

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555416	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Glendora Canyon Transitional Care Unit		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36924</p> <p>Based on interview and record review, the facility failed to include in its written Policy and Procedure (P&P) titled Abuse Prevention specific information and guideline on how the facility staff would identify, intervene, and manage resident's property including handling of resident's money for one of four sampled residents (Resident 1).</p> <p>This deficiency violated Resident 1's right. Certified Nursing Assistant 1 (CNA 1) and Activity Aide 1 (AA 1) received and encashed multiple personal check from Resident 1. This violation placed Resident 1 at risk for financial abuse (withholding, stealing, or restricting money).</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), the AR indicated Resident was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including chronic obstructive pulmonary disease (COPD- lung diseases causing block airflow making it difficult to breathe), chronic pain syndrome (persistent pain lasting weeks to years), and major depressive disorder (mental health disorder characterized by persistent depressed mood or loss of interest in activities).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a standardized assessment and care planning tool) dated 3/11/23, the MDS indicated Resident 1 was cognitively (ability to process information) intact and was receiving antidepressant (medication to treat depression) and opioid medication (medication to relieve pain).</p> <p>During a phone interview on 9/5/24 at 12:48 p.m., with Resident 1's Family Member 1 (FM1- Resident 1's daughter), FM 1 stated Resident 1 signed Resident 1's checks, but staff should not take/receive money whether Resident 1 signed them or not. FM 1 stated checks were written to CNA 1 and Activity Aide 1 (AA1). FM 1 stated, Resident 1 was not that type of person to throw this kind of money.</p> <p>During a review of the photocopies of Resident 1's personal bank checks provided by FM 1, the checks were written to CNA 1 and endorsed (the process of signing the back of the check to verify your identity as the recipient and to authorize the bank to process the check) by CNA 1, as indicated:</p> <ol style="list-style-type: none"> 1. Check Date: 3/1/22. Check Amount: \$9,500.00 2. Check Date: 6/2/22. Check Amount: \$9,000.00 <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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Check Date: 7/11/22. Check Amount: \$9,500.00</p> <p>4. Check Date: 8/13/22. Check Amount: \$6,000.00</p> <p>5. Check Date: 10/14/22. Check Amount: \$9,500.00</p> <p>6. Check Date: 12/7/22. Check Amount: \$9,500.00</p> <p>7. Check Date: 1/4/23. Check Amount: \$9,500.00</p> <p>During a review of the photocopies of Resident 1's personal bank checks provided by FM 1, the checks were written to AA 1 and endorsed by AA 1, as indicated:</p> <p>1. Check Date: 2/15/22. Check Amount: \$2,000.00</p> <p>2. Check Date: 3/4/22. Check Amount: \$2,000.00</p> <p>3. Check Date: 3/17/22. Check Amount: \$700.00</p> <p>4. Check Date: 3/19/22. Check Amount: \$700.00</p> <p>5. Check Date: 4/1/22. Check Amount: \$5,000.00</p> <p>6. Check Date: 4/29/22. Check Amount: \$3,000.00</p> <p>During a review of the facility's investigation summary titled 5 Day Follow Up Report dated 8/26/24, the investigation summary indicated on 8/19/24, it was reported to the facility's Administrator (ADM) by FM 1 that throughout the years of 2021- 2023, there were staff at the facility receiving checks from Resident 1. Resident 1 was a long-term resident at the facility along with Resident 1's wife (Resident 5), residing in the same room as Resident 1. The investigation summary indicated, based on evidence from Resident 1's personal bank account, checks were being handed out to certain staff though none of them work for the company anymore besides CNA 1 who was placed on suspension pending investigation. The investigation summary further indicated after the ADM spoke and interviewed CNA 1, Resident 1 willingly gave checks out to staff to have the staff hold Resident 1's money in the event Resident 1 wanted lunch or dinner and lump sum of money brought from outside for Resident 1 and Resident 1's wife.</p> <p>During an interview with Licensed Vocational Nurse 1 (LVN 1) on 9/5/24 at 2:20 p.m., LVN 1 stated LVN 1 was taught not to accept any money from residents. LVN 1 stated staff do not handle any kind of money from residents (in general). LVN 1 stated if money needed to be held for a resident, it was done by the family or Social Services. LVN 1 stated, staff (in general) were not allowed to hold the resident's money or utilize any of the resident's money. LVN 1 stated holding resident's money was not an acceptable practice. LVN 1 stated there was no reason for a staff to handle money directly with the resident or have a check written to them. LVN 1 stated, facility staff were educated not to accept any money or gifts from residents and if staff was offered money or gifts from any resident, it should be reported to the Nursing Supervisor.</p> <p>(continued on next page)</p>

