

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  12/12/2025
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)
F 0627  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.  (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:  056118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2025
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility (SNF 1) failed to ensure one of three sampled residents (Resident 1) was readmitted to the first available bed, after Resident 1 was transferred to General Acute Care Hospital 2 (GACH 2) on [DATE], in accordance with the facility's Policy and Procedure (P&amp;P) titled Readmission. Resident 1 was admitted /transferred from GACH 2 to GACH 1 on [DATE]. The facility failed to readmit Resident 1 from GACH 1 for seven days from [DATE] through [DATE]. This violation resulted in Resident 1 remaining in GACH 1, delayed Resident 1's return to SNF 1 and had the potential to negatively impact Resident 1's care and services. Findings: During a review of Resident 1's admission Record (AR), the AR indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and bipolar disorder (sometimes called manic-depressive disorder; mood swings that ranged from the lows of depression to elevated periods of emotional highs). During a review of Resident 1's History and Physical (H&amp;P) dated [DATE], the H&amp;P indicated Resident 1 did not have the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool) dated [DATE], the MDS indicated Resident 1 had severe cognitive impairment (confusion or memory loss). The MDS indicated Resident 1 was dependent (helper did all the effort) on staff with oral hygiene, personal hygiene, toileting hygiene, showering, and transferring. During a review of Resident 1's Order Summary Report (OSR), as of [DATE], the OSR indicated a physician's order to transfer Resident 1 to GACH 2 for further evaluation with bed hold for seven days on [DATE]. During a review of Resident 1's Notice of Proposed Transfer/Discharge (NPTD), dated [DATE], the NPTD indicated Resident 1 was transferred to GACH 2 due to tachycardia (an abnormally fast heart rate) and desaturation (the oxygen level in the blood dropped below normal). The NPTD indicated the reason for Resident 1's transfer was necessary for the resident's welfare and the resident's needs could not be met in the facility. During a review of Resident 1's Transfer Bed-Hold Notification (TBHN), dated [DATE], the TBHN indicated Resident 1 had seven days bed-hold when transferred to GACH 2 on [DATE]. The TBHN indicated Resident 1 had the right to be re-admitted to the facility upon the first availability of a bed even if the hospitalization exceeded the bed-hold period. During a review of Resident 1's GACH 1 physician's orders (PO) dated [DATE] through [DATE], the PO indicated to discharge Resident 1 back to Skilled Nursing Facility (SNF) when bed was available on [DATE]. During a review of Resident 1's GACH 1 Case Manager Progress Notes (CMPN) dated [DATE] to [DATE], the CMPN indicated GACH 1 faxed the inquiry (the formal documentation sent by the GACH to a SNF to initiate the transfer or discharge of a resident) to the facility on [DATE] at 3:59 PM. The CMPN indicated the facility stated Resident 1's admission back to SNF1 was pending for review on [DATE]. The CMPN indicated the facility's Director of Business Development (DOBD) stated the facility accepted Resident 1 and needed bed arrangements before the facility could readmit Resident 1 on [DATE]. The CMPN indicated on [DATE], the facility's DOBD stated that there were no male beds available until [DATE]. The CMPN indicated on [DATE], the facility's admission Coordinator (AC) stated Resident 1 did not have a bed-hold in the facility since [DATE]. The CMPN indicated on [DATE], the facility did not have beds available to readmit Resident 1 on [DATE] at 10:07 AM. During a telephone interview with Complainant 1 on [DATE] at 12 PM, Complainant 1 stated Resident 1 was still in GACH 1 because the facility stated there were no beds available to readmit Resident 1. During an observation on [DATE] at 3:14 PM, in the facility's Nursing Unit Station 2, Room A Bed B was vacant/unoccupied During an interview on [DATE] at 3:18 PM with Resident 2, Resident 2 stated Room A Bed B had been vacant since Resident 1 was transferred to GACH 2 on [DATE]. During an interview with the AC on [DATE] at 9:26 AM, the AC stated the AC verified insurance eligibility of the resident referred from GACH prior to admission. The AC stated the facility's Director of Nursing (DON) was responsible for reviewing the GACH inquiry and approving the admission along with the Administrator (ADM). The AC stated that the AC checked the bed availability in the facility using the Daily Census. The AC stated the residents had seven days' bed-hold to return to the same bed when they were transferred to GACH. The AC stated if the resident wished to return to the facility after the seven days' bed-hold, the facility should readmit the resident. The AC stated Resident 1's bed-hold expired on [DATE]. During a concurrent record review and interview with the AC on [DATE] at 9:26 AM, the AC 's cellphone group text with the facility's admission team dated [DATE] was reviewed. The group text indicated Resident 1's GACH 1 inquiry</p>		

