

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555854</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MESA GLEN CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>638 E COLORADO AVENUE GLEN DORA, CA 91740</b>	
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 0607  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to obtain a background check record for contracted Certified Nurse Assistant 1 (CNA 1) according to the staffing services agreement and the facility's abuse prevention/prohibition policy. This deficient practice resulted in the violation of resident rights and had the potential of abuse to the residents. Findings: A review of Resident 1's Face Sheet indicated the facility initially admitted Resident 1 on 9/27/17 with [DIAGNOSES REDACTED], interfere with one's daily activities), head injuries and personal history of [MEDICAL CONDITION] ([MEDICAL CONDITION] caused by an outside force, usually a violent blow to the head). A review of Resident 1's History and Physical dated 3/22/19 indicated Resident 1 did not have the capacity to understand and make decisions. A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care-planning tool) dated 10/7/19, indicated Resident 1 had severely impaired cognitive skills (ability to acquire knowledge, make decisions and understand) and dependent on one-person assist for activities of daily living (toilet use, personal hygiene, eating and dressing) and required extensive assistance with two-person assist for bed mobility. During a telephone interview on 3/2/20 at 2:26 p.m. Licensed Vocational Nurse 1 (LVN 1) stated Resident 1 alleged through non-verbal gestures, that CNA 1 slapped the resident across the face on 10/26/19. LVN 1 stated he reported the incident even though Resident 1's answers were inconsistent when interviewed. During an interview and concurrent record review of CNA 1's employee file on 11/5/19 at 12:52 PM, the Director of Staff Development (DSD) verified and stated the facility did not have a copy of CNA 1's background check. The DSD stated moving forward, the facility will obtain for a copy of the background check for contracted staff. During an interview on 11/5/19 at 12:55 PM, the Director of Nursing (DON) stated the facility did not have a copy of CNA 1's background check. A review of the facility's policy and procedure titled Abuse Prevention/Prohibition revised 11/2015 indicated pre-screening also applies to prospective consultants, contractors, volunteers, care-givers and students in nursing aide program and academic institutions. A review of a staffing services agreement effective 12/18/18 indicated the agency shall maintain and provide to client, upon request information including confirmation that a background check was completed.</p>		
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.