POC Reviewed and accepted 36904 for 27785

		AND HUMAN SERVICES & MEDICAID SERVICES		36904 116566	FORM	03/22/2022 APPROVED 0938-0891
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE	SURVEY
		056360	B. WING			22/2022
NAME OF F	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE		
ARBOR	SLEN CARE CENTER	l	1	1033 E. ARROW HIGHWAY GLENDORA, CA 91740		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ILD BE	COMPLETION DATE
F 000	INITIAL COMMENT	rs	F 000			
•	California Department investigation of a control of a con					
	Complaint number: Representing the D Health Facilities Ev					
,	complaint investiga the findings of a ful	Ilmited to the specific ted and does not represent inspection of the facility.		-	ě	y
	number: CA007709					
F 689 SS=D		azards/Supervision/Devices 1)(2)	F 689	F-689 Corrective action for resident for begin affected by this deficiency:	ınd to have	
	§483.25(d) Accider The facility must er			Resident 1 was discharged home on 2/2	:6/2022.	
	§483.25(d)(1) The	resident environment remains hazards as is possible; and		Corrective action for residents that affected by this deficiency:	t may be	
-	\$483.25(d)(2)Each supervision and as accidents.	resident receives adequate sistance devices to prevent		All residents who need 2-person assisted mobility have the potential to be this practice.		
	by: Based on observar	NT is not met as evidenced tion, interview, and record ailed to follow one (Resident		All residents who need 2-person assisted mobility were reviewed, and no concerns were identified.		
	 of three sampled ensure safety. Res 	I resident's assessment to sident 1, who was assessed as t for bed mobility, fell from bed		IDT and Nursing staff will be in-serviced care of residents who need 2-person with bed mobility. For residents will person assistance with bed mobility, a	n assistance ho need 2-	-
-	while being turned Assistant 1 (CNA 1	to his side by Certified Nurse).		be placed as an identifier by the name p of their room.		
	This had the potent	tial to have resulted in a more				
LABORATOR	DIRECTOR'S OR PROVID	DERVSUPPLIEN REPRESENTATIVES SIG	NATURE	UGT / UG	410	(X6) DATE

Any deficiency statement ending with an astoriak (*Tdenotes a deficiently 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 those documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Provious Virgions Obsolote

Event ID:4ZGS11

Fedlity 10: GASS0000012

If continuation sheet Page 1 of 9

		AND HUMAN SERVICES & MEDICAID SERVICES			•	FORM.	03/22/2022 APPROVED 0938-0391
STATEMENT AND PLAN C	r of distriction of correction	(X1) PROVIDENSUPPLIENCUA IDENTIFICATION PUNKER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		059360	B. WING		•	!	C 22/2022
NAMEOFI	PROVIDER OR BUPPLIER		ļ	1	TREET ADDRESS, CITY, STATE ZIP CODE		
ARBOR	GLEN CARE CENTER	<u> </u>			033 e. arrow highway Blendora, ca 91740		
(X4) ID PREPIX TAG	(EACH DEFICIENCY	MEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG	ix	PROVIDER'S FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	88	CONSTELLON (NE)
F 689	Continued From pa than minimal injury	gs 1 for Resident 1 due to the fall.	F	689	Measures that will be put into place to easi this delicioney does not recur	ire that	
	Findings:		i !		IDT, on their guardian angel rounds, will of interventions are in place for their a residents and will update as needed.		
÷	indicated Resident on 1/21/2022. Resident on 1/21/2022. Resident on 1/21/2022. Resident on 1/21/2022. Resident on 1/21/2022 in medium risk for falls. A review of Resident (MDS, a standardiz planning tool), date Resident 1 had the understood and unindicated Resident assistance (resident two plus persons pident of the planning tool). A review of Resident move turns side to side, a or alternate sleep findicated that Resident dated 1/27/2022 incomedium risk for falls. A review of Resider dated that resident and	derstand others. The MDS 1 required extensive at involved in activity, staff aing support) from staff, with hysical essist for bed mobility as to and from lying position, and positions body white in bed umiture). The MDS further dent 1 did not have any history at 1's Fall Risk Evaluation dicated Resident 1 had a i, and required use of assistive ker, wheelchair) for gait,			Massures that will be implemented to a the continued affectiveness of the consideration to ensure that this deficient here corrected and will not result the months who need 2-person assistance with months. DON / Designee will randomly check at residents who need 2-person assist with mobility to ensure compliance on a weeking months. Findings will be reported to the QA Committed of completion April 15, 2022	reserve new hos med to fith bed scaly x 8 least 2 fith bed y besis x	

