STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056360	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Glen Care Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 45553 Based on observation, interview and record review, the facility failed to reduce the risk of a fall and injury hazard for Resident 1 (who had a fall with a skin tear at the facility on 7/17/24), by not providing Resident 1 with bilateral floor mats as indicated in Resdient 1's care plan and physician order. This deficient practice had the potential to placed Resident 1 at risk for recurrent falls and injury. Findings: During a review of Resident 1's Admission Record (AR), the AR indicated the facility originally admitted Resident 1 on 4/7/24 with diagnoses including metabolic encephalopathy (a group of conditions that cause brain dysfunction), muscle weakness (a lack of muscle strength), multiple sclerosis (MS - a chronic, progressive disease involving damage to the nerve cells in the brain and spinal cord), contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion) of right and left knees, and abnormal posture (a chronic, involuntary, or rigid body position or movement that can indicate a severe brain or spinal cord injury). During a review of Resident 1's History & Physical (H&P) dated 4/10/24, the H&P indicated Resident 1 did not have the capacity to understand and make decisions. During a review of Resident 1's Care Plan, initiated on 7/17/24 indicated Resident 1 had a fall on 7/17/24. The care plan indicated, the goal was for Resident 1's skin tear to resolve without complication. The interventions were to place Resident 1's bed in lowest position, provide bilateral floor mats, continue interventions on the at-risk plan, and conduct requent visual checks. During a review of Resident 1's Fall Risk Assessments, dated 7/17/24, the assessments indicated the resient had a fall risk score of 13 (high risk). During a review of Resident 1's Physician Order Summary Report, dated 7/19/24, the report indicated, an active physician order for bilateral floor mats. During a review of Resident 1's Fall Risk Assessments, dated 10/10/24, the assessments indicated the resient had a fall risk score of 14 (high risk). (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056360	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Glen Care Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1's Fall Risk Assessments, dated 10/30/24, the assessments indicated the resient had a fall risk score of 12 (high risk). During an observation on 11/21/24 at 8:30 a.m. in Resident 1's, Resident 1 was lying in bed and there were no bilateral floor mats present at Resident 1's bedside. During an interview on 11/21/24 at 10:46 a.m., with the Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated Resident 1 is forgetful, but pleasant, and able to make her needs known. During an interview on 11/21/24 at 1:06 p.m., with the Certified Nurse Assistant 1 (CNA 1), CNA 1 stated If the resident has floor mats, then the resident is a fall risk. CNA 1 stated, During huddles; if a resident is a fall risk; supervisors will let us know to keep an eye on the resident. During an interview on 11/21/24 at 1:28 p.m., with Licensed Vocational Nurse 2 (LVN 2), LVN 2 stated there is no fall precaution sticker [by the name of the resident outside the room on the nameplate] to let staff know that Resident 1 is a fall risk. LVN 2 stated the bedside floor mats indicate the resident is a fall risk. During an interview on 11/21/24 at 1:46 p.m., with LVN 3, LVN 3 stated For fall prevention, there should be floor mats, no clutter in the room, residents should be advised not to get up when feeling dizzy, and educate to call for help by using the call light. LVN 3 stated, When you go into the room and see floor mats beside the bed, which should be in the lowest position, these are indicators to let you know the resident is at risk for a fall. LVN 3 stated the resident at risk for a fall should be communicated between staff during shift change. During an interview on 11/21/24 at 3:10 p.m., with Family Member 1 (FM 1) by Resident 1's room, FM 1 stated, there were gray mats previously there on the floor on both sides of Resident 1's bed. FM 1 stated, nursing staff and even myself were tripping over the mats, so the mats were removed, but I don't remember exactly when that happened. During an interview and concurrent review of Resident 1's Fall Assessments and Care Plan (dated 7/17/24) on 11/21/24 at 4:41 p.m., with Registered Nurse 1 (RN 1) by Resident 1's room, RN 1 stated there are no floor mats on either side of Resident 1's bed. RN 1 stated it is a safety issue because Resident 1 is a high risk for falls. RN 1 stated, We should follow the physician orders for the floor mats. During a review of the facility's policy and procedure (P&P) titled, Physician's Orders, Telephone Orders and Recapitulation Process, dated 1/2024, the P&P indicated, Physician's orders shall be obtained prior to the initiation of any medication or treatment. The P&P indicated, All orders shall be reviewed by a licensed nurse prior to the placement of these orders into the resident's medical record. The following is to be completed during the review: Review all orders for accuracy and completeness. The P&P further indicated, Physician orders are in effect for 45 days from the date of the physician's signature unless otherwise specified. During a review of the facility's policy and procedure (P&P) titled, Comprehensive Care Plan, dated 1/2024, the P&P, indicated a comprehensive person-centered care plan that includes measurable objectives and timetables to meet the resident`s medical, nursing, mental and psychosocial needs is developed for each resident.