

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>06/03/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MESA GLEN CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>638 E COLORADO AVENUE GLENORA, 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 0656  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review and interviews, the facility staff failed to develop a care plan that include the interventions/approaches to prevent 1 of 2 sampled residents (Resident 1) who had severe cognitive impairment from leaving the facility without permission. This deficient practice resulted in the resident left the facility and was found the next day by a facility's staff in front of a store several miles away from the facility which had the potential to cause physical injury while being out of the facility. Findings: On 2/11/19, at 3:00 p.m., a facility reported incident investigation was conducted regarding Resident 1's elopement (leaving the premises without authorization from the facility). A review of the Admission Record, indicated Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The most recent Minimum Data Set (MDS) assessment dated [DATE], documented Resident 1 was severely cognitively impaired with Brief Interview for Mental Status (BIMS) score of 4 (a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS also indicated that the resident required extensive one -person assist for most activities of daily living that included mobility, transfer, walk in the room, dressing, toilet use and personal hygiene. A review of Resident 1's care plan titled, Impaired Cognition, initiated on 12/7/18, identified the resident as having moderate cognitive impairment (MDS indicated severe cognitive impairment). One of the care plan goals listed was, To promote safety and minimize incidents of fall/hazard associated with impaired cognition without injury daily. This care plan did not contain the facility's approaches/intervention to address how to prevent the resident from leaving the facility without permission. On 2/11/19, at 3:15 p.m., an interview was conducted with the administrator regarding Resident 1's elopement. According to the administrator, on 1/30/19, at around 2 p.m., Resident 1 was observed to be missing. The administrator stated that she was informed by the staff and she had all staff searched the entire facility. The administrator stated that the resident was not found within the building. The administrator stated she then called all other staff to come in and assist in searching for the resident near and around the facility. The administrator stated the search continued around the community and neighborhood businesses. The administrator stated that Resident 1's family, police and the department were all notified. The administrator stated on 1/31/19, at 1:20 p.m., the facility's staff found the resident and the resident was returned to the facility with no injuries. During an interview with the Activity Director on 2/11/19, at 3: 15 p.m., she stated that the last time she saw the resident was on 1/30/19, at around 2 p.m., before the afternoon activity started. The Activity Director added that she informed the administrator immediately and the search started. The Activity Director also stated that Resident 1 have not verbalized or showed any behavior of wanting to leave the facility. During an interview with licensed vocational nurse (LVN 1), on 2/11/19, at 3:30 p.m., she stated that Resident 1 was always quiet, does not initiate any conversation and did not show any evidence of wanting to leave the facility. During an interview with certified nurse assistant (CNA) 1 on 2/11/19, at 4 p.m., he stated that he saw Resident 1 in a gas station parking lot on 1/31/19, at around 1:30 p.m. CNA 1 stated that he approached Resident 1 and asked him if he wanted to Go back to his room, CNA 1 stated that Resident 1 agreed and went with him. CNA 1 added that he drove the resident back to the facility without any incident.</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.