

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 06/27/2022
FORM APPROVED
OMB NO. 0938-0381

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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 C 06/27/2022 |
| NAME OF PROVIDER OR SUPPLIER MESA GLEN CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 638 E COLORADO AVENUE GLENORA, CA 91740 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 000 | INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during a complaint investigation. Complaint number: CA00770947 Representing the California Department of Public Health: Surveyor #36290, Health Facilities Evaluator Nurse The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were issued as a result of complaint #770947. F 558 SS-D Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide a cushion to sit on for comfort for one of four sampled residents (Resident 1) as indicated on the physician order. This failure had the potential to result with Resident 1's comfort to be compromised while sitting down. | F 000 | Please accept this Plan of Correction as our Credible Allegation Package. The deficiencies will be corrected as specified and they will be monitored to prevent recurrence no later than <u>6/6/22</u> Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed as required by statute set forth in Code of Federal Regulations, Title 42, Section 489.12; State operations manual, Section 2612; and California Health and Safety Code, Section 1280 and the facility does not waive its right to contest or pursue an appeal of the deficiency as allowed under Federal and State Law. <u>RP</u> (Initials) F-558 – Reasonable Accommodation Needs/Preferences CFR(s): 483.10(e)(3) <u>CORRECTIVE ACTION</u> Resident-1 was provided with a cushion as indicated in the physician order by the clinical staff on 3/4/22. | 6/6/22 | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 60 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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| NAME OF PROVIDER OR SUPPLIER MESA GLEN CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 698 E COLORADO AVENUE GLENORA, CA 91740 | | |
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| F 558 | <p>Continued From page 1</p> <p>Findings:</p> <p>A review of the Face Sheet indicated Resident 1 was admitted to the facility on 12/15/2021 with diagnoses that included pressure ulcer of the sacral region stage IV (full thickness skin loss), paraplegia (inability to voluntarily move the lower part of the body, legs), heart disease, colostomy (a surgical operation where a piece of the colon, longest part of the large intestine, is diverted to an artificial opening), and neuromuscular (affects the function of muscles due to problems with the nerves) dysfunction of the bladder.</p> <p>A review of the Minimum Data Set (MDS, standardized assessment and care screening tool), dated 12/22/2021, indicated Resident 1 was independent with cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision making. Resident 1 was able to understand and be understood by others.</p> <p>A review of the Physician's Order, dated 1/31/2022, indicated a special cushion for Resident 1's comfort measure, a Jay 2 active cushion (industry leading adjustable fluid cushion, low maintenance cushion designed for the person at high risk for skin breakdown) size 12.</p> <p>During an interview on 2/18/2022, at 11:48 am., Resident 1 stated his doctor wrote an order for a cushion to be used while sitting. Resident 1 stated the cushion given to him had mold on it and he told the facility to take it back. Resident 1 stated the cushion was never replaced.</p> <p>During an interview on 2/18/2022, at 12:21 pm, Staff Development Assistant (SDA) stated the</p> | F 558 | <p>The central supply designee was provided 1:1 in-service education regarding ordering of durable medical equipment per physician's order and wheelchair cushion seat inspection and disinfection weekly, on 2/21/22.</p> <p>Resident-1 is no longer in the facility, discharged on 4/4/22.</p> <p><u>IDENTIFYING OTHER RESIDENTS AT RISK & CORRECTIVE ACTION</u></p> <p>On 6/2/22, the DON and medical records found no other residents with physician ordered chair cushions. Also on 6/2/22, the maintenance supervisor, Infection Prevention (IP) Nurse and Director of staff development (DSD) conducted room visits inspection for residents with wheelchair cushions and completed environmental room rounds. No concerns or findings were identified. No other residents found similarly affected by this deficiency.</p> <p><u>SYSTEMIC CHANGES</u></p> <p>To prevent recurrence of the same deficiency, the DON and IP Nurse provided in-service/education to maintenance staff about proper cleaning and disinfection of resident care items and equipment on 6/2/22.</p> <p>The central supply personnel or designee will inspect weekly, residents' chair cushions or equipment, replacing items as needed.</p> <p>During employee new hire orientation, the DSD will remind staff to visually check</p> | | |

