

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  09/03/2025
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)
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.  (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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure medications were administered to meet the needs of each resident and in accordance with professional standards of practice for one of two sampled residents (Resident 1) and 3 of 4 medications (anticonvulsant, antipsychotic, and insulin). Resident 1 had three consecutive episodes of noncompliance behavior (refused medications, on 8/2, 8/3, 8/4/2025 [anticonvulsant], on 8/9, 8/10, 8/11/2025 [antipsychotic], and on 8/2, 8/3, 8/4/2025 [insulin]) for three different medications and the doctor was not notified, per the care plan interventions. In addition, Resident 1's blood glucose was not obtained prior to administration of insulin, in accordance with the policy and procedure titled, Medication - Administration, revised 11/1/2017. These deficient practices caused an increased risk in unsafe and inappropriate care of Resident 1, medication errors, and adverse outcomes to the resident. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including depression (severe feelings on sadness and hopelessness), schizoaffective disorder bipolar type (a mental illness that causes loss of contact with reality which features episodes of mania which can include feelings of euphoria, racing thoughts, and increased risky behavior as well as major depressive episodes), psychosis (a mental disorder characterized by a disconnection from reality), anxiety disorder, insomnia, and type 2 diabetes mellitus (a disease that occurs when there is a problem in the way the body regulates and uses sugar as fuel). During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 7/16/2025, the MDS indicated the resident had moderately impaired cognitive skills for daily decision making (problems with thinking, memory and judgement). The MDS indicated Resident 1 had verbal behavioral symptoms directed towards others which occurred one to three days and other behavioral symptoms not directed toward others which occurred daily. The MDS also indicated Resident 1 was taking high-risk drugs such as antipsychotic (drugs that work by altering brain chemistry to help reduce psychotic symptoms like hallucinations [an experience which a person sees, hears, feels, or smells something that does not exist], delusions [believed to be true or real but is actually false or unreal], and disordered thinking), antianxiety (drugs used to prevent or treat anxiety symptoms or disorders), antidepressant (drugs used to relieve symptoms of depressive disorders), hypoglycemic (low blood sugar) including insulin and anticonvulsant (drug used to prevent or reduce the severity of seizures or other convulsions). During a review of the Physician's Order Summary Report, the report indicated Resident 1 was ordered to receive: -On 7/10/2025, Insulin Glargine Solostar (a long-acting insulin [a hormone that plays a crucial role in regulating blood glucose levels] used to control hyperglycemia [high blood sugar]) Subcutaneous (applied under the skin) Solution Pen-Injector 100 unit/milliliter (ml, unit of volume), inject 17 unit subcutaneously two times a day for type 2 diabetes mellitus hold if blood sugar is less than 150. -On 7/10/2025, Trazodone HCl Oral Tablet (medication primarily used to treat major depressive disorder [a mental health disorder characterized by persistently low mood or loss of interest in activities, causing significant impairment in daily life], anxiety disorders [persistent and excessive worry that interferes with daily activities], and insomnia [sleep disorder characterized by difficulty falling asleep, staying asleep, or both]), give one tablet by mouth at bedtime for depression manifested by inability to sleep at night. -On 7/18/2025, Divalproex Sodium (an anticonvulsant medication used to treat certain types of seizures and the manic phase of bipolar disorder) Oral Tablet Delayed Release 500 milligrams (mg, unit of measurement), give one tablet by mouth every 12 hours for mood disorder manifested by mood swings as evidenced by irritable mood. -On 7/18/2025, Olanzapine Oral Tablet 10 mg (medication used in the treatment of schizophrenia), give one tablet by mouth two times a day for schizophrenia manifested by paranoid delusion (fixed, false beliefs that a resident insists are true) as evidenced by saying people were poisoning Resident 1. During a review of Resident 1's care plan, dated 7/10/2025, the care plan indicated Resident 1 was at risk for clinical or social decline due to history of noncompliance or refusal of medication. The care plan interventions indicated to monitor episodes of noncompliance and notify doctor for three episodes of noncompliance behavior consecutively, encourage family of the risks and consequences of being noncompliant with the plan of care, and discuss with the IDT the resident's behavior of being noncompliant for any further recommendations. During a review of Resident 1's care plan, dated 8/8/2025, the care plan indicated Resident 1 was noncompliant with medications and diet. The care plan interventions indicated to administer medications as ordered, monitor/document for side effects and effectiveness, explain the importance of the</p>		