

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056360	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2024
NAME OF PROVIDER OR SUPPLIER Arbor Glen Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1033 E. Arrow Highway 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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36924</p> <p>Based on observation, interview, and record review, the facility failed to ensure the indwelling Foley catheter (thin, sterile tube inserted into the bladder to drain urine into a bag outside the body) tubing was free from urine sediments (bacteria and white blood cells are shed into the urine) for one of one sampled resident (Resident 6).</p> <p>This failure had the potential for Resident 6 to receive delay in care and treatment and placed the resident at risk for urinary tract infection (UTI- infection in the urinary system).</p> <p>Findings:</p> <p>During a review of Resident 6's Admission Record (AR), the AR indicated the resident was admitted to the facility on [DATE] with diagnoses that included metabolic encephalopathy (chemical imbalance in the brain caused by illness or organ dysfunction), UTI and sepsis (life-threatening complication of an infection).</p> <p>During a review of Resident 6's Physician Orders (PO) dated 4/8/24, the PO indicated for staff to monitor signs or symptoms of infection due to indwelling catheter use: hematuria (blood in urine), increase in sediments in the urine, temp, foul odor, and cloudy appearance in the urine and notify MD if signs or symptoms were present every shift.</p> <p>During a review of Resident 6's History & Physical (H&P), dated 4/10/24, the H&P indicated Resident 6 does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 6's Minimum Data Set (MDS, a resident assessment and care screening tool) dated 4/11/24, the MDS indicated Resident 6's cognition (a term referring to an individual's ability to process thoughts and the ability of an individual to perform the various mental activities) was severely impaired. The MDS indicated Resident 6 required substantial/maximal assistance with personal hygiene and the resident was always incontinent and dependent with toileting hygiene.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and observation of Resident 6's Foley catheter tubing on 7/12/24, at 4:05 p.m., with Licensed Vocational Nurse 3 (LVN 3), a white, cloudy substance was observed in Resident 6's Foley catheter tubing. LVN 3 stated it could be a sign or symptom of infection and the physician needed to be notified. LVN 3 stated sediments in the Foley catheter tubing was not normal and can be a sign of infection. LVN 3 stated urine should be yellow in color and clear in appearance. LVN 3 stated Resident 6's Foley catheter was last changed on 7/9/24 and was checked 7/12/24 by day shift licensed nurses.</p> <p>During a concurrent interview and record review on 7/12/24, at 6:05 p.m. with LVN 5, LVN 5 stated it was all staff's responsibility to check the appearance of the resident's Foley catheter. LVN 5 stated that LVN 5 documents on the Treatment Administration Record (TAR). LVN 5 stated this afternoon (7/12/24) LVN 3 told LVN 5 about the sediments in Resident 6's Foley catheter. LVN 5 stated LVN 5 went and looked at Resident 6's Foley catheter tubing. LVN 5 stated LVN 5 saw the sediments in Resident 6's Foley catheter tubing. LVN 5 stated the presence of sediments could be a sign of infection and the physician needed to be notified.</p> <p>During an interview on 7/12/24 at 6:31pm with the Director of Nursing (DON), the DON stated sediments in Resident 6's Foley catheter tubing could indicate infection. During a concurrent record review of Resident 6's TAR, the DON stated the initials indicated on Resident 6's TAR was from LVN 5.</p> <p>During a review of Resident 6's TAR dated July 2024, the TAR indicated Resident 6's indwelling catheter was monitored every (q) shift for signs or symptoms of infection due to indwelling catheter use. The TAR indicated signs and symptoms of infection include hematuria, increase in sediments in the urine, temp, foul odor, and cloudy appearance in the urine.</p> <p>During a review of Resident 6's undated care plan titled Risk for Infection related to constant removal of wound dressings and indwelling device (indwelling catheter for wound management), the care plan indicated for staff to monitor for signs or symptoms of active infection and notify physician.</p> <p>During a review of the facility's undated Policy & Procedure (P&P), titled, Catheter Care- Policy/Procedure, the P&P indicated it is the policy of the facility that each resident with an indwelling catheter will receive the necessary care and services related to minimizing the risks and promoting the highest practicable well-being.</p>		