

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 11/06/2024
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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46687</p> <p>Based on interview and record review, Certified Nursing Assistant (CNA) 2 and CNA 3 failed to treat one of six sampled residents (Resident 2) with consideration, respect, and full recognition of Resident 2's dignity and individuality according to the facility's policy and procedure (P&P) titled, Resident Rights, by failing to listen and respect Resident 2's request to be turned a certain way in bed during patient care.</p> <p>This failure caused Resident 2 to feel degraded and feel that Resident 2 had no say about her care in the facility.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record (AR), the AR indicated Resident 2 was initially admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses that included multiple sclerosis (long standing disease that affects the brain, spinal cord, optic nerves, and blocks messages between the brain and body), hydronephrosis (condition where one or both kidneys become stretched and swollen as a result of build-up of urine), and cerebral palsy (disorder of movement, muscle tone, or posture).</p> <p>During a review of Resident 2's Minimum Data Set (MDS, a resident assessment tool), dated 10/3/2024, the MDS indicated Resident 2 had intact cognition (ability to think, remember, and reason). The MDS indicated Resident 2 was dependent (helper did all the effort or the assistance of two or more helpers was required for the resident to complete the activity) on staff for showering/bathing self, putting on/taking off footwear, sitting to lying (in bed), sitting to standing, chair/bed-to-chair transfers, and toilet transfers. The MDS indicated Resident 2 required substantial/maximal assistance (helper did more than half the effort; helper lifted or held the trunk or limbs and provided more than half effort) with oral hygiene, toileting, personal hygiene, upper and lower body dressing, and rolling left and right (in bed).</p> <p>During a review of Resident 2's eINTERACT Change in Condition (CIC [a change in the resident's health or functioning that requires further assessment and intervention] Evaluation) dated 10/20/2024 at 3:05 pm, the CIC Evaluation indicated Resident 2 complained of severe right elbow pain when turned by a CNA (unidentified in form). The CIC Evaluation indicated Resident 2's Primary Physician/Medical Doctor (MD) 1 recommended Resident 2 have a stat (immediate) x-ray (type of image that uses radiation to produce images of inside the body to diagnose injury, disease, and other conditions).</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 2's phone orders (PO) dated 10/20/2024 at 3:11 pm, the PO indicated an order for Resident 2 to transfer to General Acute Care Hospital (GACH) 1 due to uncontrolled pain at the right elbow.</p> <p>During a review of Resident 2's progress notes (PN) dated 10/20/2024 at 6:33 pm, the PN indicated Resident 2 was transferred to GACH 1 at 6:30 pm, via emergency transport.</p> <p>During a review of Resident 2's GACH 1 Emergency Department Narrative (EDN) dated 10/20/2024 at 7:14 pm, the EDN indicated Resident 2 was brought to the GACH 1 when Resident 2 heard a popping sound during movement three hours prior to being brought in. The EDN indicated Resident 2 had acute pain at the right elbow. The EDN indicated an x-ray on 10/20/2024 at 6:59 pm showed Resident 2 had a displaced (when pieces of the bone have moved out of alignment creating a gap around the break) oblique (break in bone that occurs at an angle rather than in a straight line across) fracture of the mid (middle) humeral (humerus- upper arm bone) diaphysis (long, cylindrical middle section of a bone).</p> <p>During a review of Police Department (PD) 1 Incident report (PDIR) dated 10/22/2024 at 9:58 am, the PDIR indicated CNA 2 stated on 10/20/2024 at approximately 3 pm, Resident 2 requested a brief change because Resident 2 soiled herself. PDIR indicated CNA 3 was, Going back and forth with Resident 2 over how to position Resident 2. The PDIR indicated Resident 2 gave CNA 2 Resident 2's right hand so Resident 2 could be assisted over. The PDIR indicated while CNA 2 assisted Resident 2 over, CNA 2 lifted Resident 2's arm upward and her torso (chest and stomach area) left. The PDIR indicated at that point, CNA 2 heard Resident 2's arm (not specified) break. The PDIR indicated CNA 2 stated the break, Might have happened, because CNA 2 tried to, Overcompensate, lifting Resident 2 because of CNA 2's small stature, so CNA 2, Used extra force, to try and lift Resident 2.</p> <p>During a review of Resident 2's GACH 1 Orthopedic (Specialty physician who deals with bones, muscles, tendons, and ligaments) Progress Note (OPN) dated 10/26/2024 at 11:41 am, the OPN indicated Resident 2 had an open-reduction-internal-fixation (ORIF- surgery used to repair displaced fractures of bone) of the right humeral shaft fracture on 10/25/2024. The OPN indicated Resident 2 had a sling (adjustable device used to support broken bones) on both arms. The OPN indicated Resident 2 was experiencing moderate pain.</p> <p>During a review of Resident 2's GACH 1 Hematology (study of blood and blood disorders) Oncology (branch of medicine that specializes in the diagnosis and treatment of cancer) Progress Note (HOPN) dated 10/30/2024, the HOPN indicated Resident 2 had severe osteoporosis (disease in which the bones become weak and are more likely to break), was not on any osteoporosis medication, and was recently diagnosed with left breast cancer (a disease caused by an uncontrolled division of abnormal cells in a part of the body). The HOPN indicated Resident 2 was at high risk for new fracture. The HOPN indicated the (right) humeral fracture was suspected due to osteoporosis.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 11/4/2024 at 12:07 pm, with Resident 2, Resident 2 stated on 10/20/2024, during the 7 am to 3 pm shift, two CNAs (unable to recall names) were assisting to turn Resident 2. Resident 2 stated one of the CNAs had just assisted Resident 2's roommate (Resident 3). Resident 2 stated the CNA on her right side took Resident 2's right hand and Resident 2 thought the CNA was going to put her hand on the left bedrail. Resident 2 told the CNA she wanted to be turned a certain way because Resident 2's left arm was broken and hurting. Resident 2 stated the CNA told Resident 2, You have to do what we want, not what you want. Resident 2 stated the CNA told her Resident 2 had to be turned the way the CNA wanted because the CNA, knew better, than Resident 2. Resident 2 stated the CNAs had attitude and would not listen to Resident 2. Resident 2 stated, the CNA then took Resident 2's right hand and pulled it towards the CNA, away from Resident 2's body, like it was a wishbone. Resident 2 stated Resident 2 heard a pop so loud, Resident 2's roommate (Resident 3) heard it. Resident 2 stated Resident 2 was instantly in excruciating pain. Resident 2 stated Resident 2 informed the CNA she broke Resident 2's right arm. Resident 2 stated it made Resident 2 feel degraded and that Resident 2 had no say as to what Resident 2 could and not could not do with her body. Resident 2 stated Resident 2 felt trapped inside her body own because Resident 2 cannot use her own arms to feed herself or get dressed and felt like Resident 2 was in a nightmare.