STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Californian Pasadena Healthcare	120 Bellefontaine Street Pasadena, CA 91105

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49881 Based on observation, interview, and record review the facility failed to ensure to administer medication in a safe and timely manner for two of two sampled residents (Resident 1 and 2) by ensuring: 1a. Resident 1 did not receive Tobramycin-Dexamethasone ophthalmic suspension (used to treat bacterial eye infections) 30 days after the open date as indicated in their policy. 1b. Resident 1 received Timolol Maleate (a medication used to treat glaucoma [eye disease that can cause vision loss and blindness by damaging a nerve in the back of the eye]) in accordance with the physician ' s order. 2. To administer Tylenol (a medication used to treat pain) according to pain parameters as ordered by the physician for Resident 2. These failures had the potential to result in worsening of Resident 1's glaucoma, had the potential to negatively impact Resident 1 ' s health and well-being, and ineffective management of pain for Resident 2. Findings: 1a. During a review of Resident 1 ' s Admission Record (Face Sheet) dated 5/20/2024, indicated the facility admitted Resident 1 on 01/17/2019 with diagnoses which include history of falling, difficulty in walking, muscle weakness, hypertension (elevated blood pressure), glaucoma, hyperlipidemia (increased levels of lipids or fat in their blood), and benign prostatic hyperplasia (a noncancerous enlargement of the prostate gland). During a review of Resident 1 ' s Minimum Data Set (MDS- standardized assessment and care screening tool), dated 02/05/2024, the MDS indicated the cognitive (the ability to think and process information) skills for daily decisions making was moderately impaired. The MDS indicated Resident 1 had no impairment on range of motion in the upper and lower extremity. During a review of Resident 1 ' s Medication Administration Record (MAR), date ordered 10/30/2023, indicated an order for Tobramycin-Dexamethasone ophthalmic suspension 0.3 %-0.1% instill two drops in both eyes every six hours as needed for eye redness. (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

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 05/20/2024 at 10:03 AM, Licensed Vocational Nurse (LVN) 1 was observed administering Tobramycin-Dexamethasone ophthalmic suspension 0.3-0.1% two drops in Resident 1 ' s both eyes. During a concurrent interview and record review on 05/20/2024 at 12:37 PM, with LVN 1, Resident 1 ' s Tobramycin-Dexamethasone medication label was reviewed. The medication label indicated it was opened on 4/1/2024. LVN 1 stated that Resident 1 ' s Tobramycin-Dexamethasone ophthalmic suspension was opened on 04/1/2024 and based on the facility ' s policy, the Tobramycin-Dexamethasone expired on 05/01/2024 (30 days after opening). LVN 1 stated Resident 1 ' s Tobramycin-Dexamethasone ophthalmic suspension should have been discarded on the expiration date. LVN 1 stated it was important to check the open and expiration date to ensure the residents do not receive expired medications. During an interview on 05/20/2024 at 3:33 PM, with the quality assurance nurse (QA), the QA stated staff should verify every medication ' s expiration date before administering medication and the staff should remove expired medications from the cart and call the pharmacy. The QA further stated it was important for staff to discard expired medications because expired medications were not as effective and have the potential to cause harm to the resident. During a review of facility ' s pharmaceutical services policies and procedure (P&P) titled Medications Requiring Notation of Date Opened (undated), the P&P indicated to ensure potency (the ability or capacity to achieve or bring about a particular result), maintain efficacy, and avoid cross contaminations (the physical movement or transfer of harmful bacteria from one person, object or place to another), certain medications must be dated when first opened and discarded when the designated expiration time period or the manufacturers expiration date elapses. The P&P indicated all ophthalmic drops and ointments (except unit dose packages and Zilactin (used to relieve pain from minor problems in the mouth) which expires 6 weeks after opening unless refrigerated) expires one month after opening. 1b. During a review of Resident 1 ' s Order Summary Report (a summary of all current physician orders), dated 05/20/2024 indicated Resident 1 ' s physician prescribed Timolol Maleate one drop in both eyes two times a day for glaucoma on10/29/2023. During a concurrent interview and record review on 05/20/2024 at 12:40 PM, with LVN 1, LVN 1 stated she administered Tobramycin-Dexamethasone ophthalmic suspension 0.3-0.1% (medication used to treat eye redness) instead of the ordered Timolol Maleate (a medication for glaucoma). LVN 1 was observed inspecting her medication cart and stated there was no Timolol Maleate in the medication cart. During a concurrent observation and interview on 05/20/2024 at 12:52 PM, with LVN 1, LVN 1 confirmed there was no Timolol Maleate for Resident 1 in the medication refrigerator. LVN 1 stated there was only one medication refrigerator in the facility. LVN 1 stated it was important to follow physician orders and ensure the residents were getting all their scheduled medications. During an interview on 05/20/2024 at 3:33 PM. The QA stated it was important nurses follow the process to ensure that residents were receiving medications as ordered by the physician because it has the potential to negatively affect the resident ' s health. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of facility ' s policies and procedure (P&P) titled Administering Medications dated revised on 04/2019, indicated Medications are administered in a safe and timely manner, and as prescribed. The P&P indicated medications are administered in accordance with prescriber orders, including any requires timeframe and medications are administered within one hour of their prescribed time, unless otherwise specified. 