FORM CMS-2567(02-99) Previous Versions Obselete

SAMPEMENT OF DEFICISIONS AND PLANET CORRECTION CESSES AND PROVIDER OR SUPPLIER ARBOR GLEN GARE CENTER CESSES STREET ABBRESS, CITY, STATE, 2P CODE 10312 A. STRE			AND HUMAN SERVICES & MEDICAID SERVICES				FORM	09/22/2022 APPROVED 0938-0391
NAME OF PROVIDER OR SUPPLIES RESULATORY OF INSTRUMENT OF	STATEMENT	OF DEFICIENCIES	OX1) PROVIDER/SUPPLIER/CLIA				COW	PLETED
ARBOR GLEN CARE CENTER TOUR DEPARTMENT SUMMARY STATEMENT OF DEPTEMENT GRANDFROMMENT BETTAL FROM FRETEX GRANDFROMMENT BETTAL FROM FRETEX GRANDFROMMENT BETTAL FROM FRETEX GRANDFROMMENT BETTAL FROM FRETEX			056360	a wing	<u> </u>			_
ARBOR GLEN CARC CENTER SUMMARY STATEMENT OF DEFICIENCES REGULATORY OR LSG DENTIFYING INFORMATION FRIENT FROM CONTINUED From page 2 when resident had an actual fall while receiving APL care on 1/27/2022, listed interventions including side rails as ordered (1/21/20/22), and provide sefety education/fall preventions techniques to resident end steff member (1/28/2022). A review of Resident 1's nursing progress notes by Licensed Vocational Nurse 1 (LIVI I), dated 1/27/2022, at 1/28/2022. A review of Resident 1's nursing progress notes by Licensed Vocational Nurse 1 (LIVI I), dated 1/27/2022, at 1/28/2022. A review of Resident 1's nursing progress notes by Licensed Vocational Nurse 1 (LIVI I), dated 1/27/2022, at 1/28/2022, and provide setely education/fall prevention able to make needs known. Asked pt what happened pt stated news shipping to turn and silic out of hed. Explained to pit to use call light when needing help. Pt understood. Body check done. No skin issues noted. Pt stated right shoulder gath. Officered medication pt said no. Neuro checks done. Mo (hysician) notified with no new orders. Responsible party notified. Check on pt at 615 AM pt noted regaling in bed comtonably. Pt handled gently during cursing care. All needs met. Cell light within reach." A review of Resident 1's Change of Condition (COC) Evaluation form, dated 1/27/2022, indicated that Resident 1 had an acute pain of 5 (moderate) pain using the b-10 pain social assessment. The COC evaluation indicated Resident an acute pain of 5 (moderate) pain using the D-10 pain social assessment, the COC evaluation and naurological evaluation, sich evaluation en modified regarding the change of condition on	NAME OF F	ROVIDER OR SUPPLIER			1			
F 689 Continued From page 2 when resident had an actual fail while receiving ADL care on 1/27/20/22, itseld interventions including side rails as ordered (1/21/20/22), and provide sofely educational Nurse 1 (LVN I), dated (1/27/20/22). A review of Resident 1's nursing progress notes by Licensed Vocational Nurse 1 (LVN I), dated (1/27/20/22). A review of Resident indicated interventions including side rails as ordered (1/21/20/22), and provide sofely educational Nurse 1 (LVN I), dated (1/27/20/22). A review of Resident 1's nursing progress notes by Licensed Vocational Nurse 1 (LVN I), dated (1/27/20/22), and provide sofely educational Nurse 1 (LVN I), dated (1/27/20/22), and provide sofely educational Nurse 1 (LVN I), dated (1/27/20/22), and provide sofely to the continued the following, "5:30 AM Pt (padienthresident) noted veiling. Pt found on the floor sitting next to bed. Pt start and able to make neede known. Asked pt what happened pt stated ne was hying to turn and sitd out of hed. Explained to pt to use call light when needing help. Pt understood. Body check done. No skin issues noted. Pt stated right shoulider psin. Olifered medication pt said no. Neuro checks done. Mo (hysician) notified with no new orders. Responsible party notified. Check an pt at 6:15 AM pt noted realing in bed comfortably. Pt handled getting during nursing care. All needs met. Cell light within reach." A review of Resident 1 to Change of Condition (COO) Evaluation form, dated 1/27/20/22, indicated that Resident 1 was found on the floor in the morning on 1/27/20/22. The COC evaluation indicated Resident 1 had an acute path of 5 (moderate) spin using the D-10 paln sonia assessment. The COC evaluation indicated there were no changes on the realizability of the policy of the control	ARBOR	glen care center	\					