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| NAME OF PROVIDER OR SUPPLIER MESA GLEN CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 638 E COLORADO AVENUE GLENORA, CA 91740 | | |
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| F 558 | Continued From page 2 doctor wrote an order for a certain type of cushion, but was unable to find the specific type online. SDA stated the cushion provided to Resident 1 was stored in Maintenance Supervisor's (MS) office. During an interview on 5/24/2022, at 12:19 pm., Infection Preventionist Nurse (IPN) stated the facility should have ordered the cushion according to the physician's order, a clean and new cushion. A review of the facility's Accommodation of Needs policy and procedure, revised January 2020, indicated the facility's environment and staff behaviors are directed toward assisting the resident in maintaining and/or achieving safe independent functioning, dignity, and well-being. The resident's individual needs and preferences will be accommodated to the extent possible, except when the health and safety of the individual or other residents are endangered. | F 558 | resident equipment for cleanliness and functionality. Additional monthly scheduled in-services discussing the same will be provided to staff by the DSD or Administrator or designee. <u>MONITORING EFFECTIVENESS</u> Random floor rounds will be completed by department managers to ensure residents' equipment, such as chair cushions are clean/maintained, with findings reported to central supply or their designee promptly. The Administrator will review any trends findings for discussion at the monthly Quality Assurance (QA) Committee meeting for necessary recommendations and/or policy revisions. | | |
| F 880 SS-D | Infection Prevention & Control CFR(a): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: | F 880 | F-880 – Infection Prevention & Control Needs/Preferences CFR(a): 483.80(a) (1) (2) (4) (e) (f) <u>CORRECTIVE ACTION</u> Resident-1 was reassessed on 2/18/22 and no s/e of infection noted. Resident-1 was provided with a cushion as indicated in the physician order by the clinical staff on 3/4/22. The maintenance supervisor and central supply designee were given 1:1 in-service education on 5/24/22 by the DON and IP Nurse discussing appropriate cleaning, disinfecting and replacement of wheelchair seat cushion/equipment. | 6/6/22 | |

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| F 880 | <p>Continued From page 3</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(a) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> | F 880 | <p>Resident-1 is no longer in the facility, discharged on 4/4/22.</p> <p><u>IDENTIFYING OTHER RESIDENTS AT RISK & CORRECTIVE ACTION</u></p> <p>On 6/2/22, the maintenance supervisor, IP and DSD conducted room visits inspection for residents with order of wheelchair seat cushion and completed environmental room rounds. No other residents were affected by this as evidenced by no other residents' concern and no negative findings were identified.</p> <p><u>SYSTEMIC CHANGES</u></p> <p>The DON and IP Nurse provided in-service/education to Maintenance staff, CNAs and other clinical staff about proper cleaning and disinfection of resident care items and equipment on 6/2/22.</p> <p>Routine daily cleaning of equipment with emphasis on wheelchair and cushion seats by the Certified Nursing Assistants (CNAs).</p> <p>IP Nurse, DSD, QA nurse and maintenance supervisor will conduct randomly spot checks daily for proper cleaning & disinfecting of resident care items focusing on wheelchair seat cushion and report findings to Administrator and/or DON for further resolution.</p> <p>Central supply designee will inspect, replace as needed and disinfect residents' cushion/equipment on a weekly basis.</p> <p><u>MONITORING EFFECTIVENESS</u></p> | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 888884 | (K2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (K3) DATE SURVEY COMPLETED C 05/27/2022 |
| NAME OF PROVIDER OR SUPPLIER MESA GLEN CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 638 E COLORADO AVENUE GLEN DORA, CA 91740 | | |
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| F 880 | Continued From page 4 §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 infection control practices were implemented for one of four sampled residents (Resident 1). Resident 1 had pressure sores (injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin) on the sacrococcyx (pertaining to the sacrum and coccyx, tailbone of the spine) area and the facility provided a cushion to place on his wheelchair seat. The cushion had white cloudy residue on the outside and dark spots on the inside. This failure had the potential to result with Resident 1 to develop an infection in the pressure sore. Findings: A review of the Face Sheet indicated Resident 1 was admitted to the facility on 12/15/2021 with diagnoses that included pressure ulcer of the sacral region stage IV (full thickness skin loss), paraplegia (inability to voluntarily move the lower part of the body, legs), heart disease, colostomy | F 880 | The IP nurse will conduct review of equipment use for each shift at least once per month to ensure infection control and prevention policies are followed emphasis on cleaning and disinfection of resident care items/equipment. The maintenance supervisor will monitor equipment replacement trends. Findings will be reported to the Administrator and or DON for corrective action. | | |

