STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555854	A. BUILDING _____ B. WING _____	**05/08/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MESA GLEN CARE CENTER	**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)
F 0656 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and record review, the facility failed to develop a plan of care for one of three sampled residents (Resident 1) who went out on pass and was at risk for fall due to previous fall with injury and [MEDICAL CONDITION] (sudden abnormal electrical activity in the brain that cause involuntary movement and sudden loss of consciousness) and substance abuse. This deficient practice had the potential for the resident's needs, and intervention will not be identified that could negatively impact the resident's quality of life, and quality of care and services. Findings: A review of the admission record indicated Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of the Minimum Data Set (MDS), a resident assessment and care screening tool, dated 11/1[DATE]9 indicated Resident 1 had a functional status requiring limited assistance with transfer and supervision and physical help limited to transfer only with walking and locomotion. On 3/11/20 at 10:41 am, during an observation, Resident 1 was lying in bed in his room. awake and alert, no distress, watching television. In a concurrent interview, Resident 1 stated he fell while out on pass (OOP) alone when he went to the gas station down the street in his wheelchair. The resident stated, he fell while getting up from his wheelchair to pay for his bottle at a coffee shop and stated I slid forward that there was a change in elevation referring to the counter and the bottle rolled over so he reached for it and he just went down. Resident 1 explained, It was an accident. On 3/11/20 at 11:10 a.m., during an interview with the Director of Nursing (DON), stated The IDT (Interdisciplinary Team) did not assess and develop a plan of care for Resident 1's risk for accident and fall while out on pass prior to providing permission to go OOP, which should have been done because of Resident 1's risk and history of fall.
F 0689 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure one of three sampled residents (Resident 1) was free of accident and hazards. Resident 1 who was at risk for fall was permitted to go Out On Pass (OOP-resident able to go outside the facility with the physician's orders [REDACTED]. This deficient practice could lead to A more serious injuries and accidents that could impact the resident's quality of life, and quality of care and services. Findings: A review of the admission record indicated Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of the Minimum Data Set (MDS), a resident assessment and care screening tool, dated 11/1[DATE]9, indicated Resident 1 had a functional status requiring limited assistance with transfer and supervision and physical help limited to transfer only with walking and locomotion. On 3/11/20 at 10:41 am, during an observation, Resident 1 was lying in bed in his room. awake and alert, no distress, watching television. In a concurrent interview, Resident 1 stated he fell while out on pass (OOP) alone when he went to the gas station down the street in his wheelchair. Resident 1 stated, he fell while getting up from his wheelchair to pay for his bottle at a coffee shop and stated, I slid forward that there was a change in elevation referring to the counter and the bottle rolled over so he reached for it and he just went down. Resident 1 explained, It was an accident. On 3/11/20 at 11:10 a.m., during an interview with the Director of Nursing (DON), stated Resident 1 fell while OOP and had no problems before with his OOP privileges. IDT (Interdisciplinary Team) assessment conference and the risk for accident and fall when out on pass was not assessed prior to providing the resident permission to go OOP, which should have been done because of Resident 1's risk and history of fall. Resident 1 sustained bruising as a result of the fall. On 3/13/20 at 9:31 am, during an interview with Director of Rehab (DOR) explained, Resident 1 should not had been allowed to go OOP on his own because it wasn't safe due to his noncompliance with care and treatments. According to the facility's undated, policy and procedure, titled Resident Going Out On Pass, if at any time the nursing staff believe the resident's use of the OOP jeopardizes the Resident's health or safety, the nursing staff will hold the out on pass order until the physician/psychiatrist (if applicable) are notified.

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 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.