

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  Gladstone Sub-Acute and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34273</b></p> <p>Based on observation, interview, and record review, the facility failed to provide a sanitary (clean) environment to prevent the spread of infections for six of eight sampled residents (Residents 2, 3, 5, 6, 7, and 8) by failing to:</p> <ol style="list-style-type: none"> <li>1. Ensure Hospitality Aide 1 (HA 1 - staff who accompanies residents to appointments and assists in answering call lights and monitoring residents) performed hand hygiene (cleaning hands by either washing hands with soap and water, or by using an alcohol-based hand sanitizer) according to the facility's policy and procedure (P&amp;P) titled, Hand Hygiene, when HA 1 went inside Resident 3's, Resident 7's, and Resident 8's room.</li> <li>2. Ensure Certified Nursing Assistant 5 (CNA 5) removed CNA 5's soiled gloves and performed hand hygiene in between residents and before touching clean linens.</li> <li>3. Ensure flies and mosquitoes did not enter Resident 2's, Resident 5's, and Resident 6's rooms.</li> </ol> <p>These failures had the potential to spread infection to all residents, staff, and visitors in the facility.</p> <p>Findings:</p> <p>1a. During a review of Resident 3's Admission Record (AR), the AR indicated Resident 3 was admitted to the facility on [DATE], with diagnoses which included respiratory failure (when the lungs cannot get enough oxygen into the blood or remove carbon dioxide [waste gas made in the body's cells] from the blood). The AR indicated Resident 3 had a tracheostomy tube (a tube inserted in a surgically created hole in the windpipe to provide an alternative airway for breathing) and a gastrostomy tube (G-tube, a tube surgically placed through the abdomen and into the stomach, and used to administer nutrition, liquids, or medications).</p> <p>During a review of Resident 3's History and Physical (H&amp;P, physician's clinical evaluation and examination of the resident), dated 10/28/24, the H&amp;P indicated Resident 3 did 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 0880</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 Minimum Data Set (MDS - a resident assessment tool), dated 11/1/24, the MDS indicated Resident 3 was dependent (helper does all the effort) on staff for oral hygiene, toileting hygiene, showering/bathing, upper and lower body dressing, personal hygiene, and for putting on/taking off footwear.</p> <p>1b. During a review of Resident 7's AR, the AR indicated Resident 7 was admitted to the facility on [DATE], with diagnoses which included respiratory failure and dysphagia. The AR indicated Resident 7 had a tracheostomy tube and a G-tube.</p> <p>During a review of Resident 7's H&amp;P, dated 10/2/24, the H&amp;P indicated Resident 7 had decision-making capacity.</p> <p>During a review of Resident 7's MDS, dated [DATE], the MDS indicated Resident 7 required partial/moderate assistance (helper does less than half the effort) with oral hygiene and personal hygiene, required substantial/maximal assistance (helper does less than half the effort) for upper body dressing, and was dependent on others for toileting hygiene, showering/bathing, lower body dressing, and putting on/taking off footwear.</p> <p>1c. During a review of Resident 8's AR, the AR indicated Resident 8 was admitted to the facility on [DATE], with diagnoses which included respiratory failure and dysphagia. The AR indicated Resident 8 had a tracheostomy tube and a G-tube.</p> <p>During a review of Resident 8's H&amp;P, dated 10/1/24, the H&amp;P indicated Resident 8 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 8's MDS, dated [DATE], the MDS indicated Resident 8 was dependent on staff for oral hygiene, toileting hygiene, upper and lower body dressing, putting on/taking off footwear, and for personal hygiene.</p> <p>During an observation on 11/13/24 at 12:35 pm, HA 1 went inside Resident 7's and Resident 8's room without performing hand hygiene. HA 1 exited Resident 7's and Resident 8's room and did not perform hand hygiene. After HA 1 exited Resident 7's and Resident 8's room, HA 1 went inside Resident 3's room without performing hand hygiene. HA 1 grabbed Resident 3's bed control, which was hanging on the footboard of Resident 3's bed, used the bed control to lower Resident 3's bed, hung the bed control back on Resident 3's bed, and exited Resident 3's room without performing hand hygiene.