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with LVN 2 on 9/5/24 at 2:43 p.m., LVN 2 stated, an example of financial abuse was getting money from a resident or receiving any gifts from the resident. LVN 2 stated under no circumstance should a staff request or accept money or gifts from a resident. LVN 2 stated, there was no reason that a staff would hold money for a resident because money matters needed to be handled by Social Services. LVN 2 stated, staff should not accept any money or monetary benefits from a resident. LVN 2 stated, staff should not solicit (ask for) money from a resident.</p> <p>During an interview on 9/5/24 at 3:37 p.m., LVN 3 stated, the facility policy does not allow staff to accept money, check or gifts from a resident. LVN 3 stated it was not appropriate for staff to hold money for a resident.</p> <p>During an interview on 9/5/24 at 3:43 p.m., CNA 2 stated, staff should not accept money from residents and accepting money was inappropriate. CNA 2 stated there was no reason to accept money or gift of money from a resident.</p> <p>During an interview on 9/5/24 at 3:48 p.m., Social Services Director (SSD) stated staff should not hold money for a resident. The SSD stated it was inappropriate for staff to ask or request money from a resident.</p> <p>During three attempted phone calls to CNA 1 on 9/5/24 at 1:52 p.m., 9/15/24 at 4:47 p.m., and 9/15/24 at 5:02 p.m., CNA 1 did not answer the phone calls.</p> <p>During a phone interview on 9/5/24 at 2:59 p.m., with the facility's ADM, the ADM stated AA 1 left the facility for some type of absence and never returned to the facility. The ADM stated CNA 1 stated Resident 1 offered to give CNA 1 money to keep a hold of the money so that Resident 1 would be given dinner at Resident 1's request and if Resident 1 wanted something, CNA 1 would get it for Resident 1. The ADM stated when CNA 1 was asked where the money was, CNA 1 stated CNA 1 does not have the money and CNA 1 could not state where the money was. The ADM stated CNA 1 stated CNA 1 was told by Resident 1 it was okay to receive the money. The ADM stated CNA 1 did not tell anyone regarding receiving money from Resident 1. The ADM stated, CNA 1 stated CNA 1 felt uncomfortable taking the money from Resident 1 because CNA 1 felt it would be financial abuse. The ADM stated it was not appropriate to receive money from the residents. The ADM stated, It was not a malicious intent, but the perception of the act was financial abuse. The ADM stated CNA 1 knew what CNA 1 needed to do but CNA 1 did not do it. The ADM stated staff should not accept money or gifts from residents and if offered money or gifts from residents, staff needed to report it to the Abuse Coordinator.</p> <p>During a review of the facility's P&P titled Abuse Prevention revised 12/2018, the P&P indicated the facility does not condone any form of resident abuse, neglect, misappropriation of resident property, exploitation, and/or mistreatment and develops facility policies, procedures, training programs and screening and prevention systems to promote an environment free from abuse, neglect, misappropriation of resident property, exploitation, and mistreatment. The P&P indicated the facility identifies, corrects, and intervenes in situations in which abuse, neglect, exploitation, misappropriation of resident property and/or mistreatment is more likely to occur. The P&P further indicated the facility conducts mandatory staff training programs during orientation, annually and as needed on prohibiting and preventing abuse, neglect, exploitation, misappropriation of resident property or mistreatment.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the above facility's P&P titled Abuse Prevention revised 12/2018, the P&P in its entirety did not indicate any specific action regarding how the facility staff would address/handle resident's money to prevent potential financial abuse.</p>		