

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 09/27/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37662</p> <p>Based on interview and record review, the facility failed to follow the facility's policy and procedure (P&P) titled, Reporting Alleged Violations of Abuse, Neglect, Exploitation or Mistreatment, when the facility failed to report an allegation of abuse to the California Department of Public Health (the Department) for one of three sampled residents (Resident 1).</p> <p>This failure violated Resident 1's rights, had the potential to compromise Resident 1's safety, and could subject Resident 1 to potential further abuse.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), the AR indicated, Resident 1 was admitted to the facility on [DATE], with diagnoses that included other cervical disc degeneration (a condition affecting the neck's spinal discs which can lead to neck pain, headaches, and other symptoms) unspecified cervical region (made up of the cervical spine, which is the first seven vertebrae in the spine), dysphagia (difficulty swallowing), oropharyngeal phase (swallowing problems occurring in the mouth and/or the throat), and anxiety disorder (mental health condition that cause uncontrollable and excessive feelings of fear or worry).</p> <p>During a review of Resident 1's History and Physical Examination (H&P), dated 6/18/2024, the H&P indicated, Resident 1 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 8/25/2024, the MDS indicated, Resident 1 had severe impairment in cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS indicated, Resident 1 required partial/moderate assistance (helper does less than half the effort) for toileting hygiene, upper and lower body dressing, and putting on/taking off footwear. The MDS indicated, Resident 1 required partial/moderate assistance for rolling left and right in bed (the ability to roll from lying on back to left and right side and return to lying on back on the bed).</p> <p>During a review of Resident 1's untitled care plan (CP), initiated on 8/27/2024, the CP indicated, Resident 1 had a potential for a psychosocial well-being problem related to an incident (unspecified) on 8/27/2024. The CP interventions included for staff to monitor Resident 1 for signs of mental anguish or emotional distress for 72 hours.</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 0609</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 As Needed (PRN) Skin Evaluation (SE), dated 8/27/2024 and timed at 10:37 AM, the PRN SE indicated, Resident 1's skin assessment was done. The SE indicated, no new skin issues were noted. The PRN SE indicated, Resident 1 had no bruising, no discoloration, no signs of trauma, and no redness noted. The PRN SE indicated, Resident 1's skin was intact.</p> <p>During a review of Resident 1's Condition Monitoring (CM), dated 8/28/2024 and timed at 11:27 PM, the CM indicated, the date of original condition being monitored was 8/27/2024. The CM indicated, Resident 1 was verbally abusive towards staff.</p> <p>During a review of Resident 1's medical chart, there was no Nurse's Note or CM regarding any allegation of abuse involving Resident 1 and facility staff.</p> <p>During an interview on 9/27/2024 at 4:28 PM with the Administrator (ADM), the ADM stated Licensed Vocational Nurse (LVN) 2 and Certified Nursing Assistant (CNA) 1 alleged that the Activities Supervisor (AS) placed the AS's hands on Resident 1's shoulders and LVN 1 force fed medications down Resident 1's throat. The ADM stated the Director of Nursing (DON) did a full body assessment on Resident 1, including checking Resident 1's mouth. The ADM stated AS and LVN 1 were suspended during the investigation. The ADM stated the ADM considered these incidents as accusations of abuse. The ADM stated it was the ADM's job to do a thorough investigation when there was an allegation of abuse. The ADM stated the facility's abuse policy indicated to report all alleged violations no later than two hours if it included abuse or serious bodily injury or 24 hours if it did not involve abuse or serious bodily injury. The ADM stated the abuse allegations should have been reported to the Department. The ADM stated residents could be at risk for abuse when allegations of abuse were not reported.</p> <p>During a review of the facility's P&P titled, Reporting Alleged Violations of Abuse, Neglect, Exploitation or Mistreatment, revised December 2023, the P&P indicated, the definition of an alleged violation is a situation or occurrence that is observed or reported by staff, resident, relative, visitor, another health care provider, or others but has not yet been investigated and, if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property. The P&P indicated, In response to allegations of abuse, neglect, exploitation, or mistreatment, the Facility will: a. Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately but: not later than two (2) hours after the allegation is made if the events that cause the allegation involves abuse or results in serious bodily or not later than twenty-four (24) hours if the events that cause the allegation does not involve abuse and does not result in serious bodily injury. The P&P indicated, Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported to: The Administrator of the Facility, The State Survey Agency, and Adult Protective Services (as appropriate).</p>		