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  12/12/2025
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>(continued on next page)</p>

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  12/12/2025
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to provide the notices of discharge to the ombudsman (an advocate for residents of nursing homes, board and care centers, and assisted living facilities) in a timely manner for three of three sampled residents (Residents 1, 2, and 3) These deficient practices increased the risks of unsafe discharge and violation of resident's rights. Findings: a. During a review of Resident 1's admission Record (AR), the AR indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and bipolar disorder (sometimes called manic-depressive disorder; mood swings that ranged from the lows of depression to elevated periods of emotional highs). During a review of Resident 1's History and Physical (H&amp;P) dated 10/9/2025, the H&amp;P indicated Resident 1 did not have the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool) dated 10/11/2025, the MDS indicated Resident 1 had severe cognitive impairment (confusion or memory loss). The MDS indicated Resident 1 was dependent (helper did all the effort) on staff with oral hygiene, personal hygiene, toileting hygiene, showering, and transferring. During a review of Resident 1's Physician Order (PO) dated 10/3/2025, the PO indicated to transfer Resident 1 to General Acute Care Hospital (GACH) on 10/3/2025 after a fall. During a review of Resident 1's Order Summary Report (OSR) as of 11/17/2025, the OSR indicated a PO to transfer Resident 1 to GACH for further evaluation on 11/17/2025 due to tachycardia (an abnormally fast heart rate) and desaturation (the oxygen level in the blood dropped below normal). During a review of Resident 1's Transmission Log (TL) dated 10/6/2025, the TL indicated Resident 1's Notice of Proposed Transfer/Discharge (NPTD) dated 10/3/2025 was faxed to the ombudsman on 10/6/2025. The TL indicated the copy of Resident 1's NPTD was mailed to Responsible Party (RP) 1 on 10/3/2025. During a concurrent record review and interview with Registered Nurse Supervisor 1 (RNS 1) on 12/12/2025 at 9:52 AM, Resident 1's TL dated 11/21/2025 was reviewed. RNS 1 stated the TL indicated the copy of the NPTD was mailed to Resident 1's RP 1 on 11/17/2025. RNS 1 stated the TL indicated the copy of the NPTD was sent to the ombudsman on 11/20/2025 and faxed on 11/21/2025. RNS 1 stated the facility notified the ombudsman late of Resident 1's discharge to GACH and should have done it immediately on 11/17/2025. RNS 1 stated the licensed nurses should complete and fax the NPTD to the ombudsman within the day of transfer. RNS 1 stated it was important to fax the NPTD to the ombudsman in a timely manner to ensure the information was up to date. b. During a review of Resident 2's AR, the AR indicated Resident 2 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including generalized muscle weakness and diabetes mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 2's H&amp;P dated 11/7/2025, the H&amp;P indicated Resident 2 had the capacity to understand and make decisions. During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2 had intact cognition (ability to think and reason). The MDS indicated Resident 2 required supervision from staff for eating. The MDS indicated Resident 2 required partial assistance (helper did less than half the effort) from staff for oral hygiene and personal hygiene. The MDS indicated Resident 2 required maximal assistance (helper did more than half the effort) from staff for toileting hygiene and bed-to-chair transferring. The MDS indicated Resident 2 was dependent on staff for showering and tub/shower transferring. During a review of Resident 2's PO dated 12/2/2025, the PO indicated to transfer Resident 2 to GACH on 12/2/2025 due to difficulty swallowing. During a review of Resident 2's TL dated 12/3/2025, the TL indicated Resident 2's NPTD dated 12/3/2025 was faxed to the ombudsman on 12/3/2025. TL indicated Resident 2 received the NPTD on 12/2/2025. c. During a review of Resident 3's AR, the AR indicated Resident 3 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including metabolic encephalopathy (disease that affects the function or structure of the brain due to chemical imbalance in the body) and respiratory failure (a condition when the lungs cannot get enough oxygen into the blood). During a review of Resident 3's PO dated 11/15/2025, the order indicated to transfer Resident 3 to GACH on 11/15/2025 for blood transfusion (process of transferring blood of a person into the veins of another person). During a review of Resident 3's TL dated 11/15/2025, the TL indicated Resident 3's NPTD dated 11/15/2025 was faxed to the ombudsman on 11/17/2025. The TL indicated Resident 3 received the NPTD on 11/15/2025. During a review of Resident 3's PO dated 11/19/2025, the PO indicated to transfer Resident 3 to GACH on 11/19/2025 for evaluation and treatment for low hemoglobin and care of left leg</p>		