</p> <p>During an interview on 11/5/2024 at 1:51 pm, with Resident 3, inside Resident 3's room, Resident 3 stated Resident 3 occupied the bed, next to Resident 2 Resident 3 stated about a week ago (exact date unknown), Resident 2 requested CNA 2's assistance to turn from right to left in bed. Resident 3 stated Resident 2 instructed CNA 2 how to be turned since Resident 2 already had a broken left arm. Resident 3 stated Resident 2 and CNA 2 were arguing back and forth on how to turn Resident 2. Resided 3 stated Resident 3 heard CNA 2 state what do you want me to do then! Resident 3 stated immediately after CNA 2's comment, Resident 3 heard a crack and Resident 2 went crazy. Resident 3 stated Resident 3 heard Resident state I have two broken arms now!</p> <p>During a telephone interview on 11/6/2024 at 4:11 pm, with CNA 2, CNA 2 stated on 10/20/2024, CNA 2 assisted Resident 2 to turn her position in bed from right to left. CNA 2 stated Resident 2 had a broken left arm, and Resident 2 attempted to give CNA 2 instructions on how to turn while CNA 2 was explaining to Resident 2 the best way on how to turn. CNA 2 stated CNA 2 my hand was holding her hand and started to move Resident 2. CNA 2 stated while moving Resident 2, Resident 2 yelled out and stated, God not my other arm! CNA 2 stated as soon as she (Resident 2) yelled, I ran out of the room. CNA 2 stated I'm not sure if she injured her arm. I assumed she was in pain.</p> <p>During an interview on 11/6/2024 at 5:04 pm, with the Director of Nursing (DON), the DON stated facility staff should listen to the residents, respect their rights, and treat the residents with dignity and respect. The DON stated facility staff needed to listen to residents' requests and provide the care specific to residents' needs and wishes. The DON stated residents needed to have a say in their care. The DON stated treating residents with dignity was important because that was considered basic human right.</p> <p>During a review of the facility's P&P titled, Resident Rights, revised 1/2024, the P&P indicated, It is the policy of this facility that all resident rights be followed per state and federal guidelines as well as other regulative agencies. The P&P indicated, The Resident has the right to be treated with consideration, respect, and full recognition of his or her dignity and individuality.</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46687</p> <p>Based on interview and record review, the facility failed to promptly (quickly/with little or no delay; immediately) notify the physician for one of six sampled residents (Resident 2) who experienced a change of condition (COC- a sudden clinically important deviation from a resident/patient's baseline in physical, behavioral, or functional domains) as indicated in the facility's policy and procedure (PP) titled, Change of Condition Reporting, by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Licensed Vocational Nurse (LVN) 1 notified Resident 2's Primary Care Provider/Medical Doctor (MD) 1 promptly when LVN 1 noted a lump (growth, swelling, or mass that can appear anywhere on the body) in Resident 2's left breast on 4/17/2024 at 12:15 pm. 2. Ensure LVNs 1, 4, 5, 6, 8, 9, 10, and 11 communicated with MD 1 and clarified MD 1's recommendation to order a mammogram (X-ray [pictures of the inside of the body] examination of the breast to help detect breast cancer [a disease caused by an uncontrolled division of abnormal cells in a part of the body]) to Resident 2's both breast as documented on Resident 2's eINTERACT Change in Condition Evaluation (CIC [a change in the resident's health or functioning that requires further assessment and intervention] Evaluation) dated 4/17/2024, timed at 12:15 pm. 3. Ensure the assigned licensed nurses reassessed the condition of Resident 2's left breast lump after 72 hours (on 4/21/2024) and followed-up with MD 1 to obtain the necessary orders to care and/or treat Resident 2's unresolved left breast lump. <p>These failures caused a delay in providing the necessary care and services to Resident 2.</p> <p>Cross Reference F684 and F656</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record (AR), the AR indicated Resident 2 was initially admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses that included multiple sclerosis (long standing disease that affects the brain, spinal cord, optic nerves, and blocks messages between the brain and body), hydronephrosis (condition where one or both kidneys become stretched and swollen as a result of build-up of urine), and cerebral palsy (disorder of movement, muscle tone, or posture).</p> <p>During a review of Resident 2's eINTERACT CIC Evaluation dated 4/17/2024, timed at 12:50 pm, the CIC Evaluation indicated Resident 2 was noted with a lump on the left breast after showering. The CIC Evaluation indicated LVN 1 notified MD 1 on 4/17/2024 at 12:15 pm and MD 1 recommended to order a mammogram to both breasts for Resident 2.</p> <p>During a review of Resident 2's active physician orders (PO) dated 4/17/2024 to 4/20/2024, the PO indicated no transcribed (put into written or printed form) telephone order from MD 1 for Resident 2's mammogram to both breasts as indicated on Resident 2's CIC Evaluation dated 4/17/2024.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 2's PO dated 4/25/2024, transcribed by LVN 6, the PO indicated an order for a mammogram to both breasts for Resident 2.</p> <p>During a review of Resident 2's CIC Evaluation dated 7/1/2024, timed at 3:05 am, the CIC Evaluation indicated Resident 2 complained of uncontrolled and severe pain under Resident 2's left breast, and left rib cage. The CIC Evaluation indicated Resident 2 requested to be transferred to GACH 1.</p> <p>During a review of Resident 2's Progress Notes (PN) dated 7/1/2024, timed at 3:15 am, the PN indicated MD 1 was notified regarding Resident 2's complaint of severe pain under Resident 2's left breast and left rib cage not relieved with pain medication (name of pain medication was not listed). The PN indicated MD 1 ordered to transfer Resident 2 to GACH 1 Emergency Department (GACH 1 ED) for further evaluation. The PN indicated the facility transferred Resident 2 to GACH 1 ED on 7/1/2024 at 8:50 am.</p> <p>During a review of Resident 2's GACH 1 ED General Note, dated 7/1/2024, timed at 9:05 am, the GACH 1 ED General Note indicated Resident 2 was brought to GACH 1 for severe pain on the left ribs unrelieved by pain medication. The GACH 1 ED General Note indicated Resident 2 had a mass on the left breast that was noted three months ago (4/17/2024) and Resident 2 had not had a mammogram.</p> <p>During a review of Resident 2's GACH 1 Ultrasound (US- imaging that uses soundwaves to make pictures of organs, tissue, and other structures inside the body) Report of Resident 2's left breast dated 7/1/2024, timed at 12:48 pm, the US Report indicated Resident 2 had a 1.8 cm by 2.4 cm by 1.3cm mass in the left breast, highly suspicious for malignancy (cancer). The US Report indicated a recommendation for a mammogram and US-guided biopsy of Resident 2's left breast to ensure appropriate care.