

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 05/31/2024
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44636</p> <p>Based on interview and record review, the facility failed to ensure one of seven sampled facility staff (Certified Nursing Assistant 1 - CNA 1) had the competency necessary to care and ensure resident safety as identified through resident assessments, plan of care, and facility policy.</p> <p>This deficient practice had the potential in resident falls.</p> <p>Findings:</p> <p>A review of the Resident 1's Admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted to the facility on [DATE], with diagnoses of dementia (progressive brain disorder that slowly destroys memory and thinking skills), repeated falls, superficial injury of other part of head, difficulty walking, and presence of bilateral (both) artificial hip joint.</p> <p>A review of Resident 1's Fall Risk Assessment, dated 5/14/2024, indicated Resident 1 was a moderate risk for falls.</p> <p>A review of Resident 1's Care Plan, initiated 5/20/2024, indicated Resident 1 was at high risk for falls related to history of falls. Staff interventions were to encourage, remind, and assist resident with using the bathroom at more frequent intervals; ensure resident was wearing appropriate-fitting clothing and footwear when ambulating or mobilizing in wheelchair; and frequent visual observation at least every 15 minutes and as needed to assure safety, provide close observation to resident.</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 5/23/2024, indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort) for sit to stand, chair/bed to chair transfer, toilet transfer, and walking 10 feet. The MDS indicated Resident 1 had a behavior of wandering which occurred daily. The MDS also indicated Resident 1 had a fall with a major injury since admission/entry or reentry.</p> <p>During an interview on 5/30/2024 at 1:47 PM with CNA 1, CNA 1 stated she was assigned yesterday (5/29/2024) and today (5/30/2024) to be a sitter for Resident 1. CNA 1 stated she needed to monitor Resident 1. CNA 1 stated she did not know the reason why Resident 1 required a sitter. CNA 1 stated she was unaware if Resident 1 had fallen. CNA 1 stated she was only aware of two residents who were at risk for falls in the facility (who resided in a different room). CNA 1 stated she did not know what to do for residents who were at risk for falls.</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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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/30/2024 at 4:35 PM with Registered Nurse (RN), RN stated the CNAs should know why Resident 1 needed to be monitored. RN stated the CNA assigned to Resident 1 should know the resident's history to be able to monitor and assist Resident 1. RN stated the CNA should also be aware of the interventions and know the type of assistance needed since Resident 1 had a fracture.</p> <p>During an interview on 5/31/2024 at 1:03 PM with the Director of Nursing (DON), the DON stated staff should know about the Falling Star Program (fall prevention program). The DON stated staff should be able to identify residents at moderate risk for fall with one star on the door, high risk fall with two stars on the door, and who wore a yellow wrist band. The DON stated the CNA assigned to Resident 1 should closely observe and monitor the resident every 15 minutes. The DON stated the CNA was expected to attend to Resident 1's need and prevent Resident 1 from further falls. The DON stated CNAs should know the resident's behavior, diagnosis, and medical history to provide better care, anticipate their needs, and prevent falls. The DON stated it was important for the CNA to know if the resident had a history of a fall, to properly care for and provide safety to the resident. The DON stated the expectation from staff after they received an in-service was to be able to apply the knowledge to their daily workflow. The DON stated it was anticipated that the CNA should be able to recognize residents who were at high risk for falls to prioritize, monitor, and prevent any/further injury from a fall.</p> <p>A review of the Fall Prevention Inservice, dated, 3/18/2024, indicated CNA 1 attended the in-service. The performance standards for staff were to be able to:</p> <ul style="list-style-type: none"> - Know and gain additional knowledge on what to do and prevent falls when caring for residents with high risk for fall. - Know the importance and purpose of implementing fall star program with residents with high risk for fall. - Know the fall prevention policy. <p>A review of the Falling Star Program Inservice, dated 5/15/2024, indicated CNA 1 attended the in-service. The performance standards for staff were to be able to:</p> <ul style="list-style-type: none"> - Know and gain additional knowledge on how to identify residents in high, moderate, and low risk for fall. - Know the interventions to prevent falls. - Know how often fall star program was updated. - Know the falling star program policy. <p>A review of the Falling Star Program, undated, indicated identify resident who will be in the failing star program with one star for moderate risk and two stars for high risk fall risk assessment. Supervision Protocol are as indicated below:</p> <ul style="list-style-type: none"> - High fall risk residents: visual observation or monitoring at least one hour and as needed supervision. <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Moderate fall risk residents: visual observation or monitoring at least two hours and as needed supervision.</p> <p>- Close observation residents (residents with behavior of attempting to get out of bed without assistance, rolling, sliding from bed): visual observation or monitoring at least fifteen minutes and as needed supervision.</p> <p>A review of the facility's Certified Nursing Assistant Job Description, undated, indicated a nursing assistant was responsible for providing routine nursing care in accordance with established policies and procedures.</p> <p>A review of the facility's policy and procedure titled, Fall Management Program, revised 11/1/2017, indicated to prevent resident falls through meaningful assessments, interventions, education, and reevaluation.</p>