

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  11/15/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44114</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure a comfortable temperature level in the room of one of nine sampled residents (Resident 1). The room temperature was 87 degrees Fahrenheit (F-Unit of temperature measurement).</p> <p>This failure resulted in Resident 1 feeling uncomfortable and hot and had the potential to result in hyperthermia (dangerously overheated body, usually in response to prolonged, hot, humid weather).</p> <p>Findings:</p> <p>During a concurrent observation and interview on 11/15/2024 at 11 a.m. with Maintenance Supervisor (MS) in the sub-acute unit, the MS stated the normal Resident room temperature should be 71 to 75 degrees F. The MS took the temperature inside of room [ROOM NUMBER] and 223. The MS stated the temperature of the room was 87 degrees F. The MS continued to the next room [ROOM NUMBER] and 227 and stated the temperature of the room was 84 degrees F. The MS stated we placed fans in the rooms to help with the heat because he knew the air conditioner was not working but did not know the temperature was out of the acceptable range. The MS stated the temperature in rooms 221, 223, 225, and 227 is not within an acceptable range.</p> <p>During a concurrent interview, observation, and record review on 11/15/2023 at 2 p.m. with the Director of Nursing (DON- a registered nurse (RN) who is responsible for overseeing the care of patients at a healthcare facility) in the sub-acute unit, the DON stated I was aware of the rooms with no air conditioning but not residents being hot. The DON stated per our policy Resident Rooms and Environment , dated November 01, 2017, The facility provides residents with a safe, clean, comfortable, and homelike environment. Facility staff aim to create a personalized, homelike atmosphere, paying close attention to the following: Comfortable temperatures. The DON stated the only Resident who speaks is Resident 1 and she just asked to open the window because she is hot.</p> <p>During a review of Residents 1's Admission Record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included acute respiratory failure with hypoxia (the inability to effectively exchange carbon dioxide and oxygen, and induces chronically low oxygen levels or chronically high carbon dioxide levels), dependence on respiratory ventilator (patient requiring mechanical ventilation unable to breathe independently), and tracheostomy (procedure to help air and oxygen reach the lungs).</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Minimum Data Set (MDS-a standardized resident assessment and care screening tool), dated 8/28/2024, indicated Resident 1 had intact cognition (ability to think, remember, and reason), required extensive assistance (resident involved activity, staff provide weight-bearing support) with bed mobility, transfers, locomotion, toilet use, and personal hygiene.</p> <p>During an interview on 11/15/2024 at 10:30 a.m., Resident 1 stated the past 2 weeks have been hot, and the ventilator makes it hotter. At night I sweat, and it is uncomfortable, and the heat keeps me from sleeping. Resident 1 stated the fans put in room do not help it is still hot.</p> <p>During a review of the facility's policy and procedure titled, Resident Rooms and Environment dated November 01, 2017, indicated, The facility provides residents with a safe, clean, comfortable, and homelike environment. Facility staff aim to create a personalized, homelike atmosphere, paying close attention to the following: Comfortable temperatures.</p> <p>During a review of the facility's policy and procedure titled, Maintenance Services Operational Manual - Physical Environment dated November 01, 2017, indicated its purpose is to protect the health and safety of residents, visitors, and facility staff. The Maintenance Department maintains all areas of the building, grounds, and equipment. Maintaining the heat/cooling system, plumbing fixtures, wiring, etc., in good working order.</p>