

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 12/02/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44114</p> <p>Based on interview and record review, the facility failed to develop a resident-centered comprehensive care plan (CP-a document that describes a resident's needs and how the nursing home will meet them) for one of three Residents (Resident 1) as indicated in the facility's policy and procedure titled, Care Planning.</p> <p>This failure resulted in Resident 1 was not provided with a timely care plan for the administration Trazodone (antidepressant medication).</p> <p>Findings:</p> <p>During a review of Admission Record (AR), , the AR indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including infection of internal right knee prosthesis (a bacterial infection that occurs around or within the artificial components of a knee replacement joint, causing pain, swelling, redness, warmth, and limited range of motion in knee, type 2 Diabetes Mellitus (a health condition that affects how your body turns food into energy), Diabetic Chronic Kidney Disease (a condition that occurs when diabetes damages the kidneys' ability to filter waste), and Chronic Kidney Disease, Stage 3 (a condition in which the kidneys are damaged and cannot filter waste and fluid out of blood).</p> <p>During a review of History & Physical (H&P), dated 10/18/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Physician's Order, dated 10/19/2024 indicated Resident 1 had an order for Trazodone HCL, Oral table, give 25 milligrams (mg) by mouth at bedtime for depression manifested by inability to sleep.</p> <p>During a review of Resident 1's Care Plan for Antidepressant medication, initiated on 10/21/2024, indicated the goal for Resident 1 to show less than three episodes of depression daily. The interventions were for staff to refocus behavior to something positive, educate the resident/family/caregivers about he risks and side effects and/or toxic symptoms of anti-depressants, and encourage family participation in care.</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 0657</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 assessment and care planning tool), dated, 10/23/2024, the MDS indicated Resident 1 had intact cognition (ability to think and process information). The MDS indicated Resident 1 required substantial/maximal assistance (helper lifted or held trunk or limbs and provided more than half the effort) for lower body dressing and Resident 1 was dependent (helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) on staff for toileting hygiene.</p> <p>During an interview on 12/2/2024 at 2:10 p.m. with Registered Nurse 1 (RN 1), RN 1 stated a care plan should be created when a change has occurred in doctor orders or resident condition per policy and procedure.</p> <p>During an interview on 12/2/2024 at 3:00 p.m. with the Director of Staff Development, the DSD stated the care plan should have been updated on the day the physician's order was written on 10/19/2024. The DSD stated the care plan was not created until 2 days later, on 10/21/2024.</p> <p>During a review of facility's policy and procedure (P&P) titled, Care Planning, dated October 24, 2022, indicated, the facility ensure that a comprehensive person-centered care plan is 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 [NAME]/MDS guidelines and updated as indicated for change in condition, onset of new problems, resolution of current problems, and as deemed appropriate by clinical assessment and judgment on as needed bases.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44114</p> <p>Based on interview and record review, the facility failed to ensure complete and accurate documentation for one of three sampled residents (Resident 1).</p> <p>This failure had the potential for Resident 1 to not get the appropriate care and treatment.</p> <p>Findings:</p> <p>During a review of Admission Record (AR), the AR indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including infection of internal right knee prosthesis (a bacterial infection that occurs around or within the artificial components of a knee replacement joint, causing pain, swelling, redness, warmth, and limited range of motion in knee, type 2 Diabetes Mellitus (a health condition that affects how your body turns food into energy), Diabetic Chronic Kidney Disease (a condition that occurs when diabetes damages the kidneys' ability to filter waste), and Chronic Kidney Disease, Stage 3 (a condition in which the kidneys are damaged and cannot filter waste and fluid out of blood).</p> <p>During a review of History & Physical (H&P), dated 10/18/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated, 10/23/2024, the MDS indicated Resident 1 required substantial/maximal assistance (helper lifted or held trunk or limbs and provided more than half the effort) for lower body dressing. Resident 1 was dependent (helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) for putting on or taking off footwear.</p> <p>During a concurrent interview and record review on 12/2/2024 at 2:10 p.m. with Registered Nurse (RN) 1, RN 1 stated Resident 1's SCSO dated 10/19/2024 indicated Resident 1 had a bed bath and with right lower extremity immobilizer. RN 1 stated Resident 1's SCSO dated 10/22/2024 indicated Resident 1 had a bed bath, right lower extremity with cast, room number, and does not indicate Resident 1's name. RN 1 stated Resident 1's SCSO dated 10/24/2024 indicated Resident 1 had a bed bath, right lower extremity with cast, room number, and does not indicate Resident 1's name. RN 1 stated Resident 1's SCSO indicated Resident 1 had a shower, room number, does not indicate Resident 1's name, and no indication of body marks. RN 1 stated Resident 1's SCSO indicated Resident 1 had a bed bath, room number, redness to mons pubis and sacrum area (skin above buttocks) marked, no cast or immobilizer marked on right lower extremity. RN 1 stated Resident 1's SCSO indicated Resident 1 had a bed bath, with no other areas on body marked, room number, and does not indicate Resident 1 name. RN 1 stated, Resident 1's SCSO's were not consistent per the facility's policy and procedure (P&P), the documentation should be consistent, and it was not.</p> <p>During a concurrent interview and record review on 12/2/2024 at 2:40 p.m. with the Administrator (Admin), the Admin stated, the SCSO's should be complete and all nursing documentation should be consistent per the P&P and it was not.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 12/2/2024 at 3:00 p.m. with the Director of Staff Development (DSD), the facility's P&P titled, Documentation - Nursing, dated 11/1/2017, was reviewed. The P&P indicated nursing documentation will be concise, clear, pertinent, and accurate. The P&P indicated, The CNA will document the care provided on the facility's method of documentation, manually or electronic. The DSD stated the facility staff should have followed the P&P on documentation but did not.</p>		