F689 Continued From page 2 when resident had an sculul fall while receiving API care on 1/27/2022, listed interventions including side rails as ordered (1/27/2022), and provide sefety education/fall prevention lechniques to resident had an scule rein (1/28/2022). A review of Resident 1's nursing progress notes by Licensed Vocational Nurse 1 (IVN 1), dated 1/27/2022, at 10:39 AM, indicated the following, 1's:30 AM Pt (patient/resident) noted yelling. Pt found on the floor sitting mack to bed. Pt alert and able to make needs known. Asked pt what happened of stated ne was trying to turn and sild out of bed. Explained to pt to use cell light when needing help. Pt understood. Body check done. No skin issues noted. Pt stated right shoulder pain. Offered medication pt seld no. Neuro checks done. MD (physician) notified with no new orders. Responsible party notified. Check on pt at 6:15 AM pt noted registing in lead comfortably. Pt handled genity during nursing care. All needs met. Call light within reach." A review of Resident 1's Change of Condition (COC) Evaluation form, dated 1/27/2022, Indicated thet Resident than acate pain of 5 (moderate) paint using the b-10 pain scale assessment. The COC evaluation, and neurological evaluation, sith evaluation, and neurological evaluation, sith evaluation, and neurological evaluation, sith evaluation, and neurological evaluation, is the evaluation of the form of the file of the physician evaluation of the form of the resident's mental status, functional status, behavioral evaluation also indicated that the physician end family were notified regarding the change of condition	W41 95	ST DALVAGOV SYL	TEMENT OF REFICIENCIES	l In	<u> </u>		ON .	J065\
when resident had an actual fall while receiving ADL care on 1/27/20/22, listed interventions including side rails as ordered (1/21/20/22), and provide sefety education/fall prevention techniques to resident and staff member (1/28/20/22). A review of Resident 1's nursing progress notes by Licensed Vocational Nurse 1 (LVN 1), dated 1/27/20/22, at 10/38 AM, indicated the following, "5:30 AMP (1/0 patient/recident) noted yelling. Pt found on the floor sitting next to bed. Pt alert and able to make needs known. Asked pt what happened pt stated ne was trying to turn and slid out of bed. Explained to pt to use call light when needing help. Pt understood. Body otherk done. No skin issues noted. Pt stated right shoulder pain. Offered madication pt said no. Neuro checks done. MD (physician) notified with no new orders. Responsible party notified. Check on pt at 6:15 AM pt noted residing in bed comfortably. Pt handled gently during nursing care. All needs met. Call light within reach." A review of Resident 1 to Change of Condition (COC) Evaluation form, dated 1/27/20/22, indicated that Resident's was found on the floor in the morning on 1/27/20/22. The COC evaluation inclined vident indicated there were no changes on the resident's mental status, functional status, behavioral evaluation, and neurological evaluation. The COC ovaluation, and neurological evaluation. The COC ovaluation also indicated that the physician end family were notified end family were notified regarding the change of condition on the floor in the morning on 1/27/20/22.	PREFIX	(EACH DEPICIENCY	MUST BE PRECEIRED BY FUU.	PREF	:IX	(EAGH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	D8E	COMPLETION
completed and e-signed by LVN 1.	F 689	when resident had ADL care on 1/27/2 including side rails provide safety eductechniques to reside (1/28/2022). A review of Resider by Licensed Vocalit 1/27/2022, at 10:38 "5:30 AM Pt (patier found on the floor sable to make need happened pt stated out of bed. Explain needing help. Pt ut No skin issues not pain. Offered medichecks done. MD new orders. Respons pt at 6:15 AM pt comfortably. Pt has care. All needs med (COC) Evaluation indicated that Reside (COC) Evaluation indicated of 5 (moderate pair assessment. The there were no char status, functional strespiratory evaluation evaluation evaluation also indicated that neurological evaluation indicated that neurological eva	an actual fall while receiving 1022, listed interventions as ordered (1/21/2022), and exticulfall prevention ent and staff member on the nursing progress notes on Nurse 1 (LVN 1), dated the following, attresident) noted yelling. Pt alifting next to bed. Pt elect and is known. Asked pt what the was trying to turn and slid and to pt to use call light when aderstood. Body check done. So Pt stated right shoulder incation pt said no. Neuro (physician) notified with no onsible party notified. Check thotad resting in bed andled gently during nursing ext. Call light within reach." Int 1's Change of Condition form, dated 1/27/2022, dent 1 was found on the floor 1/27/2022. The COC of Resident 1 had an acute pain all using the 0-10 pain scale COC evaluation indicated upes on the resident's mental tatus, behavioral evaluation, and asion. The COC evaluation on the physician and family were the change of condition on AM. This COC evaluation was		68\$			

