Printed: 08/28/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055464	A. Building B. Wing	05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Two Palms Care Center	2637 E. Washinton Blvd Pasadena, CA 91107

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45456 Based on interview and record review the facility failed to ensure that one (1) out of three (3) sampled residents (Resident 1) were free from the use of physical restraints (any manual method, physical or mechanical device, equipment, or material that is attached or adjacent to the resident's body, cannot be removed easily by the resident and restricts the resident's freedom of movement or normal access to his body) that was applied to Resident 1 on 5/25/2024. This deficient practice placed Resident 1 not being free of physical restraints that inhibits the freedom of movement of his bilateral hands that was imposed for the purpose of convenience and that is not required to treat Resident 1's medical symptoms. Findings: A review of Resident 1's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses which included subdural hemorrhage (a serious condition where blood collects between the skull and the surface of the brain), with loss of consciousness, muscle wasting/ atrophy (decrease in size and wasting of muscle tissue) and hypertension (high blood pressure) A review of Resident 1's Nursing Admission assessment dated [DATE], indicated Resident 1 has severely impaired cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision making. The admission assessment indicated Resident 1 required total dependence (helper does all the effort) in bed mobility, transfer, walk in room, dressing, eating, toilet use, personal hygiene, and bathing. A review of Resident 1's Nurse's Progress Notes dated 5/25/2024 at 6:24 PM, indicated, mittens (a type of glove with a single part for all the fingers and a separate part for the thumb) on Resident 1's bilateral hands. Resident 1 unable to demonstrate self- removing mittens. No care plan, physician's order, or consent in place. During an interview with the Director of Nursing (DON) on, 5/29/2024 at 10:21 AM, the DON stated, Resident 1 was a new admit last Friday (5/24/2024) and the resident was confused and trying to pull out his gastrostomy tube (G-tube, is a tube inserted through the belly that brings nutrition directly to the stomach). The DON also stated, on 5/25/2024 (unable to recall time), the Certified Nursing Assistant 1 (CNA 1) went to get mittens in the linen room and applied to Resident 1 hands without physician's orders. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055464	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Two Palms Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2637 E. Washinton Blvd Pasadena, CA 91107	

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the Administrator (ADM) on, 5/29/2024 at 10:24 AM, ADM stated, during her interview with CNA 1, CNA 1 admitted that she (CNA 1) put on the mittens on Resident 1 without physician's orders. During an interview with CNA 1 on, 5/29/2024 at 11:47 AM, CNA 1 stated, I heard Resident 1 yelling. I saw him taking his clothes off and I remember seeing mittens in the back of the storage area and I grabbed them. I just slid the mittens on his both hands. I did not think of anything, and I forgot to tell the charge nurse. During a concurrent record review of the policy Restraints and interview with the DON on 5/29/2024 at 12:11 PM, the policy indicated, physical restraints shall be applied in such a manner that they can be easily removed . The DON stated, The mittens were considered restraint if you cannot easily remove the mittens, and there is no freedom of movement and normal access to one's body. During a concurrent record review of the Physician's order dated from 5/24/2024 to 5/29/2024, and interview with the DON on 5/29/2024 at 12:20 PM, the DON verified there was no physician's order for the mittens in the computer. During an interview with CNA 2 on, 5/29/2024 at 1:28 PM, CNA 2 stated, I took care of Resident 1 Saturday (5/25/2024) morning and I saw him with 2 mittens (both hands). Nobody told me anything about the mittens. Resident 1 was wearing the mittens the whole morning. Resident 1 was screaming the whole time. The mittens were restraints because they need an order from the doctor. During an interview with Registered Nurse Supervisor (RNS) on, 5/29/2024 at 2 PM, RNS stated, RNS just saw Resident 1 had the mittens on both hands on 5/25/2024 and nobody reported to RNS. RNS also stated I asked Resident 1 if he was able to remove it, but he was unable to demonstrate. Nobody endorsed from the previous shift. There were no orders from the hospital or the doctor, and there was no consent (for the use of restraint) from the resident's responsible party. A review of facility's policy and procedure titled, Restraints revised on 11/1/2017, indicated residents shall be provided an environment that is restraint- free, unless a restraint is necessary to treat a medical symptom in which case the least restrictive measures shall be used. The policy and procedure also indicated, unless otherwise specified by the attending physician's order, alternative methods of behavioral control must be attempted and documented in the resident's medical record before a physical restraint is used.