

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2025
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NAME OF PROVIDER OR SUPPLIER GLADSTONE SUB-ACUTE AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 435 E. GLADSTONE ST GLENDDORA, CA 91740
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F 000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated standard survey.</p> <p>Complaint Numbers: CA00954815, CA00955118, and CA00955122.</p> <p>The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency was issued for complaint number: CA00954815 (Refer to F880).</p> <p>No deficiencies were issued for complaints numbers: CA00955118 and CA00955122.</p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated standard survey.</p> <p>Complaint Numbers: CA00954815, CA00955118, and CA00955122.</p> <p>The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency was issued for complaint number: CA00954815 (Refer to F812).</p> <p>No deficiencies were issued for complaints numbers: CA00955118 and CA00955122.</p> <p>F 880 SS=D Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control</p>	F 880	<p>Gladstone Subacute and Rehab Center takes its best effort to operate in substantial compliance with both Federal and State Law. Preparation and/or execution of this Plan of Correction, inclusive of pages 1 through 5 in this Statement of Deficiencies, does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or execute solely because it is required by provisions of 42 CFR, et seq., a Health and Safety Code 1280. I responds to the Department's finding and submit the following Plan of Correction shall constitute this facility's credible allegation of non-compliance.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 4/26/25
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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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F 880	Continued From page 2 (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the Sub-Acute unit medication room refrigerator was free from unauthorized and unlabeled items preventing a safe and sanitary environment. This deficient practice had the potential to cause cross-contamination that could lead to the spread of infections to residents of the facility.		What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur: Beginning 4/4/25, RN Supervisor(s) provided in-service to licensed nurses and CNAs regarding resident food refrigerator use and no employee food should be placed in resident food refrigerator. In-services regarding resident food refrigerator and no employee food refrigerator completed on 4/25/25. On 4/25/25, Administrator revised "Form A of Policy No. – DS – 53, ' Refrigerator / Freezer Temperature Log'" to include DAILY checking of RESIDENT ONLY FOOD STORED IN REFRIGERATOR to be completed by licensed nurses. If deficient practice is identified, it will be corrected immediately.		4/4/25 4/25/25 4/25/25

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OMB NO. 0938-0391

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F 880	Continued From page 3 Findings: During an observation and record review on 4/4/2025 at 2:00 PM, the Sub-Acute unit and facility Census was reviewed. The Sub-Acute unit had ten isolation (specialized rooms designed to separate patients with contagious illnesses or those with compromised immune systems from others) rooms. During an observation on 4/4/2025 at 7:30 PM, with Registered Nurse (RN) 2, the Sub-Acute medication room, designated for residents was observed of having one Coca-Cola can with no name or date, one-pint sized Oatmeal Extra Thick with no name or date, and one eight ounce Ensure with no name or date. Concurrently, while in the medication room, Licensed Vocational Nurse (LVN) 1 walked into the medication room and grabbed a bag of food and stated that bag of food was LVN 1 ' s dinner. During an interview on 4/4/2025 at 7:45 PM with LVN 1, LVN 1 stated LVN 1 placed LVN 1 ' s dinner in the Sub-Acute medication room because LVN 1 lost her food before when it was placed in the employee refrigerator. LVN 1 stated employees are not supposed to put their food in resident ' s refrigerator. During an interview on 4/4/2025 at 8:30 PM with the Administrator (Admin), the Admin stated the Admin confirmed there was one can of Coca-Cola, one-pint sized Oatmeal Extra Thick, and one eight ounce Ensure all with no name and date labeled on the items. The Admins stated employees cannot place food in resident ' s refrigerator. The Admin stated resident ' s		How the facility plans to monitor its performance to make sure that solutions are sustained: ICP will review revised Form A of Policy DS – 53 – Refrigerator / Freezer Temperature Log” monthly and report findings to the DON and/or Administrator. Findings will be brought to the attention of the QAPI Committee monthly x 3 months for further recommendations.		

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F 880	Continued From page 4 refrigerators are only to store resident ' s food that are properly labeled with name and date, and for three days. A review of the facility ' s revised P&P titled, "Infection Prevention and Control Program," dated 10/24/2022, indicated the facility's infection control policies and procedures are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections.	F 880			