

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  03/21/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46687</b></p> <p>Based on observation, interview, and record review, the facility failed to follow its policies and procedures (P&amp;P) titled, Hand Hygiene (procedures that included the use of alcohol-based hand rubs (ABHR- containing 60%-95% alcohol) and hand washing with soap and water), and Standard Precautions (SP- a set of evidence-based infection control practices designed to prevent the transmission of infectious diseases in healthcare settings), Enhanced Barrier Precautions (EBP- set of infection control measures that use personal protective equipment [PPE- equipment worn to minimize exposure to hazards] to reduce the spread of multidrug-resistant organisms [MDRO- organism that is resistant to most antibiotics] by wearing a gown and gloves) and Transmission-Based Precautions (TBP- extra measures, used in addition to standard precautions, to prevent the spread of specific infectious agents that can be transmitted through air, contact, or droplets), and recommendations set by the Department of Public Health Medical Doctor (DPH MD) by failing to:</p> <ol style="list-style-type: none"> <li>1. Ensure Receptionist (RCT) 1 wore a mask properly while in the facility.</li> <li>2. Ensure facility staff educated Family 1 to wear a mask while visiting Resident 1 in the facility.</li> <li>3. Ensure Certified Nurse Assistants (CNA) 1 and 2 wore masks properly while in the facility.</li> <li>4. Ensure Social Services Director (SSD) wore a mask properly while in the facility.</li> <li>5. Ensure CNA 3 wore a mask properly while sitting in Resident 10 ' s room.</li> <li>6. Ensure CNA 4 performed hand hygiene before entering Resident 2 ' s EBP room.</li> <li>7. Ensure Maintenance Assistant (MA) 1 wore a mask properly while in the facility.</li> <li>8. Ensure Primary Care Provider/Medical Doctor (MD) 1 wore a mask properly while in the facility.</li> </ol> <p>These failures had the potential to transmit and spread infection from staff to residents that could result in widespread infection in the facility.</p> <p>Findings:</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/20/2025 at 10:05 am, with the Infection Prevention Nurse (IPN), the IPN stated the facility had a total of 22 COVID-19 cases, with two residents currently positive. The IPN stated there were a total of three residents currently positive with Influenza (flu- an acute respiratory infection caused by influenza viruses).</p> <p>During a concurrent interview and record review on 3/20/2025 at 11:14 am, with the IPN, the DPH MD Recommendations dated 2/27/2025, timed at 5:12 pm, provided by the public health nurse (PHN) were reviewed. The MD recommendations indicated all visitors were required to wear masks and all staff were required to wear N95 masks during the OB. The IPN stated visitors were supposed to wear surgical masks at the very least while in the facility and N95 masks while in a COVID-19 or flu positive resident 's room. The IPN stated all staff were supposed to help enforce this. The IPN stated all staff were responsible for the health and safety of the residents. The IPN stated every staff was supposed to wear a N95 in the facility, including the receptionist, and it should be covering their mouth and nose to help prevent the flu and COVID-19 from spreading to other residents or themselves.</p> <p>a. During a concurrent observation and interview on 3/20/2025 at 10 am, in the facility lobby, with RCT 1, RCT 1 was observed. There was a sign on the entrance door indicating anyone inside the facility was required to wear a mask. RCT 1 had a mask on, that was pulled down below RCT 1 's nose and mouth. RCT 1 stated only clinical staff had to wear a mask. RCT 1 stated RCT 1 was aware there was a COVID and flu outbreak (OB- two or more linked cases of the same illness or the situation where the observed number of cases exceeds the expected number, or a single case of disease caused by a significant microorganism).</p> <p>b. During a review of Resident 1 's Admission Record (AR), the AR indicated the facility admitted Resident 1 on 1/22/2025 with diagnoses that included chronic obstructive pulmonary disease (COPD- lung disease causing restricted airflow and breathing problems) and type II diabetes mellitus (DM2- A condition that happens because of a problem in the way the body regulates and uses sugar as fuel).</p> <p>During a review of Resident 1 's Minimum Data Set (MDS- a resident assessment tool) dated 1/27/2025, the MDS indicated Resident 1 had severely impaired cognition (ability to think, remember, and function). The MDS indicated Resident 1 was dependent (helper does ALL the effort. Resident does none of the effort to completely the activity, or the assistance of 2 or more helpers is required for the resident to complete the activity) with oral, toileting and personal hygiene, showering/bathing self, upper and lower body dressing, putting on/taking off footwear, rolling left and right (in bed), sitting to lying, lying to sitting on side of bed, sitting to standing, chair/bed-to-chair transfers, and tub/shower transfers. The MDS indicated Resident 1 's COVID-19 (infectious disease caused by SARS-CoV-2 virus)vaccine (medical treatment that helps your body's immune system recognize and fight disease) was not up to date.</p> <p>During concurrent observation and interview on 3/20/2025 at 11:05 am, at Resident 1 's room, Resident 1 's Family 1 was observed. Family 1 was inside of Resident 1 's room, walking around the bed, providing water, talking to, and helping Resident 1 adjust in bed. Family 1 did not have a mask on. Family 1 stated, they (as in staff- unidentified), told Family 1 that Family 1 did not have to wear a mask if Family 1 did not want to.