</p> <p>During a review of Resident 2's GACH 1 ED Assuming Care Note (EDACN), dated 7/1/2024, timed at 2:03 pm, the EDACN indicated (on 7/1/2024) at 3:36 pm, Resident 2 was unable to get into position to perform a mammogram and the mammogram was canceled. The EDACN indicated (on 7/1/2024) at 3:42 pm, Resident 2's breast US showed a category four (indicates likelihood for malignancy) suspicious breast lesion (mass), and a US-guided biopsy was recommended. The EDACN indicated (on 7/1/2024) at 3:47 pm, Resident 2's breast US showed concerning malignancy and required further work-up from a specialist. The EDACN indicated Resident 2 would follow-up with MD 1 with a referral for breast cancer specialist.</p> <p>During a review of Resident 2's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 10/3/2024, the MDS indicated Resident 2 had intact cognition (ability to think, remember, and reason). The MDS indicated Resident 2 was dependent (helper did all the effort or the assistance of two or more helpers was required for the resident to complete the activity) on staff for showering/bathing self, putting on/taking off footwear, sitting to lying (in bed), sitting to standing, chair/bed-to-chair transfers, and toilet transfers. The MDS indicated Resident 2 required substantial/maximal assistance (helper did more than half the effort; helper lifted or held the trunk or limbs and provided more than half effort) with oral hygiene, toileting, personal hygiene, upper and lower body dressing, and rolling left and right (in bed).</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 11/4/2024 at 12:07 pm with Resident 2, Resident 2 stated in later part of April 2024 (unable to specify date), the facility nurses (unable to identify) found a lump in Resident 2's left breast. Resident 2 stated the facility was not doing anything. Resident 2 stated Resident 2 expressed to the facility that Resident 2 was stressed and concerned about the lump, but Resident 2 was dismissed by facility staff (unidentified). Resident 2 stated Resident 2 had asked facility staff (unidentified) more than three times to call MD 1 to inform MD 1 regarding Resident 2's left breast lump and pain in Resident 2's left breast but was dismissed by facility staff. Resident 2 stated Resident 2 was not seen by MD 1 or taken to the hospital until 7/1/2024, when Resident 2 had a lot of pain in her chest and ribs. Resident 2 stated the only reason Resident 2's left breast lump was assessed at GACH 1 on 7/1/2024 was because Resident 2 advocated for herself and told the ED physician Resident 2 had a lump. Resident 2 stated MD 1 did not assess Resident 2 for a left breast lump until 7/2/2024, when GACH 1 informed MD 1 Resident 2 needed to be referred to a specialist for breast cancer. Resident 2 stated Resident 2 cried every day and tried to keep a positive attitude about the diagnosis, but it was hard because Resident 2 was struggling to not give up. Resident 2 stated Resident 2 felt like a death sentence had been given to her (Resident 2). Resident 2 stated Resident 2 felt so unseen and dismissed because facility staff did not listen to her.</p> <p>During a telephone interview on 11/5/2024 at 1:38 pm, with the hematologist/oncologist (physician who specializes in blood disorders and cancer)/MD 2, MD 2 stated MD 2 was Resident 2's primary oncologist. MD 2 stated Resident 2 was diagnosed with infiltrating ductal carcinoma with metastasis (process by which cancer cells spread from their original location to other parts of the body) to the bone. MD 2 stated it was important for Resident's 2 left breast lump to be assessed as soon as it was found and get a biopsy to investigate if the lump was cancerous. MD 2 stated a biopsy was needed to be done as soon as possible to determine the best course of treatment for Resident 2. MD 2 stated a delay in assessment and treatment could affect Resident 2's cancer prognosis. MD 2 stated with cancer, the faster the diagnosis was made, the faster [the oncologist] can treat cancer symptoms and hope to reduce the size of the tumor. MD 2 stated at this time, Resident 2's cancer was not curable.</p> <p>During an interview on 11/5/2024 at 3:08 pm with the Director of Nursing (DON), the DON stated LVN 1 was on maternity leave and could not be reached for an interview.</p> <p>During a telephone interview on 11/6/2024 at 8:12 am with LVN 5, LVN 5 stated (in general) when a resident had a change in condition, LVN 5 needed to notify the resident's physician (MD 1) to see if any orders were needed. LVN 5 stated if LVN 5 was unable to speak to the physician (MD 1), LVN 5 needed to follow-up and speak with the physician to obtain orders. LVN 5 stated when there was a change in resident's (Resident 2's) condition licensed staff (in general) needed to monitor a resident for at least 72 hours. LVN 5 stated when the condition was still present after 72 hours, the licensed nurses needed to inform the resident's physician to see if new orders such as a referral or hospital transfer for further evaluation was needed. LVN 5 stated when a resident's physician could not be reached, it could be fatal and could endanger the resident's health in a negative way. LVN 5 stated Resident 2's left breast lump needed to be followed-up on in April 2024 because the lump turned out to be cancerous and could metastasize. LVN 5 stated when Resident 2's cancer metastasized, the cancer could spread to other organs, be harder to treat, and could be fatal. LVN 5 stated Resident 2's left breast lump required reassessment by the licensed nurses. LVN 5 stated the assigned licensed nurses (all the assigned licensed nurses) to Resident 2 needed to call MD 1 to report Resident 2's left breast lump and obtain the necessary orders to care and/or treat Resident 2's left breast lump.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 11/6/2024 at 9:08 am with LVN 6, LVN 6 stated (in general) when completing change in resident condition monitoring, when LVN 6 did not see any new orders or progress notes indicating new orders from the resident's physician, LVN 6 would need to follow-up and call the physician (in general) immediately to see if orders were needed to ensure appropriate care and treatment were provided and the best possible prognosis of the change in condition was possible. LVN 6 stated Resident 2 complained that the Resident 2's left breast lump hurt (unable to specify date and time). LVN 6 stated it was important for staff to communicate and follow-up with MD 1 regarding Resident 2's left breast lump so orders and referrals could have been made for Resident 2. LVN 6 stated Resident 2 could have been assessed by MD 1 in April 2024 and there would have been no delay in care.</p> <p>During a concurrent telephone interview and record review on 11/6/2024 at 12:03 pm with LVN 6, Resident 2's PO dated 4/25/2024 was reviewed. LVN 6 stated LVN 6 documented a telephone order from MD 1 on 4/25/2024 at 12:31 pm, for Resident 2 to have a mammogram to both breasts. LVN 6 stated LVN 1 instructed LVN 6 to transcribe the mammogram order because MD 1 requested the mammogram, so LVN 6 made the physician order. LVN 6 stated he did not notify MD 1 regarding Resident 2's left breast lump and did not obtain the mammogram order directly from MD 1.