

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 03/13/2026
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>Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Residents 4) had a comfortable and homelike environment when the facility failed to repair Resident 4's malfunctioning television (TV). This failure resulted in Residents 4 feeling frustrated and had the potential to negatively affect Resident 4's health and wellbeing. Findings: During a review of Resident 4's admission Record (AR), the AR indicated the facility admitted Resident 4 on 8/17/2017 and readmitted Resident 4 on 6/8/2025 with diagnoses including acute and chronic respiratory failure (when the lungs can not get enough oxygen into the blood), chronic obstructive pulmonary disease (COPD, a group of diseases that cause airflow blockage and breathing-related problems), and Type 2 Diabetes Mellitus (a chronic condition that affects the way the body processes blood sugar). During a review of Resident 4's Minimum Data Set (MDS, a resident assessment tool), dated 12/15/2025, the MDS indicated Resident 4 had no impairment in cognitive skills (ability to make daily decisions). The MDS indicated Resident 4 required substantial/maximal assistance (helper does more than half the effort) from staff for bathing, dressing, toileting hygiene, personal hygiene, and oral hygiene. During an interview on 3/12/2026 at 11:24 AM with Resident 4, Resident 4 stated Resident 4's television (TV) was not working properly. Resident 4 stated the TV would shut off every 20 minutes and that Resident 4 would have to turn the TV on again with the remote. Resident 4 stated Resident 4 had spoken to the Maintenance Supervisor (MS) and the Social Service Director (SSD) about the faulty TV in the past. Resident 4 stated the faulty TV made Resident 4 feel frustrated. Resident 4 stated the TV was Resident 4's main source of entertainment at the facility. During an observation on 3/12/2026 at 11:34 AM, Resident 4's TV screen went black while the TV audio continued to be heard. Resident 4 had to use the remote to turn the TV screen back on. During an interview on 3/12/2026 at 11:40 AM with the MS, the MS stated Resident 4's TV screen had been turning off for the past six months. The MS stated the reason was because the TV signal was weak. During an interview on 12:48 PM with the SSD, the SSD stated Resident 4 informed the SSD about Resident 4's faulty TV almost one month ago. The SSD stated the SSD informed the MS about Resident 4's faulty TV. During a review of the facility's Policy and Procedure (P&P) titled, Maintenance Services, revised 11/1/2027, the P&P indicated, . The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. During a review of the facility's P&P titled, Resident Rooms and Environment, revised 11/1/2027, the P&P indicated, The Facility provides residents with a safe, clean, comfortable, and homelike environment. Facility Staff will provide residents with a pleasant environment and person-centered care that emphasizes the residents' comfort, independence, and personal needs and preferences.</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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