3:53 am, the CT scan report indicated a fracture through the transcervical region of the right femoral neck. During a review of Resident 1's Operative Report (OR) dated 8/27/24, the OR Report indicated on 8/26/24, Resident 1 had an Open treatment of right femoral neck fracture using partial hip arthroplasty. During an interview on 9/4/24 at 2:27 pm with CNA 1, CNA 1 stated when assigned to Resident 1 (unable to recall date and time) CNA 1 had observed Resident 1 get up and walk by herself to the bathroom. CNA 1 stated CNA 1 was not aware Resident 1 needed assistance with ambulation. During an interview on 9/4/24 at 3:20 pm with LVN 1, LVN 1 stated Resident 1 was alert, and oriented to person, place, and time. LVN 1 stated Resident 1 did not use the call light. LVN 1 stated Resident 1 was very independent and would like to do things on her own. LVN 1 stated Resident 1 had been getting up and walking independently (by oneself/all alone) to the bathroom since admission to the facility. During a concurrent interview with the Director of Rehabilitation (DOR) and record review on 9/4/24 at 3:31 pm, Resident 1's PT EN, dated 8/21/24 was reviewed. The PT EN indicated Resident 1 required CGA with gait on level surfaces and standby assistance with transfers. The DOR stated there were different levels of functions, starting with independent, set-up, supervised assist, standby assist, CGA, and dependent. The DOR stated CGA required a little contact with the resident to keep the resident steady during the activity. The DOR stated Resident 1 required CGA for safety. During a phone interview on 9/4/24 at 4:07 pm with CNA 2, CNA 2 stated she was assigned to Resident 1 the night the resident fell (8/23/24 at). CNA 2 stated Resident 1 would get up every morning independently. CNA 2 stated CNA 2 would see Resident 1 get up while CNA 2 assisted Resident 1's roommate with incontinent (having no or no voluntary control over urination or defecation [discharge of feces from the body]) care. CNA 2 stated Resident 1 would walk slowly, would hold the bed and the table, and Resident 1would hold the wall towards the bathroom. CNA 2 stated Resident 1 was able to walk independently. During an interview on 9/4/24 at 5:25 pm with LVN 2, LVN 2 stated LVN 2 had observed Resident 1 walk by herself and was steady. LVN 2 stated Resident 1 was able to ambulate independently. LVN 2 stated Resident 1 never pressed the call light when Resident 1 went to the bathroom. LVN 2 stated during the night of the fall (8/23/24 at 9 pm), LVN 2 heard a thud while LVN 2 was passing medications and LVN 2 immediately checked Resident 1. LVN 2 stated LVN 2 found Resident 1 lying on the floor. LVN 2 stated Resident 1 told LVN 2 Resident 1 tripped on the footrest of the wheelchair while Resident 1 was walking from the closet to Resident 1's bed LVN 2 stated it was not the nurses' practice to refer to the PT EN. LVN 2 stated LVN 2 did not know Resident 1 required contact guard assistance with ambulation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056118	A. Building B. Wing	09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gladstone Sub-Acute and Rehab Center	435 E. Gladstone St 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 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview on 9/5/24 at 11:20 am with CNA 3, CNA 3 stated the licensed nurses (in general) need to communicate to the CNA (assigned CNA) whether Resident 1 would need assistance or not with ambulation. During a concurrent interview with PT 1 and a record review on 9/5/24 at 12:20 pm, the PT EN dated 8/21/24 was reviewed. The PT EN indicated Resident 1 required contact guard assistance with gait on level surfaces and standby assistance with transfers. PT 1 stated Resident 1 had slight weakness to both lower extremities (legs). PT 1 stated the PT EN dated 8/21/24, indicated Resident 1 was unsteady with transfers and gait, and had decreased safety awareness. PT 1 stated PT 1 would not consider Resident 1 independent (able to ambulate by oneself). During a follow-up interview on 9/5/24 at 12:39 pm, the DOR stated when licensed nurses (all licensed nurses) or CNAs (all CNAs) asked regarding Resident 1's mobility, the DOR would verbally inform them (licensed nurses and CNAs) if the resident required assistant from staff or an assistive device. The DOR stated the safety report and any changes in the resident's condition would be discussed during huddle meeting (a short meeting where a team comes together to address residents' goals and challenges). The DOR stated the PT EN were available in Resident 1's chart (medical record) for the nurses' reference. During an interview on 9/5/24 at 12:50 pm with LVN 1, LVN 1 stated Resident 1 was not considered at risk for fall. LVN 1 stated Resident 1 had a slight limp and would take small, steady steps while walking inside the room and the resident would use the wheelchair to move around the facility. LVN 1 stated LVN 1 did not refer to the PT notes/assessments in Resident 1's medical record. LVN 1 stated CGA meant staff needed to be close to Resident 1 to guide and redirect Resident 1 when the resident was unsteady. During a concurrent interview and record review on 9/5/24 at 1 pm with RN 1, Resident 1's care plan for fall dated 7/22/24 was reviewed. The care plan did not indicate Resident 1 required contact guard assistance with ambulation. RN 1 stated RN 1 did not speak to PT 1 about Resident 1 requiring CGA. RN 1 stated CGA required staff to be close to Resident 1 so staff could grab or guide Resident 1 when Resident 1 was unsteady. RN 1 stated Resident 1's fall risk care plan indicated no documentation that Resident 1 required CGA with ambulation. During a concurrent record review and interview with the Director of Nursing (DON) on 9/5/24 at 3:07 pm, the MDS dated [DATE], PT DS dated 8/21/24, and Resident 1's fall care plan dated 7/22/24, were reviewed. The MDS indicated Resident 1 required CGA with toilet transfer and to walk 10 feet. The PT DS indicated Resident 1 required CGA with ambulation on level surfaces using a two-wheeled walker. The DON stated Resident 1 required CGA with ambulation. The DON stated Resident 1 told staff Resident 1 could do things by herself. The DON stated, this resident (Resident 1) will do whatever she wants to do. The DON stated the care plan did not indicate any interventions based on the PT assessments of Resident 1's level of functional mobility and level of assistance required. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056118	A. Building B. Wing	09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gladstone Sub-Acute and Rehab Center	435 E. Gladstone St 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 0689 Level of Harm - Actual harm Residents Affected - Few	During a review of the facility's Policy and Procedure (P&P) titled, Fall Management Program, dated 11/1/2017, the P&P indicated, it is the policy of this facility to provide the highest quality of care in the safest environment for the residents residing in the facility. The P&P indicated, based on the information gathered from the history and assessment of the resident, the nursing staff, and Interdisciplinary Team (IDT, a group of health care professionals working collaboratively to accomplish a common goal), with input from the Attending Physician, will identify and implement interventions to reduce the risk of falls.