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	06/20/2024

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 0729 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44114 Based on interview and record review, the facility failed to ensure one of three sampled certified nursing assistants (CNA 1) had an active CNA certification to perform resident care while employed at the facility. This deficient practice had the potential for a knowledge, training, and certification deficit for CNA 1 which could lead to inadequate and unsafe resident care. Findings: During an interview on [DATE] at 3 pm with the Director of Nursing (DON), the DON acknowledged that CNA 1 worked at the facility on [DATE], and [DATE] with an expired CNA certificate. During a review of CNA 1's California Department of Public Health Notice of Certification (CDPHNOC), provided by the facility on [DATE], the CDPHNOC indicated CNA 1's certification had an effective date of [DATE] and an expiration date of [DATE]. During a concurrent interview and record review on [DATE] at 3 pm with the DON, the facility's policy and procedure (P&P) titled, Credentialing of Nursing Service Personnel, was reviewed. The DON stated the P&P indicated, nursing personnel who required a license or certification to perform resident care or treatment without direction or supervision within the scope of the individual's license or certification must present verification of such license or certification prior to or upon employment. The DON stated the P&P indicated, a copy of annual license renewals/certifications (as applicable) must be presented to the director of nursing services no later than February 1st of each year. The DON stated they failed to follow the facility's policy and procedure and did not do their job on checking expired license prior to scheduling CNA 1. A review of the facility's P&P titled, Credentialing of Nursing Service Personnel, revised in ,d+[DATE], the P&P indicated, nursing personnel requiring a license/certification were not permitted to perform direct resident care services until all licensing/background checks have been completed. The P&P indicated, a copy of annual license renewals/certifications (as applicable) must be presented to the director of nursing services no later than February 1st of each year.

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