STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555416	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glendora Canyon Transitional Care Unit	401 W. Ada Ave. Glendora, CA 91741

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42781 Based on interview and record review, the facility failed to notify one of two sampled residents (Resident 1) and the resident's responsible party (RP 1) prior to room/bed change in accordance with the facility's policy and procedure (P&P) titled, Room Change/Roommate Assignment. This deficient practice had the potential to violate Resident 1 and RP's rights and affect Resident 1's sense of self-worth and well-being. Findings: During a review of Resident 1's Admission Record (AR), the AR indicated, the facility initially admitted Resident 1 on 5/30/2023 and readmitted Resident 1 on 10/28/2023, with diagnoses that included difficulty walking, end stage renal disease (ESRD - a medical condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis [procedure to remove metabolic waste products or toxic substances from the bloodstream] or a kidney transplant to maintain life). During a review of Resident 1's History and Physical (H&P), dated 7/13/2023, the record indicated, Resident 1 has the capacity to understand and make decision. During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 2/1/2024, the MDS indicated, Resident 1's cognition (mental action or process of acquiring knowledge and understanding) for daily decision making was moderately impaired. The MDS indicated, Resident 1 required moderate assistance with body dressing, putting on or taking off footwear, and personal hygiene. The MDS indicated, Resident 1 was dependent on staff during shower. During an interview and concurrent record review on 4/3/2024 at 12:34 pm with Infection Preventionist Nurse (IPN), Resident 1's medical record (chart) was reviewed. The IPN stated, Resident 1 was transferred to other rooms on the following dates: 1. On 10/3/2023, Resident 1 was transferred from room [ROOM NUMBER] B to room [ROOM NUMBER] A. 2. On 10/10/2023, Resident 1 was transferred from room [ROOM NUMBER] A B to room [ROOM NUMBER] B. 3. On 12/10/2023, Resident 1 was transferred from room [ROOM NUMBER] B to room [ROOM NUMBER] B. (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
	555416	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glendora Canyon Transitional Care Unit	401 W. Ada Ave. Glendora, CA 91741

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4. On 12/31/2023, Resident 1 was transferred from room [ROOM NUMBER] B to room [ROOM NUMBER] A. The IPN stated, there should be a form to be filled out by the Social Worker or Licensed Nurse every time Resident 1 was transferred to another room or bed. The IPN stated, there was no documentation that RP 1 or Resident 1 was notified regarding the room or bed transfer. During an interview and concurrent record review on 4/3/2024 at 12:34 pm with Social Services Director (SSD), Resident 1's medical record was reviewed. The SSD stated there was no documentation that Resident 1 or RP 1 was notified of the room change/transfer prior to Resident 1's room changes. The SSD stated, the Resident 1 or RP 1 needed to be notified of the room change/transfer and the reason for the room change. During an interview on 4/3/2024 at 1:07 pm with the Director of Nursing (DON), the DON stated there was no documented evidence that Resident 1 or RP 1 was notified of Resident 1's room change. During a concurrent observation and interview on 4/3/2024 at 4:03 pm with Resident 1, Resident 1 was lying in bed. Resident 1 stated he did not remember if he was notified regarding his room changes. Resident 1 stated he did not want to be moved to other rooms. During a record review of the facility's P&P titled, Room Change/Roommate Assignment, revised in 3/2021, the P&P indicated, prior to changing a room or roommate assignment all parties involved in the change/assignment were given an advance written notice of such change. The P&P indicated, the advance written notice of a roommate change included why the change was being made and any information that would assist the roommate in becoming acquainted with his or her new roommate. The P&P indicated, documentation of a room change was recorded in the resident's medical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555416	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glendora Canyon Transitional Care Unit	401 W. Ada Ave. Glendora, CA 91741

