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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555854 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/01/2025 |
| NAME OF PROVIDER OR SUPPLIER Mesa Glen Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 638 E Colorado Avenue Glendora, CA 91740 | |
| 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interview and record review, the facility failed to provide adequate supervision to one of three sampled residents (Resident 1) when Resident 1 exited the building without the facility's knowledge on 10/22/2025. This failure placed Resident 1 at risk of an accidental injury while outside the facility's premises without staff supervision. Findings: During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 4/3/2025, with diagnoses including seizures (a sudden, uncontrolled electrical disturbance in the brain) and depression (a mental health condition characterized with persistent feelings of sadness, loss of interest in activities, and a decrease in energy that affects a person's daily functioning). During a review of Resident 1's provider's Progress Note, dated 4/16/2025, the provider's Progress Note indicated Resident 1 had fluctuating capacity to make medical decisions. During a review of Resident 1's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 10/7/2025, the MDS indicated the cognitive (the ability to think and process information) skills for daily decisions making was cognitively intact. The MDS indicated Resident 1 required limited assistance of one-person physical assist for activities of daily living. During a review of Resident 1's Progress Note, dated 4/4/2025 (upon admission), the Progress note Elopement Evaluation section indicated: History of elopement at home: Yes. Wandering behavior a pattern or goal-directed: Yes, . Wandering behavior likely to affect the safety or well-being of self/others: Yes, . Recently admitted or readmitted (within past 30 days) and has not accepted the situation: Yes. Elopement Score: 6.0. During an interview on 10/24/2025 at 1:13 PM with Licensed Vocational Nurse (LVN 1), LVN 1 stated Resident 1 was last observed in bed at approximately 4:30 AM on 10/22/2025. LVN 1 stated she searched for the resident in the hallway and in the unit and could not locate Resident 1. LVN 1 stated a code was initiated and staff searched the premises. LVN 1 stated Resident 1 was ambulatory and frequently walked around the facility. During an interview conducted on 10/24/2025, at 3:30 PM, the Director of Nursing (DON) stated that the elopement of Resident 1 was unexpected, as the resident had not shown any prior signs of wanting to leave the facility. During a review of the facility's policy and procedure (P&P) titled, Safety and Supervision of Residents, revised on July 2017, the P&P indicated, Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. The P&P indicated, The care team shall target interventions to reduce individual risks related to hazards in the environment, including adequate supervision and assistive devices.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: 555854 | Facility ID: 555854 If continuation sheet Page 1 of 1 |