

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055617	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Pasadena Grove Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1470 N Fair Oaks Ave Pasadena, CA 91103	

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)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49537</p> <p>Based on interview and record review, the facility failed to implement its own abuse policy and procedure (P&P) by failing to investigate and report allegation of abuse and submit the follow up investigation report in a timely manner for two of two sampled residents (Resident 1 and Resident 2).</p> <p>These deficient practices put the facility's residents at risk for potential abuse by failing to identify and report abuse in timely manner.</p> <p>Findings:</p> <p>A review of Resident 1's Admission record, indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including depression (a constant feeling of sadness and loss of interest, which stops you from doing your normal activities), anxiety disorder (a condition in which a person has excessive worry and feelings of fear, dread and uneasiness), schizoaffective disorder (a chronic mental illness that causes a person to experience dramatic changes in their thoughts, moods, and behaviors), and insomnia (a sleep disorder that can make it hard to fall asleep or stay asleep).</p> <p>A review of Resident 1's History and Physical (H&P), dated 1/25/2024, indicated Resident 1 has the capacity to understand and make decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS, standardized care and screening tool), dated 4/1/2024, indicated Resident 1 had moderate cognitive impairment (processes of thinking and reasoning) skills for daily decision making. The MDS indicated Resident 1 required partial/ moderate assistance (helper does less than half the effort) on eating, oral hygiene, toileting, shower bath, personal hygiene. The MDS also indicated Resident 1 has little interest or pleasure in doing things, has been feeling depressed, has trouble falling or staying asleep, and has been feeling tired or having little energy.</p> <p>A review of Resident 2's Admission record, indicated Resident 2 was admitted on [DATE] with diagnoses including schizophrenia (a mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions), major depressive disorder (mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), anxiety disorder, and insomnia.</p> <p>A review of Resident 2's H&P, dated 2/4/2024, indicated that Resident 2 has no capacity to understand and make decisions. It also indicated that resident also gets easily agitated.</p> <p>(continued on next page)</p>

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 2's Minimum Data Set (MDS, standardized care and screening tool), dated 2/16/2024, indicated Resident 2 had moderate cognitive impairment (processes of thinking and reasoning) skills for daily decision making. The MDS indicated Resident 2 required partial/ moderate assistance (helper does less than half the effort) on eating, oral hygiene, personal hygiene. The MDS also indicated Resident 1 has little interest or pleasure in doing things.</p> <p>During a concurrent interview and record review on 4/30/2024 at 11:25 AM, with Licensed Vocational Nurse (LVN) 1, Resident 1 change of condition (COC) dated 4/22/2024 was reviewed. Resident 1's COC indicated Resident 1 alleged an abuse but did not indicate who was the abuser. LVN 1 stated, on 4/21/2024 she wrote the change in condition for Resident 1. LVN 1 stated that Resident 1 told her that he had his television on, and Resident 2 started banging on the adjoining bathroom door in his side of the room and yelling at Resident 1. LVN 1 stated that Resident 1 started yelling back at Resident 2. LVN 1 stated both residents were offered room change and both refused. Resident 1 refused one-to-one monitoring but stated to have Resident 2 closely monitored as he did not feel safe from Resident 2 as Resident 2 can move around in his wheelchair.</p> <p>During a concurrent interview and record review on 5/1/2024 at 4:04 PM with the administrator (ADM) and Director of Nursing (DON), P&P titled Abuse Prevention and Prohibition Program, revised on 11/1/2017 was reviewed. ADM and DON stated abuse allegation happened on 4/21/2024, was investigated on 4/22/2024. ADM and DON both stated that incident was investigated but did not report it to California Department of Public Health (CDPH) and did not file the follow up investigation report. ADM and DON both stated there was a communication loss between them, admitted that the abuse allegation was not reported and the follow up investigation report was not submitted to the CDPH. ADM and DON was not able to provide copies of their investigation notes for surveyors.</p> <p>A review of facility's P&P titled, Abuse Prevention and Prohibition Program, revised on 11/1/2017, indicated The Investigator provides a copy of the completed investigation report to the Administrator within five (5) working days of the initial report of abuse, mistreatment, neglect, or unexplained injury. The P&P also indicated the Administrator will provide a written report of the results of all abuse investigations and consequent actions to the appropriate agencies.</p>		