STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055480	A. Building B. Wing	05/19/2026

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 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 interview and record review, the facility failed to develop an individualized/person-centered care plan (CP) with goals and interventions for one (1) out of three (3) sampled residents (Resident 1) after Resident 1 had a change of condition (CoC) for productive cough and increased secretions on 2/28/2026 in accordance with the facility's policy and procedure (P&P). This deficient practice left Resident 1's productive cough and increased secretions not treated and led to the symptoms becoming worse and potentially led to irreversible conditions.Findings:During a review of Resident 1's admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that include but not limited to myalgia (muscle pain) of head and neck and spondylosis (age related breakdown of the spine), cervical spondylosis without myelopathy or radiculopathy is an age-related wear-and-tear condition affecting the neck (cervical spine), oropharyngeal dysphagia is difficulty transferring food from the mouth to the esophagus. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 3/16/2026, the MDS indicated Resident 1 had intact cognitive (ability to think and process information) ability. The MDS indicated Resident 1 required partial assistance (helper does less than half the effort) for toileting hygiene, showering, upper/lower body dressing, putting on/taking off footwear. The MDS indicated Resident 1 required supervision for oral hygiene. The MDS indicated Resident 1 required set up assistance for eating. During a concurrent interview and record review on 5/19/2026 at 4:09 PM with Licensed Vocational Nurse 1(LVN 1), Resident 1's SBAR Form (Situation, Background, Assessment, Recommendation Communication Form that use to inform MDs for a CoC), dated 2/28/2026 and Resident 1's CP dated from 9/9/2025 to 5/16/2026 was reviewed. The SBAR indicated that Resident 1 had a productive cough with excessive secretions. There were no CP for Resident 1's CoC of productive cough with excessive secretions. LVN stated that Resident 1 should have a CP to address his CoC of productive cough and excessive secretions. LVN 1 stated that CPs should be done to assess if interventions are needed and effective and modify plans as necessary to achieve a resident's well-being to reach the care goals for Resident 1. LVN 1 stated that if a resident does not have a CP they are not receive proper care and their condition may worsen. During a concurrent interview and record review on 5/19/2026 at 4:39 PM with the Director of Nursing (DON), the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, dated 3/2022, Resident 1's SBAR Communication Form dated 2/28/2026 and Resident 1's CPs dated 9/9/2025 to 5/16/2026 were reviewed. The SBAR indicated that Resident 1 had a productive cough with excessive secretions. The CPs review indicated that Resident 1 did not have a CP for productive cough with excessive secretions.The P&P indicated:A comprehensive, person-centered CP that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.Reflects currently recognized standards of practice for problem areas and conditions.When possible, interventions address the underlying source(s) of the problem area(s), not just symptoms or triggers.Assessments of residents are ongoing, and care plans are revised as information about the residents and the residents' conditions change.The DON stated that the policy indicates that a (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055480	A. Building B. Wing	05/19/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident must have a CP done if they have a significant change in condition. The DON stated Resident 1 had a CoC of productive cough and excessive secretions on 2/28/2026, Resident 1 should have had a CP done for his CoC to treat and prevent worsening of Resident 1's conditions.