STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055548	A. Building B. Wing	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pasadena Park Healthcare and Wellness Center	2585 E. Washington 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 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** 45456 Based on observation, interview and record review, the facility nursing staff failed to provide pharmaceutical services for two (2) out of 3 (three) sampled residents (Resident 2 and 3) in accordance with their policies and procedure by: 1. Failing to administer Resident 2 ' s routine 9 AM medications (total of 6 medication) as ordered. 2. Failing to administer Resident 3 ' s potassium (a mineral that is found in many foods and is needed for several functions of your body, especially the beating of your heart) and Paxlovid (Nirmatrelvir Ritonavir [medicine for the treatment of mild-to-moderate COVID-19 that is administered as three tablets {two tablets of nirmatrelvir and one tablet of ritonavir} taken together orally twice daily for five days]) as ordered. These deficient practices had the potential to result in a delay of necessary care and treatment and can lead to adverse health outcome for Residents 2 and 3) Findings: 1. A review of Resident 2's Admission Record indicated the resident was admitted to the facility on [DATE] and readmitted [DATE] with diagnoses which included coronavirus 2019 (COVID-19, a highly contagious respiratory disease caused by the SARS-CoV-2 virus [SARS-CoV-2 is thought to spread from person to person through droplets released when an infected person coughs, sneezes, or talks]), encephalopathy (a decrease in blood flow or oxygen to the brain), and end-stage renal disease (ESRD, irreversible decline in a person's own kidney function). A review of Resident 2 ' s History and Physical dated 6/24/2024 indicated Resident 2 has the capacity to understand and make decisions. (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	A review of Resident 2 ' s Minimum Data Set (MDS, standardized assessment and care screening tool), dated 6/12/2024, indicated Resident 2 has moderately impaired cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 2 needed partial/moderate assistance (helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides [NAME] than half the effort) in toileting hygiene, lower and upper body dressing, putting on/taking off footwear, toilet transfer, sit to lying and sit to stand. Resident 2 needed supervision or touching assistance (helper provides verbal cues/ touching/ steady/ contact guard assistance as resident completes activity) with eating, and oral hygiene. During observation in Resident 2 ' s room on 6/26/2024, at 11:38 AM, Resident 2 was observed sleeping on his bed and there were multiple tablets and capsule (unable to count how many) in a medicine cup, a red colored liquid in another medicine cup, and white colored thick liquid were left on top of Resident 2 ' s overbed table. During a concurrent observation in Resident 2 ' s room and interview with Licensed Vocational Nurse 1 (LVN 1) on 6/26/2024, at 11:45 AM, LVN 1 verified the medications on top of Resident 2 ' s overbed table were all the resident ' s medications due to begiven at 9 AM. LVN 1 stated, I left a note to myself. Resident 2 does not want it right now. He asked me to leave his medication on his overbed table, so I left the medications on top of his overbed table, and I will come back because Resident 2 was in a covid room. I do not want to stay too long with him. I will be back for you. Resident 2 has no care plan for self- administration of medication. During a concurrent record review of Resident 2 ' s physician ' s order and interview with the Director of Nursing (DON) on 6/26/2024, at 1:22 PM the DON stated, there was no order to extend a certain medication administration time for Resident 2 ' s 9 AM medications. During a concurrent interview with the DON and record review of facility ' s policy titled Medication Administration on 6/26/2024 at 1:24 PM, the DON stated, the policy indicated medications may be administered 1 hour before and after the scheduled dose. The DON also stated, the licensed nurse has to inform the physician and get an order if the Resident does not want to take the medication at 9 AM to change the administration time. During a concurrent interview with the DON and record review of facility ' s policy titled Medication- Self Administration on 6/26/2024, at 1:25 PM, the policy indicated for residents to self-administer medications ,the resident needs a physician ' s order and approval from Interdisciplinary Team (IDT, a group of professional and direct care staff that have primary responsibility for the development of a plan for the care and treatment of a