2. During a review of Resident 2 ' s Face Sheet, indicated the facility admitted Resident 2 on 03/11/2019 with diagnoses which include history of falling, unspecified osteoarthritis (a degenerative joint disease, in which the tissues in the joint break down over time, age related osteoporosis (condition that leads to loss of bone mass) and low back pain. During a review of Resident 2 ' s MDS, dated [DATE], the MDS indicated the cognitive (the ability to think and process information) skills for daily decisions making was cognitively intact. The MDS indicated Resident 2 had no impairment with range of motion in the upper extremity and had impairment on one side in the lower extremity. During a review of Resident 2 ' s Order Summary Report (a summary of all current physician orders), dated 5/20/2024 indicated an order of Tylenol (a medication for pain) 325 milligrams ([mg]- a unit of measure for mass) two tablets by mouth every eight hours as needed for moderate pain (pain 4-6) on 01/30/2024. During an observation on 5/20/2024 at 10:03 AM, Licensed Vocational Nurse (LVN) 1 was observed administering Tylenol 325 mg oral two tablets to Resident 2. Resident 2 was observed swallowing the Tylenol with a full glass of water. During a concurrent interview and record review on 05/20/2024 at 10:40 AM, with LVN 1, Resident 2 ' s Order Summary Report dated 5/20/2024 was reviewed. LVN 1 stated that Resident 2 reported pain level of two to three based on the numeric pain scale (pain screening tool used to assess pain severity using a 0-10 scale, zero for no pain and 10 highest level) on 5/20/2024. LVN 1 stated the order for Tylenol 325 mg two tablets for moderate of pain (4-6) was not appropriate for Resident 2 ' s reported pain of two to three. LVN 1 stated it was important to assess the resident ' s pain and follow physician orders. LVN 1 stated that giving a medication indicated for higher levels of pain has the potential for the resident to become dependent on the pain medication. During an interview on 05/20/2024 at 3:33 PM, the QA stated it was important nurses followed physician orders including the pain parameters to reduce the risk of addiction. The QA stated it was important to follow physician orders to determine the efficacy (the ability to produce a desired or intended result) of the medication for the ordered pain parameters. During a review of the facility ' s P&P, titled Administering Mediations, revised on 04/2019, the P&P indicated under policy statement that Medications are administered in a safe and timely manner, and as prescribed. Policy interpretation and implementation indicated that Medications are administered in accordance with prescriber orders, including any required timeframe.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 49881 Based on observation, interview, and record review the facility failed to follow infection prevention procedure during medication administration for one of two sampled residents (Resident 1) by failing to ensure Licensed Vocation Nurse (LVN) 1 washed hands before administering Resident 1's oral medication, washed hands before wearing gloves and administering ophthalmic (pertaining to eye) medications as indicated in the facility policy. This failure had the potential to transmit infectious microorganisms and increase the risk of infection for Resident 1. Findings: During a review of Resident 1 ' s Admission Record (Face Sheet) dated 5/20/2024, the Face Sheet indicated the facility admitted Resident 1 on 01/17/2019 with diagnoses which include history of falling, difficulty in walking, muscle weakness, hypertension (elevated blood pressure), glaucoma (eye disease that can cause vision loss and blindness by damaging a nerve in the back of the eye), hyperlipidemia (increased levels of lipids or fat in their blood), and benign prostatic hyperplasia (a noncancerous enlargement of the prostate gland). During a review of Resident 1 ' s Minimum Data Set (MDS- standardized assessment and care screening tool), dated 02/05/2024, the MDS indicated the cognitive (the ability to think and process information) skills for daily decisions making was moderately impaired. The MDS indicated Resident 1 had no impairment with range of motion in the upper and lower extremity. During an observation on 05/20/2024 at 10:03 AM, Licensed Vocational Nurse (LVN) 1 was observed entering Resident 1 ' s room without performing hand hygiene and administered the following medications to Resident 1. a. Furosemide (also called a water pill, that is commonly used to reduce edema (fluid retention) 40 milligrams (mg- unit measure for mass) oral tablet. b. Potassium Chloride (a supplement that can treat low potassium levels) extended release (ER- formulated so that the drug is released slowly over time) 10 milliequivalent ([meq]- a unit measure for the number of grams of a medication) oral tablet. c. Alfuzosin Hydrochloride (used in men to treat symptoms of an enlarged prostate) ER 10 mg oral tablet. d. Eliquis (medicine used to reduce the risk of stroke and blood clots) 5 mg oral tablet. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 05/20/2024 at 10:08 AM, LVN 1 was observed applying gloves in Resident 1 ' s room without performing hand hygiene and attempted to administer Resident 1 ' s eye drops, Tobramycin-Dexamethasone (used to treat bacterial eye infections) ophthalmic suspension 0.3-0.1% in Resident ' s eyes. Resident 1 requested a mirror and requested to self-administer the eye drops. LVN 1 was observed touching Resident 1 ' s bedside table and bed rail while looking for a mirror and then informed Resident 1 that there was no mirror. LVN 1 repositioned Resident 1 ' s head of the bed to 45 degrees. LVN 1 instructed Resident 1 to open resident ' s eyes, touched Resident 1 ' s face and eyes with both hands without washing hands, changed gloves, then proceeded to apply the eye drops to Resident 1 ' s left and right eyes. During an interview on 05/20/2024 at 12:33 PM, LVN 1 admitted she did not perform hand hygiene before entering Resident 1 ' s room and administering eye drops. LVN 1 stated that hand hygiene should be performed before and after medication administration. LVN 1 stated hand hygiene was important to prevent the spread of infection between residents. During an interview on 05/20/2024 at 3:33 PM, with the quality assurance nurse (QA), the QA stated staff should sanitize their hands before and after medication administration and should wash their hands when administering eye drops. The QA stated handwashing was important to prevent the spread of infection. During a review of facility ' s policies and procedure (P&P) titled Handwashing / Hand Hygiene revised date 08/2019 indicated under policy statement This facility considers hand hygiene the primary means to prevent the spread of infections. Policy interpretation and implementation indicated staff should use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water before preparing and handling medications. Policy procedure indicated performing hand-hygiene before applying non-sterile gloves.