</p> <p>During a concurrent interview and record review on 11/6/2024 at 12:55 pm with MD 1, Resident 2's Physician Progress Notes (PPN) dated 4/27/2024, 5/20/2024, 6/26/2024, and 7/2/2024 were reviewed. MD 1 stated there was no documentation in Resident 2's PPN dated 4/27/2024, regarding Resident 2's left breast lump because facility staff did not notify MD 1 of Resident 2's left breast lump on 4/17/2024. MD 1 stated when facility staff notified MD 1 regarding any change in resident's condition, MD 1 would see the resident as soon as possible. MD 1 stated MD 1 would have assessed and documented Resident 2's left breast lump in Resident 2's PPN dated 4/27/2024 and recommended a mammogram if MD 1 knew about Resident 2's breast lump when MD 1 examined Resident 2 on 4/27/2024. MD 1 stated MD 1 did not give an order for a mammogram on 4/25/2024. MD 1 stated GACH 1 ED staff notified MD 1 on 7/1/2024 regarding Resident 2's breast cancer while Resident 2 was at GACH 1. MD 1 stated MD 1 visited Resident 2 at the facility on 7/2/2024, examined and assessed Resident 2's left breast lump, and placed an order for mammogram on 7/2/2024. MD 1 stated Resident 2 could not have a mammogram due to Resident 2's medical condition so Resident 2 had an US-guided biopsy of the left breast lump instead. MD 1 stated Resident 2 had the US-guided biopsy of the left breast lump on 7/31/2024 which showed infiltrating ductal carcinoma. MD 1 stated Resident 2 was referred to a surgeon for evaluation. MD 1 stated when a lump was found in a resident's breast, the lump needed to be investigated immediately to rule out cancer. MD 2 stated cancer needed to be diagnosed quickly so the resident could get the appropriate treatment. MD 1 stated it was possible the delay in assessment and diagnosis could have negatively impacted Resident 2's cancer prognosis.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/6/2024 at 4:29 pm with the DON, the DON stated (in general) when a resident had a change in condition, licensed staff needed to assess the resident, inform the resident's physician of the change in condition and assessment, and await orders, and inform the resident and/or the resident's family. The DON stated licensed nurses needed to carry out the orders provided and monitor the resident for 72 hours. The DON stated monitoring the resident for 72 hours after a change in condition helped determine if a physician order was carried out. The DON stated licensed nurses needed to communicate with each other and document in the PN to ensure orders were carried out after a change in the resident's condition. The DON stated the licensed nurse who obtained the phone order from the physician should transcribe/input the order in the electronic health record (EHR) to ensure there was no lapse in care or confusion. The DON stated if Resident 2's left breast lump had been addressed earlier than 7/2/2024, then facility staff and MD 1 could have provided earlier interventions to see what could have been done. The DON stated not doing this for Resident 2 was considered a delay in care could cause further complications for Resident 2 and affect Resident 2's cancer prognosis.</p> <p>During a concurrent interview and record review on 11/6/2024 at 4:29 pm with the DON, Resident 2's Progress Notes (PN) dated 4/17/2024 to 4/20/2024 were reviewed. The PN indicated no documented evidence that LVNs 1, 4, 5, 6, 8, 9, 10, and 11 communicated with MD 1, clarified MD 1's recommendation for a mammogram as indicated in Resident 2's CIC Evaluation dated 4/17/24, and obtained/transcribed the mammogram order in Resident 2's medical record. The DON stated if MD 1 recommended for Resident 2 to have a mammogram on 4/17/2024 when Resident 2's lump was first assessed, then the order for mammogram should have been transcribed on 4/17/2024 by the licensed nurse who wrote it on the CIC Evaluation (LVN 1).</p> <p>During a review of the facility's P&P titled, Change of Condition Reporting, undated, the P&P indicated, Our facility shall promptly notify the resident, his or her Attending Physician, and representative of changes in resident's medical/mental condition and/or status . The P&P indicated, The nurse will notify the resident's Attending Physician or physician on call when there has been a (an) . d. significant change in the resident's physical/emotional/mental condition; e. need to alter the resident's medical treatment significantly . The P&P indicated, A significant change of condition is a major decline or improvement in the resident's status that: a. will not normally resolve itself without intervention by staff or implementing standard disease-related clinical interventions (is not self-limiting) . c. Requires interdisciplinary review and/or revision to the care plan .</p> <p>(continued on next page)</p>		

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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.			
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's P&P titled, Significant Change of Condition, Response, reviewed 12/2023, the P&P indicated, If, at any time, it is recognized by any one of the team members that the condition of care needs of the resident have changed, the Licensed Nurse or Nurse Supervisor should be made aware . The P&P indicated, The nurse will perform and document an assessment of the resident and identify need for additional interventions, considering implementation of existing orders or nursing interventions or through communication with the resident's provider . to obtain new orders or interventions. The P&P indicated, The resident will be placed on the 24-Hour Report and Nursing will provide no less than three (3) days of observation, documentation, and response to any interventions . The P&P indicated, The nurse shall use his/her clinical judgement and shall contact the physician based on the urgency of the situation . The P&P indicated, Each department notified will perform their own evaluation and assessment to determine if the change requires further intervention and implement actions accordingly. The nurse will transcribe the treatment and plan of care relative to the change of condition on the resident Electronic Medical Record (EMR). The P&P indicated, the facility shall collaborate with the attending physician, resident, and/or resident representative to review risk indicators and the plan of care .</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46687</p> <p>Based on interview and record review, the facility failed to develop and implement a care plan (CP) upon a significant change of condition for one of six sampled residents (Resident 2) according to the facility's policy and procedure (P&P) titled, Care Planning, revised 1/2024, by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Licensed Vocational Nurse (LVN) 1 and/or assigned licensed nurses (LVNs or Registered Nurses [RNs]) developed and implemented a CP when LVN 1 noted a lump (growth, swelling, or mass that can appear anywhere on the body) in Resident 2's left breast on 4/17/2024. 