Event ID:42G611

Focility ID: CA850000012

if continuation sheet Page 3 of 9

PRINTED: 09/22/2022

If continuation shoot Page 4 of 9

PORM CMS-2587(02-99) Provious Versions Obsoleto

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	03/22/2022 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION MUMBER:	A BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		056360	II. WING	·_		1 1) 22/2022
	ROVIDER OR SUPPLIER SLEN CARE CENTER	1	:	•	street address, City, Syate, Zip Code 1033 E. Arrow Highway GLENDORA, CA 91740		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEPICIENCES (MUST BE PRECEDED BY FULL SO (DENTIFYING INFORMATION)	PREF	<u>. </u>	PROVIDER'S FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	R/P	COMPLETION CATE
F 689	Continued From pa	ge 3	F	889			
	Radiology Results I 18:34 (6:34 PM), at 19:86 (7:56 PM), in	nt 1's, "Left Shoulder Report," dated 1/27/2022 at nd reported on 1/27/2022 at dicated a "Normal left shanges Indicating fracture or					
	(Chest) Radiology I 18:34 (6:34 PM) an 19:56 (7:56 PM), în	nt 1's, "Spine and Thoracio Report," dated 1/27/2022 at id reported on 1/27/2022 at dicated, "Minor degenerative ig in the spine begins to wear on in older aduits)."					
	Evaluation and Placerification date of indicated a goal for roll from lying on be return to lying on be assistance to participate in activit date for this goal we evaluation form indicability to roll from its	nt 1's PT (Physical Therapy) n of Treatment form with i 1/21/2022 to 2/17/2022, resident to improve ability to ack to left and right side and ack with partial/moderate apate in self-care activities and fies of daily living. The target as 2/3/2022. The PT licated Resident 1's baseline aft and right, dated 1/21/2022, aximal assistance (2 person)			·		
	(DON) on 1/28/202	with the Director of Nursing 12, at 12 PM, the DON stated, dents only if it resulted to major					
	with Resident 1 on Resident 1 was ob aleri. The head pa elevated and a lun	nt observation and interview 1/28/2022, at 12:30 PM, served in bad, awake and urt of resident's bad was ch tray was on top of over the I half side rails were up, and no					

