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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>555854 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY COMPLETED<br><br>01/05/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Mesa Glen Care Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>638 E Colorado Avenue<br>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.

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| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Post nurse staffing information every day.</p> <p>Based on observation, interview and record review, the facility failed to ensure current staffing information was posted in a prominent place readily accessible to residents, staff, and visitors on a daily basis at the beginning of each shift. This deficient practice resulted in posting inaccurate staffing information. During an observation on 1/2/26 at 12:08 PM, there was a posting titled Census and Direct Service Hours Per Patient Day in front of Nursing Station 1 near entrance lobby. The date on the posting was 12/31/25. During an interview on 1/2/26 at 12:10 PM, the Director of Nursing (DON) stated the posting was not current because the facility's Director of Staff Development had resigned and the facility staff who was responsible for posting the staffing information did not come to work due to personal circumstances. During an interview on 1/2/26 at 1 PM, Certified Nursing Assistant (CNA) 1 stated CNA 1 had been responsible for making the posting. CNA 1 stated there is a computer program where CNA 1 would enter the hours for the licensed nurses and CNA's and the program would generate the nursing hours for the day and CNA 1 would post the print-out. CNA 1 stated there was a personal circumstance that prevented CNA 1 to report on time and print out the nursing hours for posting. During an observation on 1/5/26 at 8:50 AM there was a posting titled Census and Direct Service Hours Per Patient Day in front of Nursing Station 1 near entrance lobby. The date on the posting was 1/2/2026. During a concurrent observation and interview on 1/5/26 at 9:10 AM, the DON stated the posting needed to be updated daily. During an interview on 1/5/26 at 10:00 AM, CNA 1 stated CNA 1 had the projected nursing hours ready for posting placed in a bin in front of the staffing office. The nurses working the weekend needed to get the projected hours and post the nursing staffing information near the two nursing stations. CNA 1 stated the nursing hours needed to be posted so the staff, residents and their families would have staffing information. During a review of the facility's policy and procedure (P&amp;P) titled Posting Direct Care Daily Staffing Numbers July 2016, the P&amp;P indicated within two (2) hours of the beginning of each shift, the number of Licensed Nurses (RNs, LPNs, and LVNs) and the number of unlicensed nursing personnel (CNAs) directly responsible for resident care will be posted in a prominent location (accessible to residents and visitors) and in a clear and readable format.</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)<br>Previous Versions Obsolete                   | Event ID: | Facility ID:<br>555854               |
|   |           | If continuation sheet<br>Page 1 of 1 |