2. Ensure licensed nurses (LVNs or RNs) developed and implemented a CP when Resident 2 was found to have a suspicious for malignancy (cancer [a disease in which abnormal cells divide without control and can invade nearby tissues] breast lesion on Resident 2's left breast on 7/1/2024 and was diagnosed with infiltrating ductal carcinoma (breast cancer [disease that occurs when cells grow and divide uncontrollably, potentially invading other parts of the body]) on 7/31/2024. <p>These failures resulted in Resident 2 to not receive the care and services needed to address Resident 2's left breast lump from 4/17/2024 to 7/1/2024 and to address Resident 2's diagnosis of breast cancer. These failures had the potential for Resident 2 to have a decline in health.</p> <p>Cross Reference F684</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record (AR), the AR indicated Resident 2 was initially admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses that included multiple sclerosis (long standing disease that affects the brain, spinal cord, optic nerves, and blocks messages between the brain and body), hydronephrosis (condition where one or both kidneys become stretched and swollen as a result of build-up of urine), and cerebral palsy (disorder of movement, muscle tone, or posture).</p> <p>During a review of Resident 2's eINTERACT Change in Condition (CIC [a change in the resident's health or functioning that requires further assessment and intervention] Evaluation) dated 4/17/2024, timed at 12:50 pm, the CIC Evaluation indicated Resident 2 was noted with a lump on the left breast after showering. The CIC Evaluation indicated LVN 1 notified MD 1 on 4/17/2024 at 12:15 pm and MD 1 recommended to order a mammogram to both breasts for Resident 2.</p> <p>During a review of Resident 2's active physician orders (PO) dated 4/17/2024 to 4/20/2024, the PO indicated no transcribed (put into written or printed form) telephone order from MD 1 for Resident 2's mammogram to both breasts as indicated on Resident 2's CIC Evaluation dated 4/17/2024.</p> <p>During a review of Resident 2's CIC Evaluation dated 7/1/2024, timed at 3:05 am, the CIC Evaluation indicated Resident 2 complained of uncontrolled and severe pain under Resident 2's left breast, and left rib cage. The CIC Evaluation indicated Resident 2 requested to be transferred to GACH 1.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 2's Progress Notes (PN) dated 7/1/2024, timed at 3:15 am, the PN indicated MD 1 was notified regarding Resident 2's complaint of severe pain under Resident 2's left breast and left rib cage not relieved with pain medication (name of pain medication was not listed). The PN indicated MD 1 ordered to transfer Resident 2 to GACH 1 Emergency Department (GACH 1 ED) for further evaluation. The PN indicated the facility transferred Resident 2 to GACH 1 ED on 7/1/2024 at 8:50 am.</p> <p>During a review of Resident 2's GACH 1 ED General Note, dated 7/1/2024, timed at 9:05 am, the GACH 1 ED General Note indicated Resident 2 was brought to GACH 1 for severe pain on the left ribs unrelieved by pain medication. The GACH 1 ED General Note indicated Resident 2 had a mass on the left breast that was noted three months ago (4/17/2024) and Resident 2 had not had a mammogram.</p> <p>During a review of Resident 2's GACH 1 Ultrasound (US- imaging that uses soundwaves to make pictures of organs, tissue, and other structures inside the body) Report of Resident 2's left breast dated 7/1/2024, timed at 12:48 pm, the US Report indicated Resident 2 had a 1.8 cm by 2.4 cm by 1.3cm mass in the left breast, highly suspicious for malignancy (cancer). The US Report indicated a recommendation for a mammogram and US-guided biopsy of Resident 2's left breast to ensure appropriate care.</p> <p>During a review of Resident 2's GACH 1 ED Assuming Care Note (EDACN), dated 7/1/2024, timed at 2:03 pm, the EDACN indicated (on 7/1/2024) at 3:36 pm, Resident 2 was unable to get into position to perform a mammogram and the mammogram was canceled. The EDACN indicated (on 7/1/2024) at 3:42 pm, Resident 2's breast US showed a category four (indicates likelihood for malignancy) suspicious breast lesion (mass), and a US-guided biopsy was recommended. The EDACN indicated (on 7/1/2024) at 3:47 pm, Resident 2's breast US showed concerning malignancy and required further work-up from a specialist. The EDACN indicated Resident 2 would follow-up with MD 1 with a referral for breast cancer specialist.</p> <p>During a review of Resident 2's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 10/3/2024, the MDS indicated Resident 2 had intact cognition (ability to think, remember, and reason). The MDS indicated Resident 2 was dependent (helper did all the effort or the assistance of two or more helpers was required for the resident to complete the activity) on staff for showering/bathing self, putting on/taking off footwear, sitting to lying (in bed), sitting to standing, chair/bed-to-chair transfers, and toilet transfers. The MDS indicated Resident 2 required substantial/maximal assistance (helper did more than half the effort; helper lifted or held the trunk or limbs and provided more than half effort) with oral hygiene, toileting, personal hygiene, upper and lower body dressing, and rolling left and right (in bed).</p> <p>During a review of Resident 2's GACH 1 Hematology (study of blood and blood disorders) Oncology (branch of medicine that specializes in the diagnosis and treatment of cancer) Progress Note (HOPN) dated 10/25/2024, the HOPN indicated Resident 2's US-guided biopsy dated 7/31/2024 showed Resident 2 had infiltrating ductal carcinoma (breast cancer).</p> <p>During an interview on 11/5/2024 at 3:08 pm with the Director of Nursing (DON), the DON stated LVN 1 was on maternity leave and could not be reached for an interview.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/6/2024 at 3:25 pm with LVN 4, LVN 4 stated (in general) when a resident had a change in condition, a CP needed to be developed and implemented. LVN 4 stated developing and implementing a CP was important to make sure interventions to treat and direct the care of a resident was being done. LVN 4 stated when a CP was not made for Resident 2's left breast lump or cancer, then there was no plan of care for Resident 2. LVN 4 stated when no CP was made for Resident 2, then staff would not know how to treat the problem and proceed with interventions.</p> <p>During an interview on 11/6/2024 at 4:29 pm with the Director of Nursing (DON), the DON stated (in general) when a resident had a change in condition, staff were to assess the resident, inform the resident's physician of the change in condition and assessment, await orders, inform the resident and/or family, and create a care plan for the change in condition. The DON stated when a resident had a change in condition, staff needed to develop a CP because it was a blueprint of how staff cared for the residents. The DON stated without a CP, staff would not know what interventions to attempt for Resident 2. The DON stated when a CP was not developed for Resident 2's left breast lump or breast cancer diagnosis, then staff would not know how to proceed with interventions specific to Resident 2's diagnosis and could lead to a decline in health or a delay in care.