Event (D:42G511

Facility ID: CA850600012

PRINTED: 03/22/2022

If continuation sheet Page 5 of 9

FORM CMS-2587(02-99) Provious Vortices Obsoloto

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	APPROVED
	OF DEFICIENCIES	(XI) PROVIDER/SUPPLIER/CLIA	(XC2) MILLI	TIPL	LE CONSTRUCTION	_	. 0988-0391 E SURVEY
AND PLANC	F CORRECTION	WENTIFICATION NUMBER:	Y BRUTO			CON	(PLEYED
		A5000A	IL WING				C
MANEGEG	ROVIDER OR SUPPLIER	056360	IT WARE		TREET ADDRESS, CITY, STATE, ZIP CODE	03/	<u> 122/2022</u>
					1033 E, ARROW HIGHWAY		
ARBOR	Blen Care Center				elendora, ca 81740		
(X4) LD PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	įD PREF		PROVIDERS PLAN OF CORRECT	ON DE	COMPLETION DATE
TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	TAG		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRATE	BATE
ļ					UCTUENCI)		ļ
F 689	Continued From pa	ma 4	F	889			
	•	n was observed. There were	' '	•••			'
	no signs of injury n	oted during skin observation.			1		
	Resident had no ro	ommate. Resident 1 stated,					ŀ
	CNA 1 was changir	ng his linen when he fell. him to roll on his side while she	1				
		en under him. CNA 1 pushed					ļ
		nat's how he fell. CNA 1 ran	1		j		1
	outside to get help	and came back with three	1				1
	other staff. Reside	nt 1 stated, the side rails was him because it was too small	i				
i l		I stated, he did not consider it	l ·				
		and it was not intentionally	ł		1		
		it nuise should have been	1		<u> </u>		
	careful. Resident 1	l etated, he still has some pain d back and seid that they tock	1		<u> </u>		
}	six views of X-ray v		1				
		•	•		1		
	During a telephone	interview with LVN 1 on					•
		M, LVN 1 stated, what A 1 was changing Resident 1					1
		turning to his side. CNA 1 was	Ì				1
	by herself changing	the resident. Resident 1 was	1				
	a one-person assis	it with bed mobility based on			Į.		
		alized he could do and what he hem. LVN 1 stated, this was]				
		ient 1's MDS assessment.]				
		n back to bed after resident told	j				1
		and notified his family and					
	physician.		1				
	During a telephone	interview with CNA 1 on]				
1	3/9/2022, at 11:09	AM, CNA 1 stated, around 12			}		j
	midnight, right afte	r her shift started she went to					1
	Hesizent 1's room	and introduced herself and told to be his nurse for the night					1
		d, she noted Resident 1	Ī				1
	needed to be chan	ged. She asked him if he			1		1
		elf and Resident 1 stated, yes.			1		1
1	i inar was way sha i	did not ask for help from	1		i e		1

Event ID;4ZG811

Facility (D: CAS50000012

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il continuation sheat Page 6 of 9

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PORM CMS-2567(02 09) Provious Vandana Obsoloto

