

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 02/05/2026
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide medically related social services (services provided by the facility's staff to assist residents in attaining or maintaining their mental and psychosocial health) to one of nine sampled residents (Resident 1) when the Social Services Director (SSD) did not assist Resident 1 to apply for health insurance before Resident 1's Medicare (federal health insurance for anyone age [AGE] and older) coverage ended on 11/10/2025. This deficient practice resulted in Resident 1 having no health insurance after 11/10/2025 and resulted in Resident 1 having to shoulder the cost of skilled nursing services Resident 1 received after 11/10/2025. Findings: During a review of Resident 1's admission Record (AR), the AR indicated Resident 1 was admitted to facility on 10/28/2025 with diagnoses which included displaced bimalleolar fracture of left lower leg (breaks on either side of the rounded bony projections of the left ankle joint), and hypertension (high blood pressure). During a review of Resident 1's History and Physical (H&P, physician's clinical evaluation and examination of the resident), dated 10/29/2025, the H&P indicated Resident 1 had the ability to make decisions. During a review of Resident 1's Minimum Data Set (MDS - resident assessment tool), dated 10/31/2025, the MDS indicated Resident 1 was dependent on staff for most activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 1's Notice of Medicare Non-Coverage (NOMNC), dated 11/7/2025, the NOMNC indicated Resident 1's Medicare Coverage of Resident 1's current skilled nursing services will end on 11/10/2025. The NOMNC indicated Resident 1 signed the NOMNC on 11/7/2025. During an interview on 2/5/2026 at 12 pm with the SSD, the SSD stated during Resident 1's Interdisciplinary Team (IDT) meeting (when a team of healthcare workers from various disciplines meet to review, update, and coordinate the Plan of Care for residents/patients) on 10/30/2025, Family Member (FM) 1 stated FM 1 was interested in applying for Medi-Cal (California's joint federal-state free or low-cost health coverage) for Resident 1. The SSD stated the SSD referred FM 1 to the Business Office Manager (BOM) so the BOM could assist FM 1 and Resident 1 to apply for Medi-Cal. The SSD stated the SSD should have followed up regarding Resident 1's application for Medi-Cal and should have assisted Resident 1 to apply for health insurance. During an interview on 2/5/2026 at 2:30 pm with the Assistant Director of Nursing (ADON)/ Case Manager (CM), the ADON/CM stated during Resident 1's IDT meeting held on 10/30/2025, the IDT discussed with FM 1 regarding Resident 1's last day of Medicare Coverage and FM 1 stated FM 1 was interested in applying for Medi-Cal for Resident 1. The ADON/CM stated the SSD informed FM 1 during the IDT meeting on 10/30/2025 that the SSD would refer FM 1 to the Business Office Manager (BOM) and the BOM would assist FM 1 and Resident 1 to apply for Medi-Cal. During a concurrent interview and record review on 2/5/2025 at 4 pm, with the Director of Nursing (DON), the DON reviewed the SSD's job description and stated the SSD's job description indicated it was the SSD's responsibility to provide information to resident/families as to Medicare/Medi-Cal and other financial assistance</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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>programs available to the resident, and refer resident/families to appropriate social service agencies when the facility does not provide the services or needs of the resident. The DON stated the SSD did not follow the job description. During a review of the facility's policy and procedure (P&P) titled, Social Services, dated September 2021, the P&P indicated, Our facility provides medically related social services to assure that each resident can attain or maintain his/her highest practicable physical, mental, or psychosocial well-being. The P&P indicated, The social worker/social services staff are responsible for assisting with informing and educating residents, families and representatives about health care options and ramifications. and assisting residents with financial and legal matters.</p>		