</p> <p>During a review of the facility's P&P titled, Care Planning, reviewed 1/2024, the P&P indicated, It is the policy of this facility that the interdisciplinary team (IDT- group of health care professionals with various areas of expertise who work together toward goals of their residents) shall develop a comprehensive care plan for each resident. The P&P indicated, Revision or updating of the care plan will occur with quarterly, annually, upon significant changes of condition, or as requested by resident/resident representative or as deemed necessary by IDT.</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46687</p> <p>Based on interview and record review, the facility failed to provide the care and services for one of six sampled residents (Resident 2) according to the facility's policies and procedures (P&P) titled, Resident Care, Monitoring of, Change of Condition Reporting, and Significant Change of Condition, Response, by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Licensed Vocational Nurse (LVN) 1 notified Resident 2's Primary Care Provider/Medical Doctor (MD) 1 promptly (quickly/with little or no delay) when LVN 1 noted a lump (growth, swelling, or mass that can appear anywhere on the body) in Resident 2's left breast on 4/17/2024 at 12:15 pm. 2. Ensure LVN 1 and/or assigned licensed nurses (LVNs or Registered Nurses [RNs]) developed a plan of care and implemented interventions to address Resident 2's left breast lump. 3. Ensure LVNs 1, 4, 5, 6, 8, 9, 10, and 11 communicated with MD 1 and clarified MD 1's recommendation to order a mammogram (X-ray [pictures of the inside of the body] examination of the breast to help detect breast cancer [a disease caused by an uncontrolled division of abnormal cells in a part of the body]) to Resident 2's both breast as documented on Resident 2's eINTERACT Change in Condition Evaluation (CIC [a change in the resident's health or functioning that requires further assessment and intervention] Evaluation) dated 4/17/2024, timed at 12:15 pm. 4. Ensure the assigned licensed nurses reassessed the condition of Resident 2's left breast lump after 72 hours (on 4/21/2024) and followed-up with MD 1 to obtain the necessary orders to care and/or treat Resident 2's unresolved left breast lump. 5. Ensure MD 1's order for mammogram to Resident 2's both breasts dated 4/25/2024 was carried out (to do or complete) as MD 1 ordered on 4/25/2024. <p>As a result, Resident 2 did not receive the care and services for Resident 2's left breast lump from 4/17/2024 to 7/1/2024. On 7/1/2024 at 3:15 am, Resident 2 complained of severe and uncontrolled pain under Resident 2's left breast and left rib cage (bones in the chest that protect the lungs and heart). On 7/1/2024 at 8:50 am, Resident 2 was transferred to General Acute Care Hospital (GACH) 1 for further evaluation of the left breast lump. Resident 2 was found with a 1.8 centimeter (cm, unit of measurement) by 2.4 cm by 1.3 cm mass suspicious for malignancy (cancer) on Resident 2's left breast at GACH 1. On 7/31/2024, Resident 2 had an ultrasound guided biopsy (procedure that involves removing cells or tissue from the body for examination and testing by a physician and laboratory) at GACH 1 which showed infiltrating ductal carcinoma (a type of breast cancer that originates in the milk ducts of the breast and then spreads into surrounding tissue) of the left breast.</p> <p>Cross Reference F580 and F656</p> <p>Findings: (continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 2's Admission Record (AR), the AR indicated Resident 2 was initially admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses that included multiple sclerosis (long standing disease that affects the brain, spinal cord, optic nerves, and blocks messages between the brain and body), hydronephrosis (condition where one or both kidneys become stretched and swollen as a result of build-up of urine), and cerebral palsy (disorder of movement, muscle tone, or posture).</p> <p>During a review of Resident 2's eINTERACT CIC Evaluation dated 4/17/2024, timed at 12:50 pm, the CIC Evaluation indicated Resident 2 was noted with a lump on the left breast after showering. The CIC Evaluation indicated LVN 1 notified MD 1 on 4/17/2024 at 12:15 pm and MD 1 recommended to order a mammogram to both breasts for Resident 2.</p> <p>During a review of Resident 2's physician order (PO) dated 4/25/2024, transcribed by LVN 6, the PO indicated an order for a mammogram to both breasts for Resident 2.</p> <p>During a review of Resident 2's CIC Evaluation dated 7/1/2024, timed at 3:05 am, the CIC Evaluation indicated Resident 2 complained of uncontrolled and severe pain under Resident 2's left breast, and left rib cage. The CIC Evaluation indicated Resident 2 requested to be transferred to GACH 1.</p> <p>During a review of Resident 2's Progress Notes (PN) dated 7/1/2024, timed at 3:15 am, the PN indicated MD 1 was notified regarding Resident 2's complaint of severe pain under Resident 2's left breast and left rib cage not relieved with pain medication (name of pain medication was not listed). The PN indicated MD 1 ordered to transfer Resident 2 to GACH 1 Emergency Department (GACH 1 ED) for further evaluation. The PN indicated the facility transferred Resident 2 to GACH 1 ED on 7/1/2024 at 8:50 am.</p> <p>During a review of Resident 2's GACH 1 ED General Note, dated 7/1/2024, timed at 9:05 am, the GACH 1 ED General Note indicated Resident 2 was brought to GACH 1 for severe pain on the left ribs unrelieved by pain medication. The GACH 1 ED General Note indicated Resident 2 had a mass on the left breast that was noted three months ago (4/17/2024) and Resident 2 had not had a mammogram.</p> <p>During a review of Resident 2's GACH 1 Ultrasound (US- imaging that uses soundwaves to make pictures of organs, tissue, and other structures inside the body) Report of Resident 2's left breast dated 7/1/2024, timed at 12:48 pm, the US Report indicated Resident 2 had a 1.8 cm by 2.4 cm by 1.3 cm mass in the left breast, highly suspicious for malignancy (cancer). The US Report indicated a recommendation for a mammogram and US-guided biopsy of Resident 2's left breast to ensure appropriate care.</p> <p>During a review of Resident 2's GACH 1 ED Assuming Care Note (EDACN), dated 7/1/2024, timed at 2:03 pm, the EDACN indicated (on 7/1/2024) at 3:36 pm, Resident 2 was unable to get into position to perform a mammogram and the mammogram was canceled. The EDACN indicated (on 7/1/2024) at 3:42 pm, Resident 2's breast US showed a category four (indicates likelihood for malignancy) suspicious breast lesion (mass), and a US-guided biopsy was recommended. The EDACN indicated (on 7/1/2024) at 3:47 pm, Resident 2's breast US showed concerning malignancy and required further workup from a specialist. The EDACN indicated Resident 2 would follow-up with MD 1 with a referral for breast cancer specialist.