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| NAME OF PROVIDER OR SUPPLIER MESA GLEN CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 639 E COLORADO AVENUE GLENORA, CA 91740 | | |
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| F 880 | <p>Continued From page 5</p> <p>(a surgical operation where a piece of the colon, longest part of the large intestine, is diverted to an artificial opening), and neuromuscular (affects the function of muscles due to problems with the nerves) dysfunction of the bladder.</p> <p>A review of the Minimum Data Set (MDS, standardized assessment and care screening tool), dated 12/22/2021, indicated Resident 1 was independent with cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision making. Resident 1 was able to understand and be understood by others.</p> <p>A review of the Physician's Order, dated 1/31/2022, indicated a special cushion for Resident 1's comfort measure, a Jay 2 active cushion (industry leading adjustable fluid cushion, low maintenance cushion designed for the person at high risk for skin breakdown) size 12.</p> <p>During an observation and concurrent interview on 2/18/2022, at 11:48 am, Resident 1 was sitting on his wheelchair by the side of his bed inside his room. Resident 1 stated the doctor ordered a cushion for him to sit on and the facility brought him a cushion that had mold on it. Resident 1 stated he told the facility it had mold on it and told them to take it back. Resident 1 stated the cushion was never replaced.</p> <p>During an interview and concurrent observation on 2/18/2022, at 12:21 pm, Staff Development Assistant (SDA) stated, the doctor wrote an order for a specific cushion and when he looked online, that type could not be found. SDA stated the cushion provided to Resident 1 was stored in Maintenance Supervisor's (MS) office. SDA was</p> | F 880 | | | |

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| F 880 | <p>Continued From page 6</p> <p>asked to unzip the cushion and pull out the inside foam, SDA stated the foam was stained and not clean.</p> <p>During an observation on 2/18/2022, at 11:50 am, the cushion cover had the following lettering, "Postura Gel Foam cushion," with a dark blue cover and had white cloudy residue on one of the corners. The cushion was unzipped, and the inside foam had dark stains throughout.</p> <p>During a concurrent observation and interview with Treatment Nurse (TXN) on 2/18/2022, at 12:23 pm, TXN stated, "The cushion's foam looked kinda dirty, let's throw it out." TXN stated, Resident 1 had an open wound on his tailbone and buttock area and the physician ordered the cushion to relieve pressure while seating. TXN stated, a dirty cushion placed Resident 1 at risk for developing an infection because he had the open wound on his tailbone.</p> <p>During an interview on 2/18/2022, at 12:33 pm, Maintenance Supervisor (MS) stated, he found the cushion in his office and gave the cushion to SDA to give to Resident 1. MS stated, when wheelchairs are washed, cushions are washed as well. MS stated, the cushions are cleaned with disinfecting wipes and disinfectant spray. MS stated, he never opened the cushion and only cleaned the top and around the cushions.</p> <p>During an interview on 5/24/2022, at 12:19 pm., Infection Preventionist Nurse (IPN) stated, the cushion given to Resident 1 should not have been used because the foam inside had discoloration. IPN stated, moving forward, she will meet with Central Supply Staff (CSS, new designee to disinfect wheelchairs and cushions) to read the</p> | F 880 | | | |

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| F 880 | Continued From page 7 manufacturer instructions and find out what cushions could be reused and disinfected. A review of the <u>Cleaning and Disinfection of Resident-Care Items and Equipment</u> policy and procedure, revised July 2014, indicated that resident care equipment will be cleaned and disinfected according to current Centers for Disease Control and Prevention (CDC) recommendations. | F 880 | | | |