resident). The DON stated, IDT and care plan is important so we can have intervention for the plan of care and making sure the residents were receiving medications on time and provide education and explain that medications needed to be taken on time. 2. A review of Resident 3's Admission Record indicated the resident was admitted to the facility on [DATE] and readmitted [DATE] with diagnoses which included COVID-19, spinal stenosis (happens when the space inside the backbone is too small), chronic suprapubic catheter (a hollow flexible tube that is used to drain urine from the bladder through a cut in the abdomen) and hypertension (high blood pressure) A review of Resident 3 ' s History and Physical dated 10/10/2023 indicated Resident 2 has the capacity to understand and make decisions. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident 3 ' s MDS, dated [DATE], indicated Resident 3 has intact cognitive skills for daily decision making. The MDS also indicated Resident 3 needed supervision or touching assistance (helper provides verbal cues/touching/steady/contact guard assistance as resident completes activity) with toileting hygiene, upper body dressing, personal hygiene, lying to sitting on the side of bed and chair/bed-to-chair transfer. The MDs also indicated Resident 3 needed partial/moderate assistance shower/bathe self, lower body dressing, toilet transfer, putting on/taking off footwear and tub/shower transfer. A review of Resident 3's Order Summary Report, dated 3/30/2024, indicated the physician ordered Resident 3 to receive the following: Effer -K oral tablet effervescent (potassium bicarbonate [a mineral supplement used to treat or prevent low amounts of potassium in the blood]) give 30 milliliters (ml, a unit of measurement) / milliequivalent (meq, a unit of measurement) by mouth one time a day. Paxlovid (nirmatrelvir ritonavir [medicine for the treatment of mild-to-moderate COVID-19 that is administered as three tablets {two tablets of nirmatrelvir and one tablet of ritonavir} taken together orally twice daily for five days]) (300/100) Oral tablet therapy pack 20 x 150 mg & 10 x 100milligrams (mg, a unit of measurement). Give 1 tablet by mouth two times a day for Covid symptoms for five (5) days. A review of Resident 3 ' s care plan, there was no indication of self- administration of medication per Resident 3 ' s request. During concurrent observation and interview with Resident 3 on 6/26/2024, at 11:51 AM, there was a cup with clear liquid and 2 pink colored pills on top of Resident 2 ' s overbed table that was placed in front of the resident. Resident 2 stated, That is my potassium in the cup and 2 tablets of Paxlovid. The staff left the medication to me. The staff were not supposed to leave the medications, but I have to stretch it sometimes because it tastes nasty. During a concurrent record review of Resident 3 ' s care plan dated 3/10/2019 to 6/26/2024 and interview with the DON on 6/26/2024, at 12:04 PM, there was no care plan for self-medication administration for Resident 3. The DON stated, We have to visually see that resident takes her medication. We have to make sure the residents were compliant and no Change of Condition (COC, a sudden clinically important deviation from a resident's baseline in physical, cognitive, behavioral, or functional domains) During an interview with LVN 1 on 6/26/2024, at 12:20 PM, LVN 1 stated, We are not allowed to leave medications with the residents. we have to see that residents did took their medication. Resident 3 did not take all her medications earlier, but I missed it. I have to make sure Resident 3 took all her medications. During a concurrent interview with the DON and record review of facility ' s policy titled Medication Administration on 6/26/2024, at 1:43 PM, the policy indicated medications must be given to the resident by the Licensed Nurse preparing the medication. The DON stated, the staff did not follow the policy, LVN 1 did not watch the residents take their medications to make sure the residents took it. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility's policy and procedure titled Medication Administration, revised 1/12/2012, indicated medications will be administered directed by a licensed nurse and upon the order of a physician or licensed independent practitioner. Medications may be administered one hour before or after the scheduled medication administration time. Medications must be given to the resident by the Licensed Nurse preparing the medication. A review of the facility's policy and procedure titled Medication - Self Administration, revised 1/12/2012, indicated the facility will allow a Resident to self-administer medications when determined capable to do so by the IDT and the Resident ' s Attending Physician.