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 2's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 10/3/2024, the MDS indicated Resident 2 had intact cognition (ability to think, remember, and reason). The MDS indicated Resident 2 was dependent (helper did all the effort or the assistance of two or more helpers was required for the resident to complete the activity) on staff for showering/bathing self, putting on/taking off footwear, sitting to lying (in bed), sitting to standing, chair/bed-to-chair transfers, and toilet transfers. The MDS indicated Resident 2 required substantial/maximal assistance (helper did more than half the effort; helper lifted or held the trunk or limbs and provided more than half effort) with oral hygiene, toileting, personal hygiene, upper and lower body dressing, and rolling left and right (in bed).</p> <p>During a review of Resident 2's GACH 1 Hematology (study of blood and blood disorders) Oncology (branch of medicine that specializes in the diagnosis and treatment of cancer) Progress Note (HOPN) dated 10/25/2024, the HOPN indicated Resident 2's US-guided biopsy dated 7/31/2024 showed Resident 2 had infiltrating ductal carcinoma (breast cancer).</p> <p>During a telephone interview on 11/4/2024 at 12:07 pm with Resident 2, Resident 2 stated in later part of April 2024 (unable to specify date), the facility nurses (unable to identify) found a lump in Resident 2's left breast. Resident 2 stated the facility was not doing anything. Resident 2 stated Resident 2 expressed to the facility that Resident 2 was stressed and concerned about the lump, but Resident 2 was dismissed by facility staff (unidentified). Resident 2 stated Resident 2 had asked facility staff (unidentified) more than three times to call MD 1 to inform MD 1 regarding Resident 2's left breast lump and pain in Resident 2's left breast but was dismissed by facility staff. Resident 2 stated Resident 2 was not seen by MD 1 or taken to the hospital until 7/1/2024, when Resident 2 had a lot of pain in her chest and ribs. Resident 2 stated the only reason Resident 2's left breast lump was assessed at GACH 1 on 7/1/2024 was because Resident 2 advocated for herself and told the ED physician Resident 2 had a lump. Resident 2 stated MD 1 did not assess Resident 2 for a left breast lump until 7/2/2024, when GACH 1 informed MD 1 Resident 2 needed to be referred to a specialist for breast cancer. Resident 2 stated Resident 2 cried every day and tried to keep a positive attitude about the diagnosis, but it was hard because Resident 2 was struggling to not give up. Resident 2 stated Resident 2 felt like a death sentence had been given to her (Resident 2). Resident 2 stated Resident 2 felt so unseen and dismissed because facility staff did not listen to her.</p> <p>During a telephone interview on 11/5/2024 at 1:38 pm, with the hematologist/oncologist (physician who specializes in blood disorders and cancer)/MD 2, MD 2 stated MD 2 was Resident 2's primary oncologist. MD 2 stated Resident 2 was diagnosed with infiltrating ductal carcinoma with metastasis (process by which cancer cells spread from their original location to other parts of the body) to the bone. MD 2 stated it was important for Resident's 2 left breast lump to be assessed as soon as it was found and get a biopsy to investigate if the lump was cancerous. MD 2 stated a biopsy was needed to be done as soon as possible to determine the best course of treatment for Resident 2. MD 2 stated a delay in assessment and treatment could affect Resident 2's cancer prognosis. MD 2 stated with cancer, the faster the diagnosis was made, the faster [the oncologist] can treat cancer symptoms and hope to reduce the size of the tumor. MD 2 stated at this time, Resident 2's cancer was not curable.</p> <p>During an interview on 11/5/2024 at 3:08 pm with the Director of Nursing (DON), the DON stated LVN 1 was on maternity leave and could not be reached for an interview.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 11/6/2024 at 8:12 am with LVN 5, LVN 5 stated (in general) when a resident had a change in condition, LVN 5 needed to notify the resident's physician (MD 1) to see if any orders were needed. LVN 5 stated if LVN 5 was unable to speak to the physician (MD 1), LVN 5 needed to follow-up and speak with the physician to obtain orders. LVN 5 stated when there was a change in resident's (Resident 2's) condition licensed staff (in general) needed to monitor a resident for at least 72 hours. LVN 5 stated when the condition was still present after 72 hours, the licensed nurses needed to inform the resident's physician to see if new orders such as a referral or hospital transfer for further evaluation was needed. LVN 5 stated when a resident's physician could not be reached, it could be fatal and could endanger the resident's health in a negative way. LVN 5 stated Resident 2's left breast lump needed to be followed-up on in April 2024 because the lump turned out to be cancerous and could metastasize. LVN 5 stated when Resident 2's cancer metastasized, the cancer could spread to other organs, be harder to treat, and could be fatal. LVN 5 stated Resident 2's left breast lump required reassessment by the licensed nurses. LVN 5 stated the assigned licensed nurses (all the assigned licensed nurses) to Resident 2 needed to call MD 1 to report Resident 2's left breast lump and obtain the necessary orders to care and/or treat Resident 2's left breast lump.</p> <p>During a telephone interview on 11/6/2024 at 9:08 am with LVN 6, LVN 6 stated (in general) when completing change in resident condition monitoring, when LVN 6 did not see any new orders or progress notes indicating new orders from the resident's physician, LVN 6 would need to follow-up and call the physician (in general) immediately to see if orders were needed to ensure appropriate care and treatment were provided and the best possible prognosis of the change in condition was possible. LVN 6 stated Resident 2 complained that the Resident 2's left breast lump hurt (unable to specify date and time). LVN 6 stated it was important for staff to communicate and follow-up with MD 1 regarding Resident 2's left breast lump so orders and referrals could have been made for Resident 2. LVN 6 stated Resident 2 could have been assessed by MD 1 in April 2024 and there would have been no delay in care.</p> <p>During a concurrent telephone interview and record review on 11/6/2024 at 12:03 pm with LVN 6, Resident 2's PO dated 4/17/2024 to 4/20/2024 and 4/25/2024 were reviewed. Resident 2's PO dated 4/17/2024 to 4/20/2024, indicated no transcribed (put into written or printed form) telephone order from MD 1 for Resident 2's mammogram to both breasts as indicated on Resident 2's CIC Evaluation dated 4/17/2024. LVN 6 stated LVN 6 documented a telephone order from MD 1 on 4/25/2024 at 12:31 pm, for Resident 2 to have a mammogram to both breasts. LVN 6 stated LVN 1 instructed LVN 6 to transcribe the mammogram order because MD 1 requested the mammogram, so LVN 6 made the physician order. LVN 6 stated LVN 6 could not remember if LVN 6 notified the Social Services Director (SSD) to arrange and schedule Resident 2's mammogram appointment. LVN 6 stated notifying the SSD regarding Resident 2's mammogram order was important so the SSD could arrange and schedule an appointment for Resident 2. LVN 6 stated he did not notify MD 1 regarding Resident 2's left breast lump and did not obtain the mammogram order directly from MD 1 on 4/25/2024.</p> <p>(continued on next page)</p>		

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 11/06/2024
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.			