CENTER	IS FOR MEDICARE	& MEDICAID SERVICES			<u>Q</u> i	nii <u>no.</u>	0938-0391
	OF DEFICIENCIES IF CONTROYION	ALEXHIL PRUZAHADIVORA (1X) SABALA NOTASIFITATO			E CONSTRUCTION	(X3) DATE COM	SURVEY PLEJED
		056380	B. WING	·		03/2	22/2022
NAME OF F	ROVIDER OR SUPPLIER			SI	IRPET ADDRESS, CITY, STATE, 2P CODE	U-312	ZIZUZZ
TORRIGO T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				193 E. ARROW (IICHWAY		
Arbor Glen Care Centiëk			1	LENBORA, CA 91740			
(XA) ED IT (EFIX TAG	(FACH DEFICIENCY	TEMENT OF LIEFICHNOUS MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	CD HOSER PAT		PROVIDERS PLAN OF CORRECTION (EACH CORRECTION ACTION SKULLU CROSS REFERENCED TO THE APPROVI DEFICIENCY)	ar I	DATE COMPLETION (NS)
F 889	Continued From pa	igo 5	F	689			
	another staff. CNA	1 stated, during their daily					
		of their shift it was endersed to		[
		was a two-person assist		ŀ			
		, and that sho should ask		ì			1
		eded help. CNA 1 stated, she as a two-person assist but she		ì			;
		because the resident told her		ı			
		m by himself. CNA 1 stated,		ı			•
	she was helping Re	esident 1 to turn to his side					
	when resident fell.	Sho yollod for help and the			•		
		ge nurses and another CNA					
		and help resident back to bed.					
		charge nurses assessed the sefore they placed him back to					
		vas no injury noted.					
F 700	Bedrails		F	700	F-700 Corrective action for resident found	to bases	
ธราย	CFR(s): 483.25(n)((1)-(4)			puou stacted po this quiciones:		
	§483.25(n) Bed Ra	etts.			Resident 1 was discharged home on 2/26/20	022.	
		tempt to use appropriate			•		
	alternatives prior to	Installing a side or bed rail. If				a66	
	e bed or aldo rail is	mad, the facility must ensure			Cornelise action for residents that may be by this deficiency:	Minterd	
	correct installation,	use, and maintenance of bed not limited to the following					
	elements.	int mateu to the releasing			All residents who use side rails may be affe	ected by	
	0.01.101.101]		this practice.		
	§483.25(n)(1) Asso	ess the resident for risk of	l		All new admissions will have appropriate all	lemative	
	entrapment from b	ed rails prior to installation.			interventions prior to the use of side rai		
	5403 35/4V3V David	are the works and become the		1	safety assessment will be done it intervent and side ralls are needed.	tions fall	
1	9463.25(n)(2) Revi	ew the risks and benefits of					
		obtain informed consent prior			IDT and Norshy stall will be in-serviced o		
	to installation.				the use of other interventions prior to utili	zing side]
			l		salis.]
	§483.25(n)(3) Ensi	ure that the bed's dimensions			Residents using side rails भाग केट revesessed	by MDS	}
	are appropriate for	thn realdent's size and weight.			is eldizoo and subedas 2014 edt golwollof		1
	8483 25(0)//\	ow the manufacturers'			interventions aside from side rails.		[
	2-coversion that is expe	an are maintananais	ĺ				1

Event ID: 42GS11

Facility ID; CA950000012

		AND HUMAN SERVICES & MEDICAID SERVICES			_	FORM	03/22/2022 APPROVED 0938-0391
	P DEFICIENCIES	(X1) PROVIDENSUPPLIERICUA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COM	SURVEY LETED
		0 5638 0	D. WING	·		_	: 22/2022
	ovider or supplier LEN CARE CENTER			10	reet adoress, city, state, zip code 133 e. arrow highway Lendora, ca 91740		
(X4) ED PREFIX TAG	SUMMARY STA CEACH DEFICIENCY REGULATORY OR L	Tément of deficiencies Mart be preceded by full BC (Dentifying Information)	ID PREF TAG		PROVIDERS FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	986	CONCETTON BATE
	and maintaining be this REQUIREMENT. Based on observative the facility featernative intervent assessment were desidents (Resident aids, a metal or platicle of a bed to aid this had the potent related injury to the Findings: A review of Resident of the traumatic bright part occurred bright part occurred part of the left to knee and ankle, geahnormal posture (MDS, a standardisplanning tool), date Resident 1 had the understood and unindicated Resident essistance (resident provide weight-best two plus persons per training tools).	and specifications for installing direits. It is not met as evidenced lion, interview, and record alled to document first tions were used and safety tone for one of three sampled t1) before using side rails (bed stic bars positioned along the a resident bed mobility).	F	700	Measures that will be put into place to ease this deficiency does not recent. All side tails will be removed from empty to all new admissions will be provided with appartentive interventions, and a safety assemble dome prior to installing a side rell. MDS will monitor if appropriate all interventions are in place and a safety assemble prior to installing a side cail. Measures that will be implemented to man continued effectiveness of the corrective taken to ensure that this deficiency is removed and will not recent the weekly basis to ensure interventions are prior to the use of sideralis. Findings will be reported to the QA Commit Date of completion April 15, 2022	neds and repriste essment semative sment is nitur the exciton as been in place	