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 40913 Based on observation, interview, and record review, the facility failed to ensure one of four sampled residents (Resident 3) received care and the necessary services to prevent pressure ulcers (localized damage to the skin usually over a bony prominence) and promote healing by failing to: 1. Ensure licensed nurses set Resident 3's low air loss (LAL, mattress that operates using a blower-based pump that was designed to circulate a constant flow of air) mattress settings accurately based on comfort or Resident 3's weight. 2. Ensure nursing staff turned and repositioned Resident 3 every two hours as indicated in Resident 3's plan of care. 3. Ensure nursing staff provided timely incontinent care to Resident 3 after a bowel movement. These deficient practices had the potential to lead to further skin breakdown, worsening and/or delayed wound healing for Resident 3. Findings: During a review of Resident 3's Admission Record (AR), the AR indicated the facility initially admitted Resident 3 on 3/8/2018 and readmitted Resident 3 on 2/22/2024, with diagnoses that included multiple sclerosis (affected the nerves and caused symptoms such as fatigue, difficulty walking and speech issues) and neuromuscular dysfunction of the bladder (urinary condition that caused lack of bladder control due to brain, spinal cord or nerve problem). During a review of Resident 3's Minimum Data Set (MDS - a standardized assessment and care planning tool) dated 12/27/2023, the MDS indicated, the resident was cognitively intact and was totally dependent with all activities of daily living except for personal hygiene wherein Resident 3 required maximal assistance (helper lifted or held trunk or limbs and provided more than half the effort). The MDS indicated, Resident 3 had one Stage 4 pressure ulcer (full thickness tissue loss with exposed bone, tendon, or muscle; slough [dead tissue usually cream or yellow in color] or eschar [dry, black, hard non-viable tissue] may be present on some parts of the wound bed) present upon admission/entry or reentry. During a review of Resident 3's untitled Care Pan (CP) initiated on 2/1/2024 and revised on 4/4/24, the CP indicated, Resident 3 had alteration in skin integrity with Stage 4 pressure injury on the right buttocks. The CP interventions indicated to provide LAL mattress for wound management and to set the LAL mattress according to resident's weight or per resident's comfort. During a review of Resident 3's untitled CP initiated on 2/1/2024, indicated Resident 3's pressure injury on right buttock was now deeper and tunneling reopened. The CP interventions indicated turning and repositioning every two hours. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555416	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glendora Canyon Transitional Care Unit	401 W. Ada Ave. Glendora, CA 91741

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 3's untitled CP initiated on 3/10/2024, indicated Resident 3 had actual skin breakdown to due to sacrum bony prominences. The CP interventions indicated to check for incontinence as needed and provide good peri-care after each incontinent episode. During a review of Resident 3's Braden Scale for Predicting Pressure Sore Risk (BSPPSR) dated 3/14/2024, the BSPPSR indicated, a score of 12, which put Resident 3 at high risk for developing pressure sores. The BSPPSR indicated, Resident 3's risk factors included Resident 3's skin was occasionally moist, bedfast, completely immobile, and with probably inadequate nutrition. During a review of Resident 3's Wound Assessment (WA) by the Wound Care Specialist dated 3/27/2024, the WA indicated, Resident 3 had a right buttock stage 4 pressure which measured 2 centimeter (cm, unit of measurement) in length by 1.5 cm in width by 1 cm in depth, with tunneling noted at 12:00 measuring 3 cm. The WA indicated, wound size had increased due to prolonged hospitalization which resulted in worsening of the wound characteristics. During a review of Resident 3's weight log dated 4/4/2024, the weight log indicated Resident 3's weight as of 4/1/2024 was 119 lbs. During an interview on 4/2/24 at 5:40 pm with the Director of Nursing (DON), the DON stated Resident 3 had a facility-acquired (sustained after admission and during a resident's stay in the facility) pressure ulcer. The DON stated Resident 3 was bed-bound (too weak to get up out of bed) and did not walk. During an interview on 4/2/24 at 6:34 pm with the Assistant Director of Nursing (ADON), the ADON stated low air loss mattress settings were set based on the resident's weight. During a concurrent observation and interview on 4/2/24 at 6:38 pm with Resident 3, Resident 3 was lying in bed while watching television. Resident 3 had a pillow behind her back and was turned to her left side. Resident 3's low air loss mattress was set at 240 lbs. Resident 3 stated, They haven't turned me. Resident 3 stated the last time she was turned was some time in the morning. Resident 3 stated she could not remember what time she was last turned. During a concurrent observation and interview on 4/2/24 at 6:47 pm with the ADON, inside Resident 3's room, Resident 3's low air loss mattress was set at 240 pounds (lbs.). The ADON stated Resident 3's mattress should be set at 120 lbs. because Resident 3 weighed 119 lbs. During an observation on 4/3/2024 at 2:55 pm, Resident 3 pressed the call light. Resident 3 was lying in bed facing her left side. Certified Nursing Assistant 2 (CNA 2) went inside Resident 3's room. Resident 3 notified CNA 2 she needed incontinent care. CNA 2 turned off the call light and stated he would notify the resident's assigned nurse. During an observation on 4/3/2024 at 2:59 pm, CNA 2 talked to Resident 1 and informed Resident 1 he notified Resident 3's assigned CNA (CNA 3). During an observation on 4/3/2024 from 2:59 pm to 3:21 pm, Resident 1 was observed in bed waiting to be changed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555416	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glendora Canyon Transitional Care Unit	401 W. Ada Ave. Glendora, CA 91741

