

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 07/12/2024
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42223</p> <p>Based on observation, interview, and record review the facility failed to provide pain management (the process of alleviating pain) for one of two sampled residents (Resident 2) by not implementing the facility policy and procedure on pain management.</p> <p>This deficient practice had the potential to result in Resident 2 to experience unrelieved pain.</p> <p>Findings:</p> <p>A review of Resident 2 ' s Admission Record indicated resident was admitted on [DATE] with the following diagnoses of repeated falls and anxiety (a feeling of fear, dread, and uneasiness).</p> <p>A review of Resident 2 ' s History and Physical (H&P) indicated resident does not have the capacity to understand and make decisions.</p> <p>A review of Resident 2 ' s Minimum Data Set (MDS; a standardized care screening and assessment tool), dated 5/15/2024, indicated resident is moderately impaired in cognitive (the functions your brain uses to think, pay attention, process information, and remember things) skills for daily decision making. MDS indicated resident required partial/moderate assistance (helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) with eating, oral hygiene, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene. Resident also required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) with toileting hygiene and shower/bathe self. The MDS indicated under Pain, Resident 2 experienced occasional pain that was moderate.</p> <p>A review of Resident 2 ' active Physician Orders as of 7/12/24, indicated an order Acetaminophen (a non-opioid analgesic and antipyretic agent utilized for treating pain and fever) tablet 325 milligrams (mg; a unit of measurement) give two (2) tablets by mouth (PO) every 6 hours as needed (PRN) for mild pain (1-3 on a scale of 1 to 10. [1-3 mild pain, 4-6 moderate pain, 7-10 severe pain]).</p> <p>A review of Resident 2 ' active Physician Orders as of 7/12/24, indicated an order for Tramadol hydrochloride (tramadol HCL: pain relief medication, specifically indicated for moderate-to-severe pain) oral tablet 50 mg The order indicated to give one (1) tablet PO) for moderate to severe pain 4-6 pain.</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
---	-------	-----------

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 07/12/2024
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 0697</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 Medication Administration Record (MAR) for 7/1/24 to 7/31/24 indicated to monitor pain level every shift. The MAR indicated the following:</p> <ol style="list-style-type: none"> On 7/1/24 and 7/2/24 during the day shift (3PM-11PM), the MAR indicated Resident 2 ' s pain levels were 7. On 7/9/24, during the day shift, the MAR indicated Resident 2 ' s pain level was 7. On 7/9/24, during the night shift (11PM-7AM), the MAR indicated Resident 2 ' s pain level was 7. On 7/10/24 during the morning shift (7AM-3PM), the MAR indicated Resident 2 ' s pain level was 7. <p>A review of Resident 2 ' s MAR for 7/1/24 to 7/31/24 did not indicate any administration of Acetaminophen tablet 325 mg administered to Resident 2 on 7/1/24, 7/9/24 or 7/10/24.</p> <p>A review of Resident 2 ' s MAR for 7/1/24 to 7/31/24 did not indicate any administration of tramadol HCl 50mg on 7/1/24, 7/9/24, and 7/10/24.</p> <p>During an observation on 7/12/2024 at 1:28 PM, Resident 2 ' s call light was observed on.</p> <p>During an observation on 7/12/2024 at 1:47 PM, Resident 2 ' s call light was answered by Marketing Director (MKD).</p> <p>During a concurrent observation and interview in Resident 2 ' s room at 7/12/2024 at 1:50 PM, Resident was observed sitting on the side of the bed and stated he was upset. Resident 2 stated that he was upset since the licened nurse had not come after Resident 2 pressed the call light. Resident 2 stated needing his pain medication.</p> <p>During an interview on 7/12/2024 at 1:56 PM, Director of Nursing (DON) stated it was not facility ' s practice that Resident 2 ' s call light was not answered in a prompt (within 5 minutes) manner. The DON also stated the resident could have had an emergency and stated the call light should be answered within 5 minutes.</p> <p>During a follow up interview with the DON on 7/12/24 at 2:58PM, the DON stated Resident 2 should have received his pain medication timely, and if Resident 2 ' s pain medication was already administered, reassessment should be done to evaluate if a stronger pain medication was needed. The DON stated Resident 2 should have been given the prescribed tramadol (pain relief medication, specifically indicated for moderate-to-severe pain) for the breakthrough pain (a sudden increase in pain). The DON stated if pain was not addressed, pain could affect the resident.</p> <p>During an interview on 7/12/2024 at 2:58 PM, the DON stated Resident 2 should have received his pain medication when using the call light.</p> <p>A review of the facility ' s Policy and Procedure (P&P) titled Call System Communication, revised 11/1/2017, indicated nursing staff will answer call bells promptly, in a courteous manner.</p> <p>(continued on next page)</p>		

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 07/12/2024
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility ' s P&P titled Resident Rights, revised 5/1/2023, indicated the facility must treat each resident with respect and dignity and care in a manner that promotes maintenance or enhancement of the resident ' s quality of life, recognizing each resident individually.</p> <p>A review of the facility ' s P&P titled Pain Management, revised 11/1/2017, indicated nursing staff will implement timely interventions to reduce the increase in severity of pain. Policy also indicated to ensure accurate assessment and management of the resident ' s pain.</p>		