| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056118 | A. Building<br>B. Wing | 01/10/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Gladstone Sub-Acute and Rehab Center | 435 E. Gladstone St<br>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 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46687<br><br>Based on interview and record, the facility failed to accurately assess one of three sampled residents (Resident 3) health status according to the facility's policy and procedure (P&P) titled, Resident Assessment Instrument [RAI] Process, by failing to ensure Resident 3's Minimum Data Sets (MDS- a resident assessment tool) dated 2/28/2022, 7/7/2023, and 10/7/2024, did not include a diagnosis of seizure (sudden, controlled electrical disturbance in the brain that can cause temporary changes in behavior, movement, consciousness, or sensation) disorder or epilepsy (disorder in which nerves in the brain are disrupted, causing seizures).<br><br>This deficient practice placed Resident 3 at risk for receiving unnecessary medication and services from an incorrect diagnosis.<br><br>Findings:<br><br>During a review of Resident 3's Admission Record (AR), the AR indicated Resident 3 was initially admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses that included epilepsy, chronic respiratory failure (serious condition that makes it breathe on one's own), and chronic obstructive pulmonary disease (COPD- lung disease causing restricted airflow and breathing problems).<br><br>During a review of Resident 3's General Surgery Discharge Summary (GSDS- transfer/discharge records) from General Acute Care Hospital (GACH) 1 dated 2/21/2022, the GSDS indicated Resident 3's diagnoses did not include a diagnosis of seizure disorder or epilepsy.<br><br>During a review of Resident 3's Long-Term Care (LTC) Skilled Admission History and Physical (LTCAHP) dated 2/23/2022, the LTCAHP indicated Resident 3's past medical history (PMH) did not include a seizure disorder or epilepsy.<br><br>During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3's active diagnoses included seizure disorder or epilepsy.<br><br>During a review of Resident 3's Custodial Visit Progress Note (CVPN) by Resident 3's Primary Physician/Medical Doctor (MD) 1 dated 6/12/2023, the CVPN indicated Resident 3's diagnoses did not include seizure disorder or epilepsy.<br><br>During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident's active diagnoses included seizure disorder or epilepsy.<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a review of Resident 3's Annual History and Physical (AHP) dated 1/22/2024, the AHP indicated Resident 3's current diagnoses did not include an active and/or history of seizure disorder or epilepsy.<br><br>During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3 had intact cognition (ability to think, remember, and reason). 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 the staff for toileting hygiene, showering/bathing self, lower body dressing, putting on/taking off footwear, sitting to lying (in bed), lying to sitting on side of bed, sitting to standing, and chair/bed-to-chair transfers. The MDS indicated Resident 3 required partial/moderate assistance (helper does less than half the effort and lifts or holds trunk or limbs but provides less than half the effort) with personal hygiene and rolling left and right (in bed). The MDS indicated Resident 3 required setup or clean-up assistance (helper sets up or cleans up while the resident completes the activity and helper assists only prior to or following the activity) with eating and oral hygiene. The MDS indicated Resident 3 had seizure disorder or epilepsy.<br><br>During a concurrent interview and record review on 1/8/2025 at 2:49 pm with Licensed Vocational Nurse/Treatment Nurse/Desk Nurse (LVN 3), Resident 3's transfer/discharge records from GACH 1 for 2/21/2022 admission to the facility were reviewed including Resident 3's GACH 1 Admission History and Physical (Admission H&P) dated 1/10/2022. LVN 3 stated Resident 3's history of present illness (HPI) or PMH from GACH 1 did not include a seizure disorder or epilepsy diagnosis for Resident 3. LVN 3 stated Resident 3 was taking Keppra (a drug used to treat seizures caused by epilepsy) for anoxic encephalopathy (condition where the brain does not receive enough oxygen, leading to brain damage.<br><br>During the same concurrent interview and record review on 1/8/2025 at 2:49 pm with LVN 3, Resident 3's Order Summary Report (OSR) dated 1/8/2025 was reviewed. LVN 3 stated Resident 3 had an order for Keppra dated 2/21/2022 that was discontinued on 3/24/2022. LVN 3 stated it was important to ensure Resident 3's MDS correctly reflected all diagnoses otherwise Resident 3 could be potentially treated for a condition Resident 3 did not have.<br><br>During a concurrent interview and record review on 1/10/2025 with the Director of Nursing (DON), Resident 3's GACH 1 records, MDS', diagnoses list, and OSR were reviewed. The DON stated there was no documentation in Resident 3's GACH 1 records indicating Resident 3 had a seizure disorder or epilepsy. The DON stated Resident 3 was most likely on Keppra prophylactically (to prevent or protect against disease) at the time (2/21/2022 to 3/24/2022) due to anoxic encephalopathy, but that did not mean Resident 3 had a seizure disorder or epilepsy. The DON stated it was important for Resident 3's MDS and diagnosis list to accurately reflect Resident 3's diagnoses because the MDS and diagnosis list should be personalized. The DON stated being diagnosed with epilepsy when Resident 3 did not have epilepsy could be dangerous. The DON stated Resident 3 could be at risk for being given medication or treatment that Resident 3 did not need. The DON stated it was all licensed nurses' responsibility to ensure the appropriate diagnoses were documented on residents' records.<br><br>(continued on next page) |

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| F 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a review of the facility's P&P titled, RAI Process, revised 10/1/2019, the P&P indicated the purpose was To ensure that the Resident Assessment Instrument (RAI) is used, in accordance with specified format and timeframes, in conducting comprehensive assessments as part of an ongoing process through which the facility identifies each resident's preferences and goals of care, functional and health status, strengths and needs, as well as offering guidance for further assessment once problems have been identified. The P&P indicated, The facility will utilize the RAI process as the basis for accurate assessment of each resident's functional capacity and health status, as outlined in the CMS RAI Manual. The P&P indicated, All information recorded within the MDS Assessment must reflect the resident's status at the time of the assessment reference date (ARD).<br><br>During a review of the facility's P&P titled, Documentation- Nursing, revised 11/1/2017, the P&P indicated, Nursing documentation will be concise, clear, pertinent, and accurate. The P&P indicated that nursing documentation included Minimum data set (MDS) completion as per CMS and Medicare guidelines. |