</p> <p>During an interview on 11/13/24 at 12:38 pm with HA 1, HA 1 stated HA 1 must use hand sanitizer before going inside a resident's room and after exiting a resident's room. HA 1 stated HA 1 should have used hand sanitizer after touching Resident 3's bed control. HA 1 stated it was important to use hand sanitizer and to wash hands to prevent contamination and to prevent the spread of infection.</p> <p>2. During a review of Resident 6's AR, the AR indicated Resident 6 was admitted to the facility on [DATE], with diagnoses which included osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage).</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/13/24 at 3:17 pm with CNA 4, CNA 4 stated CNA 4 saw flies came into the facility when CNA 4 came in through the front door on 11/11/24. CNA 4 stated on 11/11/24, CNA 4 told the staff (unidentified) in the front lobby that flies came in when CNA 4 opened the door. CNA 4 stated it was not healthy for flies to come inside the facility especially for residents with wounds and tubes. CNA 4 stated staff (in general) must use hand sanitizer before entering and after exiting resident's room and must wash hands then use hand sanitizer in between residents.</p> <p>During an interview on 11/13/24 at 3:25 pm with the Infection Prevention Nurse (IPN), the IPN stated pest control was part of infection control and discussed by the infection control committee monthly and quarterly. The IPN stated pest control was part of keeping the residents' environment safe, clean, and organized, and to ensure nothing harmed residents and staff. The IPN stated handwashing and/or hand sanitizer use must be performed before entering and after exiting a resident's room, before and after providing care to a resident, and in between residents. The IPN stated soiled gloves must be removed before handling clean equipment and/or linens.</p> <p>During an interview on 11/13/24 at 4:36 pm with CNA 1, CNA 1 stated CNA 1 sometimes saw flies in resident's rooms in the sub-acute unit (area in the facility where residents who do not require hospital acute care but require more intensive licensed skilled nursing care that is provided to most of the residents in a skilled nursing facility i.e. tracheostomy care). CNA 1 stated Resident 2's responsible party (RP, a person who is responsible for guiding, informing, assisting, and advocating for residents in the healthcare system) saw a mosquito inside Resident 2's room on 11/12/24. CNA 1 stated the window in Resident 2's room was open, and the window screen was ripped.</p> <p>During an interview on 11/13/24 at 5:16 pm with the Director of Nursing (DON) and the IPN, the DON stated on 11/12/24, Resident 2's RP informed the DON a window screen on an open window was ripped. The DON stated the facility got the window screen fixed on the same day (11/12/24). The DON stated it was important to not have flies, insects, and pests in the facility because they were sources of infection, and the facility addressed any concerns regarding pests. The DON and the IPN stated CNAs must let Department Heads know as soon as they see pests in the facility so it could be addressed.</p> <p>During a review of the facility's P&amp;P titled, Hand Hygiene, dated 11/1/17, the P&amp;P indicated facility staff must follow the hand hygiene procedures to help prevent the spread of infection to staff, residents, and visitors. The P&amp;P indicated, Facility staff, visitors, and volunteers must perform hand hygiene procedures in the following circumstances. Wash hands with soap and water: before eating; after using the bathroom; when soiled with visible dirt and debris; after unprotected (ungloved and damaged gloves) contact with blood, other body fluids, secretions, excretions, mucous membranes, non-intact skin, intact skin soiled with blood and other body fluids, wound drainage and soiled dressings; after contact with intact and non-intact skin, clothing and environmental surfaces of resident with active diarrhea even if gloves are worn; before and after food preparation; before and after assisting residents with dining if direct contact with food is anticipated or occurs; in between glove changes. The P&amp;P indicated, Alcohol-based hand hygiene products can and should be used to decontaminate hands: immediately upon entering a resident occupied area; immediately upon exiting a resident occupied area; before moving from one resident to another in a multiple-bed room; before putting on sterile gloves; and after removing personal protective equipment PPE (personal protective equipment) and before moving to another resident in the same room or exiting the room .</p> <p>(continued on next page)</p>		

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