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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 11/6/2024 at 12:55 pm with MD 1, Resident 2's Physician Progress Notes (PPN) dated 4/27/2024, 5/20/2024, 6/26/2024, and 7/2/2024 were reviewed. MD 1 stated there was no documentation in Resident 2's PPN dated 4/27/2024, regarding Resident 2's left breast lump because facility staff did not notify MD 1 of Resident 2's left breast lump on 4/17/2024. MD 1 stated when facility staff notified MD 1 regarding any change in resident's condition, MD 1 would see the resident as soon as possible. MD 1 stated MD 1 would have assessed and documented Resident 2's left breast lump in Resident 2's PPN dated 4/27/2024 and recommended a mammogram if MD 1 knew about Resident 2's breast lump when MD 1 examined Resident 2 on 4/27/2024. MD 1 stated MD 1 did not give an order for a mammogram on 4/25/2024. MD 1 stated GACH 1 ED staff notified MD 1 on 7/1/2024 regarding Resident 2's breast cancer while Resident 2 was at GACH 1. MD 1 stated MD 1 visited Resident 2 at the facility on 7/2/2024, examined and assessed Resident 2's left breast lump, and placed an order for mammogram on 7/2/2024. MD 1 stated Resident 2 could not have a mammogram due to Resident 2's medical condition so Resident 2 had an US-guided biopsy of the left breast lump instead. MD 1 stated Resident 2 had the US-guided biopsy of the left breast lump on 7/31/2024 which showed infiltrating ductal carcinoma. MD 1 stated Resident 2 was referred to a surgeon for evaluation. MD 1 stated when a lump was found in a resident's breast, the lump needed to be investigated immediately to rule out cancer. MD 2 stated cancer needed to be diagnosed quickly so the resident could get the appropriate treatment. MD 1 stated it was possible the delay in assessment and diagnosis could have negatively impacted Resident 2's cancer prognosis.</p> <p>During a concurrent interview and record review on 11/6/2024 at 1:06 pm with the SSD, Resident 2's PN dated 4/17/2024 to 7/31/2024 were reviewed. The PN indicated no documented evidence that the physician order dated 4/25/2024 for Resident 2's mammogram to both breasts was carried out. The SSD stated when SSD received a physician order or referral to schedule an appointment from licensed nurses, the SSD would arrange and schedule the appointment for the resident. The SSD stated the SSD could not schedule any resident appointments until the SSD received the order or referral from the licensed nurses (any licensed nurses). The SSD stated the SSD did not receive any orders to schedule a mammogram for Resident 2 on 4/25/2024. The SSD stated it was important for licensed nurses to inform the SSD about any ordered appointments/referrals so the SSD could arrange and scheduled the appropriate care/services.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Arbor Glen Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1033 E. Arrow Highway Glendora, CA 91740	
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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/6/2024 at 4:29 pm with the DON, the DON stated (in general) when a resident had a change in condition, licensed staff needed to assess the resident, inform the resident's physician of the change in condition and assessment, and await orders, and inform the resident and/or the resident's family. The DON stated licensed nurses needed to carry out the orders provided and monitor the resident for 72 hours. The DON stated monitoring the resident for 72 hours after a change in condition helped determine if a physician order was carried out. The DON stated licensed nurses needed to communicate with each other and document in the PN to ensure orders were carried out after a change in the resident's condition. The DON stated the licensed nurse who obtained the phone order from the physician should transcribe/input the order in the electronic health record (EHR) to ensure there was no lapse in care or confusion. The DON stated when new orders due to a change in the resident's condition were not carried out, it was not safe for the resident because it could cause further complications and/or negative outcomes for the resident. The DON stated if the SSD did not schedule a mammogram for Resident 2 on 4/25/2024, it was most likely because the SSD was not informed by the nursing staff to schedule the appointment for Resident 2. The DON stated if Resident 2's left breast lump had been addressed earlier than 7/2/2024, then facility staff and MD 1 could have provided earlier interventions to see what could have been done. The DON stated not doing this for Resident 2 was considered a delay in care could cause further complications for Resident 2 and affect Resident 2's cancer prognosis.</p> <p>During a concurrent interview and record review on 11/6/2024 at 4:29 pm with the DON, Resident 2's Progress Notes (PN) dated 4/17/2024 to 4/20/2024 were reviewed. The PN indicated no documented evidence that LVNs 1, 4, 5, 6, 8, 9, 10, and 11 communicated with MD 1, clarified MD 1's recommendation for a mammogram as indicated in Resident 2's CIC Evaluation dated 4/17/24, and obtained/transcribed the mammogram order in Resident 2's medical record. The DON stated if MD 1 recommended for Resident 2 to have a mammogram on 4/17/2024 when Resident 2's lump was first assessed, then the order for mammogram should have been transcribed on 4/17/2024 by the licensed nurse who wrote it on the CIC Evaluation (LVN 1).</p> <p>During the same concurrent interview and record review on 11/6/2024 at 4:29 pm with the DON, Resident 2's untitled care plans and medical record were reviewed. Resident 2's untitled care plans and medical record indicated no care plan was developed for Resident 2's left breast lump. The DON stated Resident 2 did not have a care plan developed and interventions implemented to address Resident 2's left breast lump.</p> <p>During a review of the facility's P&P titled, Resident Care, Monitoring of, reviewed 1/2024, the P&P indicated, Nursing service Staff cares for its residents in manner and in an environment that promotes maintenance or enhancement of each resident's quality of life and promotes care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. The P&P indicated, Each resident receives or is provided the necessary care and services enabling him/her to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Arbor Glen Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1033 E. Arrow Highway Glendora, CA 91740	
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F 0684 Level of Harm - Actual harm Residents Affected - Few	<p>During a review of the facility's P&P titled, Change of Condition Reporting, undated, the P&P indicated, Our facility shall promptly notify the resident, his or her Attending Physician, and representative of changes in resident's medical/mental condition and/or status . The P&P indicated, The nurse will notify the resident's Attending Physician or physician on call when there has been a (an) . d. significant change in the resident's physical/emotional/mental condition; e. need to alter the resident's medical treatment significantly . The P&P indicated, A significant change of condition is a major decline or improvement in the resident's status that: a. will not normally resolve itself without intervention by staff or implementing standard disease-related clinical interventions (is not self-limiting) . c. Requires interdisciplinary review and/or revision to the care plan .</p> <p>During a review of the facility's P&P titled, Significant Change of Condition, Response, reviewed 12/2023, the P&P indicated, If, at any time, it is recognized by any one of the team members that the condition of care needs of the resident have changed, the Licensed Nurse or Nurse Supervisor should be made aware . The P&P indicated, The nurse will perform and document an assessment of the resident and identify need for additional interventions, considering implementation of existing orders or nursing interventions or through communication with the resident's provider . to obtain new orders or interventions. The P&P indicated, The resident will be placed on the 24-Hour Report and Nursing will provide no less than three (3) days of observation, documentation, and response to any interventions . The P&P indicated, The nurse shall use his/her clinical judgement and shall contact the physician based on the urgency of the situation . The P&P indicated, Each department notified will perform their own evaluation and assessment to determine if the change requires further intervention and implement actions accordingly. The nurse will transcribe the treatment and plan of care relative to the change of condition on the resident Electronic Medical Record (EMR). The P&P indicated, the facility shall collaborate with the attending physician, resident, and/or resident representative to review risk indicators and the plan of care .</p>		