FORM CMS-2587(02-99) Provious Versions Obsalsio

Event 10:42/3511

Facility (D: CAB80000012

If continuation sheet Page 7 of 9

		AND HUMAN SERVICES & MEDICAID SERVICES					FORM!	03/22/2022 APPROVED 0938-0391	
STATEMENT	OF DEFICIENCIES F CORRECTION	(XI) PROVIDER/SUPPLIER/CILA IDENTIFICATION NUMBER:	V Britt		LE CONSTRUCTION		(AS) DATE SURVEY COMPLETED		
		058360	e. Wine	·			03/2	; 2/2022	
NAME OF F	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STAT 1033 E. ARROW HIGHWAY	e, zip code			
ARBOR	BLEN CARE CENTER	1			GLENDORA, CA 91740			•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y AUST SE PRECEDED BY PULL SC (DENTIFYING INFORMATION)	PRET TAG		PROVIDERS PLAN (EACH CORRECTIVE CROSS-REFERENCED DEPICE	ACTION SHOULD TO THE APPROP	B2	COMPLETION DATE	
F 700	tums side to side, a or alternate sleep findloated that Reside of falls. A review of Resider dated 1/27/2022 in medium risk for fall devices (cane, wall balance, and/or am A review of Resider for Falls," initiated owhen resident had ADL care on 1/27/2 including side rails provide safety educated in mobility as A review of Reside 1/24/2022, for 1/2 si ease in mobility as A review of Reside 1/28/2022, after Resident 1/28/2022, after Resident 1 on documentation attempted prior to the sealed and a funded table. Billaters	and positions body white in bed umiture). The MDS further fent 1 did not have any history that 1's Fall Risk Evaluation dicated Resident 1 had a , and required use of assistive for the control of the c		706					
	other fall precaution	in 1/4 side fillis were up. No in was observed. There were noted during skin observation.				·			

FORM CMS-2567(02-66) Provious Versions Obsolute

Grent (D:4Z6811

Foreign ID: CA850000012

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If continuation abset Page 9 of 9

		& MEDICAID SERVICES	•		0		UPPROVED 1938-0391	
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDERSUPPLIERICLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		PLE CONSTRUCTION	(03) DATE SURVEY COMPLETED		
		056360	B. WING	:_		03/2	: 2/2022	
NAME OF F	ROVIDER OR SUPPLIER				SYREST ADDRESS, CITY, STATE, ZIP CODE			
ARBOR	SLEN CARE CENTER	l			1093 E. ARROW HIGHWAY GLENDORA, CA 81740			
(XA) (D PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L	CTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FRAL SC (DENTIFYING INFORMATION)	PREF TAG	DX 3	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE !	CONFLETION DATE	
F 700	Certified Nurse Ass his linen when he file in the while she will she will say him. CNA 1 pushes he fell. CNA 1 ran back with three oth side rails was not a was too small for he not consider it as printentionally done thave been careful some pain on his a they took six views A review of Reside Radiology Results 18:34 (6:34 PM), a 19:56 (7:56 PM), it shoulder," with no dislocation. A review of Reside (Chest) Radiology 18:34 (6:34 PM) at 19:56 (7:56 PM), in changes (cushionia away, most comm	ommate. Resident 1 stated, istant 1 (CNA 1) was changing all. CNA 1 told him to roll on was tucking the linen under d him too hard and that's how outside to get help and came er staff. Resident 1 stated, the mough to help him because it im. Resident 1 stated, he did hysical abuse and it was not to hurt him but nurse should Resident 1 stated, he still has shoulder and back and said that of X-ray yesterday. Int 1's, "Left Shoulder Report," dated 1/27/2022 at and reported on 1/27/2022 at and 1/27/2022 at and 1/27/2022 at and 1/27/2022		704				

Event (D:426511

PORM CMS-2587(02-69) Provious Versions Obsoleto

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