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 4/3/2024 at 3:50 pm, Resident 3 pressed the call light., CNA 2 went inside to check Resident 3 then came out of the room. During an observation on 4/3/2024 at 4:06 pm, CNA 3 and Licensed Vocational Nurse (LVN) 1 assisted Resident 3 with incontinent care. During an observation on 4/3/24 at 4:23 pm, CNA 3 and an unidentified staff donned Personal Protective Equipment (PPE - gown, gloves, mask) before entering Resident 3's room. Resident 3 was lying in bed facing her left side. There was a suprapubic catheter on the lower abdomen, waffle boots in place on both feet and there was an intact dressing on the right buttocks. There was brown stool all over Resident 3's buttocks, including on top of the foam dressing. When the buttocks were cleaned using a washcloth, Resident 3's sacral coccyx area was reddened and had some peeling. Resident 3's left buttocks were reddened with granulated (red and bumpy tissue in the wound bed as the wound heals) skin. During an interview on 4/3/24 at 5:03 pm with CNA 3, CNA 3 stated she did not get an endorsement that Resident 3 needed incontinent care. CNA 3 stated the assigned nurse did not inform her Resident 3 needed incontinent care. CNA 3 stated she was late coming in to work so she did not get any report. During a phone interview on 4/4/2024 at 11:27 am with CNA 2, CNA 2 stated he informed CNA 4 from 7 am to 3 pm shift who told him CNA 4 would go to Resident 3. During a phone interview on 4/4/2024 at 11:35 am with CNA 4, CNA 4 stated she verbally endorsed to LVN 3 regarding Resident 3 needing incontinent care. During an interview on 4/4/24 at 1:32 pm with the Treatment Nurse (TN), the TN stated Resident 3 needed to be changed as soon as possible when she would get soiled. TN stated waiting an hour to be changed was not acceptable. During a phone interview on 4/4/24 at 2:05 pm with LVN 3, LVN 3 stated she remembered CNA 4 endorsed to her that Resident 3 needed incontinent care, but it got so hectic that she forgot to inform Resident 3's assigned CNA. During an interview on 4/4/24 3:19 pm with the DON, the DON stated setting the low air loss mattress at the correct weight setting was one of the ways to promote wound healing. The DON stated Resident 3 needed to receive incontinent care as soon as possible when she would call to be changed. The DON stated staff needed to communicate properly and ask for help especially during change of shift. The DON stated the facility allowed for CNAs to stay beyond their shift to complete their task especially incontinent care. During an interview on 4/4/2024 at 3:49 pm with the DON, the DON stated the mattress would be firm when the low air loss mattress setting was set at a heavier weight. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555416	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glendora Canyon Transitional Care Unit	401 W. Ada Ave. Glendora, CA 91741

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent record review and interview on 4/4/2024 at 3:50 pm with the DON, of the facility's policy and procedure (P&P) titled, Specialty Mattress - Pressure Relieving Device, revised in 2/2024 was reviewed. The P&P indicated, to adjust the comfort setting or weight setting when indicated. The DON did not respond when asked when it would be indicated to use the weight setting for Resident 3 who had a Stage 4 pressure ulcer. The DON did not respond when asked when to use the weight setting after determining Resident 3's comfort level considering Resident 3 had a pressure ulcer. During a concurrent interview and observation on 4/4/2024 at 3:55 pm with Resident 3, Resident 3 stated she was more comfortable now with the current mattress compared to before. Resident 3's LAL mattress setting was observed set at 120 lbs. During a review of the facility's P&P titled, Prevention of Pressure Injuries, revised in 4/2020, the P&P indicated, to reposition all residents with or at risk of pressure injuries on an individualized schedule, as determined by the interdisciplinary care team, to choose a frequency for repositioning and turning based on the resident's risk factors and current clinical practice guidelines. The P&P indicated, the interventions for prevention of pressure injuries included skin care; to keep the skin clean and hydrated and to clean promptly after episodes of incontinence. During a review of the facility's P&P titled, Specialty Mattress - Pressure Relieving Device, revised in 2/2024, the P&P indicated to follow the mattress manufacturer's user instructions and to adjust the comfort setting or weight setting when indicated. During a review of the facility's LAL mattress Operation Manual, undated, the manual indicated, for the pump unit, press up or down buttons to select the correct resident weight. The manual indicated, users could adjust air mattress to a desired firmness according to resident's weight or the suggestion from a health care professional.