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 2 ' s MDS dated [DATE], the MDS indicated Resident 2 had intact cognition. The MDS indicated Resident 2 required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half effort) with showering/bathing self, lower body dressing, and putting on/taking off footwear. The MDS indicated Resident 2 required partial/moderate assistance (helper does less than half the effort and lifts or holds trunk or limbs but provides less than half the effort) with toileting and personal hygiene, sitting to standing, lying to sitting on side of bed, sitting to lying, chair/bed-to-chair transfers, and toilet transfers.</p> <p>During an observation on 3/20/2025 at 11:42 am, outside of Resident 2 ' s room, CNA 4 was observed. A sign next to Resident 2 ' s room door indicated EBP, and to perform hand hygiene before entering and immediately upon exiting the room. CNA 4 entered Resident 2 ' s room without performing hand hygiene. CNA 4 asked Resident 2 if Resident 2 needed water and touched Resident 2 ' s bedding. CNA 4 exited the room and performed hand hygiene.</p> <p>During a concurrent observation and interview on 3/20/2025 at 11:43 am, at Resident 2 ' s room entrance, with CNA 4, the EBP sign was observed. CNA 4 stated the EBP sign indicated to clean hands before entering the room and immediately upon exiting. CNA 4 stated it was important to perform hand hygiene to prevent the spread of infection. CNA 4 stated there was currently a flu and COVID-19 OB at the facility.</p> <p>g. During an observation on 3/20/2025 at 4:45 pm, in the first-floor hallway, MA 1 was observed. MA 1 was talking in the hallway with MA 1 ' s mask on but pulled down below the nose and mouth.</p> <p>During an interview on 3/20/2025 at 4:48 pm, with MA 1, MA 1 stated MA 1 was supposed to wear MA 1 ' s mask properly because there was COVID-19 in the building. MA 1 stated MA 1 could get someone sick or get sick from someone else if MA 1 was not wearing the mask properly.</p> <p>h. During a concurrent observation and interview on 3/20/2025 at 4:58 pm, with MD 1, at the nurses ' station, MD 1 was observed sitting down writing. MD 1 was wearing a surgical mask that was pulled down below the nose and mouth. MD 1 stated MD 1 did not like to wear the mask because it fogged MD 1 ' s glasses. MD 1 stated MD 1 was aware MD 1 was supposed to wear a mask because the facility had a flu and COVID-19 OB.</p> <p>During an interview on 3/21/2025 at 5:36 pm, with the Director of Nursing (DON), the DON stated hand hygiene was the number one way to prevent the spread of infection. The DON stated hand hygiene was important so staff did not spread infection to the residents. The DON stated if staff were no performing hand hygiene before entering an EBP room, then the residents were at higher risk for developing infection and could easily get sick. The DON stated it was important that all staff and visitors wore masks as intended during an OB to stop the transmission of infection and not make any more residents sick.</p> <p>During a review of the facility ' s P&amp;P titled, Hand Hygiene, revised 10/2022, the P&amp;P indicated the facility considered hand hygiene the primary means to prevent the spread of infections. The P&amp;P indicated all personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility ' s P&amp;P titled, SP, EBP, and TBP, revised 8/7/2024, the P&amp;P indicated the purpose was to provide guidelines for infection control practices to reduce the potential for transmission for pathogens (microorganisms) including COVID-19, MDRO, and viruses. The P&amp;P indicated EBP was primarily the use of gown and gloves for specific high contact care activities based on the resident ' s characteristics that are associated with a high risk of MDRO colonization and transmission. The P&amp;P indicated intensified interventions (OB) should be implemented when an unusual or common infectious agent with unusual resistance pattern was identified or in the incidence of new cases of a specific infectious agent was increasing or failed to decrease despite implementation and adherence to standard infection prevention procedures. The P&amp;P indicated staff education was essential in reducing transmission of infectious agents including COVID-19. The P&amp;P indicated staff including those with direct resident contact and those in administrative positions should be educated during new employee orientation, annually concerning the epidemiology (the study of how often diseases occur in different groups of people and why) of specific infectious agents and the role they play in reducing the potential for transmission of these as well as other microorganisms; proper use of PPE; resident hygiene, and when observations indicated that employees are not in compliance with the facility infection control procedures including hand hygiene. The P&amp;P indicated residents, visitors, and volunteers shall be educated and instructed in hygiene protocols, PPE use, and other infection control practices.</p> <p>During a review of the facility ' s P&amp;P titled, COVID-19, Prevention and Control, revised 1/17/2025, the P&amp;P indicated the facility followed current guidelines and recommendations for the prevention and control of COVID-19. The P&amp;P indicated visitors shall wear well fitted surgical masks (per CMS QSO 20-39-NH-Revised) for the duration of their visit while indoors when the CDC- COVID-19 community level is high or when the facility is in an OB. The P&amp;P indicated all staff must wear a well fitted surgical mask, KN95 mask, or N95 respirator in all areas in the non-COVID area or non-quarantine room(s) during resident care or when in resident care areas. The P&amp;P indicated all staff during a COVID-19 OB, or when a COVID-19 positive staff or residents were identified, all staff must wear a well fitted N95 respirator in all areas in the COVID isolation area or non-COVID care or non-COVID care or quarantine room(s) when caring for any resident or when in resident care areas.</p>		