STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055617	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pasadena Grove Health Center	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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to meet professional standards of quality for one of two sample residents (Resident 1) by failing to follow up with the physician when the physician discontinued Atorvastatin (Lipitor, a statin [a class of drugs] medication used to lower cholesterol and reduce the risk of heart disease, heart attack and stroke) due to a possible cross allergic risk (the potential for an allergic reaction to occur when the immune system recognizes proteins in one substance as similar to proteins in another). This deficient practice had the potential to result in Resident 1 having unintended problems related to cholesterol management which could lead to further cardiovascular complications. Findings: During a record review of Resident 1's admission Record, the admission record indicated Resident 1 was admitted to the facility on [DATE], with the diagnoses including but not limited to limited transient cerebral ischemic attack (a blockage of blood flow to the brain), hypertensive heart disease (long-term high blood pressure which causes structural and functional damage to the heart) with heart failure (a lifelong condition in which the heart muscle can't pump enough blood to meet the body's needs for blood and oxygen), and combined systolic (congestive - unable to pump blood efficiently) (a condition where the left ventricle of the heart is weakened and cannot contract effectively) and diastolic (congestive) (a type of congestive heart failure affecting the heart's ability to fill with blood leading to fluid buildup in the body) heart failure. During a record review of Resident 1's History and Physical (H&P, the initial clinical evaluation and examination of the resident), dated 4/4/2026, the H&P indicated Resident 1's diagnosis is hyperlipidemia (a common condition characterized by high levels of lipids [fats], such as cholesterol [a waxy substance in the blood, often caused by poor diet, lack of exercise, and genetics, which can cause severe heart disease] and triglycerides [the most common type of fat in the body, storing unused calories to provide energy], in the blood, often leading to atherosclerosis a, slow, progressive disease characterized by the buildup of plaque, fat, cholesterol, and other substances within artery walls, causing them to narrow and harden). During a record review of Resident 1's Minimum Data Set (MDS, a resident assessment and tool), dated 4/7/2026, the MDS indicated the resident's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making was moderately impaired. The MDS indicated Resident 1 was dependent (helper does all of the effort, resident does none of the effort to complete the activity) for toileting hygiene, shower/bathe self, and lying to sitting on side of bed. During a record review of Resident 1's facility Order Summary Report dated 4/3/2026, the order indicated Atorvastatin (commonly known as Lipitor is a prescription statin medication that lowers bad cholesterol [LDL- low-density lipoprotein] and triglycerides while raising good cholesterol [HDL- High-density lipoprotein] to prevent cardiovascular disease, including heart attacks and strokes.) Oral Tablet 20 mg - Give one tablet by mouth at bedtime for hyperlipidemia. During a record review of Resident 1's Drug Regimen Review (DRR, a review of all medications the resident is currently using in order to identify any potential adverse effects and reactions including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy), dated 4/4/2026, the Drug Regimen Review indicated Resident 1 was allergy to Simvastatin (a statin medication used to help lower cholesterol levels in the blood) (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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and a question if resident was able to tolerate Atorvastatin. On 4/6/2026, DRR indicated the physician discontinued the Atorvastatin. During a concurrent interview and record review on 4/22/2026 at 4:19 pm with the Director of Nursing (DON) of Resident 1's DRR, the DON stated the DRR did not indicate stop taking the Atorvastatin. The DON stated the DRR was questioning if Resident 1 was able to tolerate Atorvastatin since Resident 1 was allergic to Simvastatin. The DON stated the Atorvastatin was for Resident 1's high cholesterol levels. The DON stated for the Atorvastatin medication was usually not abruptly stopped. The DON stated stopping Atorvastatin could result in high cholesterol levels which could lead to heart disease or liver problems. During a concurrent interview and record review on 4/22/2026 at 4:36 pm with the Registered Nurse (RN) Supervisor of Resident 1's Progress Notes, RN Supervisor stated Atorvastatin was discontinued on 4/6/2026. After stopping cholesterol medications staff should contact the physician for laboratory orders to determine the resident's baseline levels and ask if new order is needed to replace discontinued order. RN Supervisor stated she should have contacted the physician to ask if the physician wanted to order labs and place new order for Resident 1. RN Supervisor stated there was no follow up after Atorvastatin was discontinued on 4/6/2026. RN Supervisor stated the follow up for discontinuing Atorvastatin had gone through the cracks. During a follow up interview on 4/23/2026 at 11:57 am with RN Supervisor, RN Supervisor stated she contacted the physician yesterday (4/22/2026) and the physician ordered labs and asked RN Supervisor to contact the pharmacist for a recommendation for discontinued Atorvastatin. During an interview on 4/23/2026 at 1:38 pm with the Medical Doctor (MD), MD stated the plan was to start Pravastatin (a prescription statin medication used to lower high cholesterol and triglycerides, reducing the risk of heart attacks, stroke, and heart disease) if Atorvastatin was not a real allergy. MD stated Resident 1's plan was not to discontinue taking cholesterol medication. MD stated he wanted to look at Resident 1's laboratory results and Resident 1 still needed to take a statin with caution. During an interview on 4/23/2026 at 4:10 pm with the Consultant Pharmacist (CP), CP stated the majority of physicians would follow up with the labs and check for alternatives to use another class of medication that control the same symptoms. CP stated there was no reason to stop giving the statin and not start another class of medication because of a cross allergy. CP stated the physician can start a new medication as soon as the resident needs it and labs could be started right away. CP stated if the resident already had the condition and if they needed the medication, then the medication should not wait to be changed right away. CP stated when there was a cross allergy, the license nurses should not wait to contact the physician to switch the medication. CP stated the medication should not just be discontinued because of a possible cross allergy and the licensed nurse should have asked the physician what the plan was after Atorvastatin was discontinued. During a record review of the facility's Policy and Procedure (P&P) titled, Medication Ordering and Receiving Medications from the Dispensing Pharmacy, dated 1/2022, the P&P indicated a licensed nurse should verify medications received and directions for use with the medication order form and/or physician's orders. Promptly reports discrepancies and omissions to the issuing pharmacy and the charge nurse/supervisor. During a record review of the facility's P&P titled, Compliance with Laws and Professional Standards, revised 11/1/2017, the P&P indicated facility staff will provide services in compliance with federal, state, and local laws, regulations, codes and professional standards. Facility staff perform their duties in accordance with the policies and procedures adopted by the Facility.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** Based on observation, interview, and record review, the facility failed to administer a medication as indicated on the physician's order for one of two sampled residents (Resident 1) by failing to administer Symbicort Inhalation Aerosol 160-4.5 microgram/actuation (mcg/act, indicates the amount of medication delivered in a single puff from an inhaler) to Resident 1 from 4/4/2026 to 4/23/2026 (did not admit medication for 20 days and total 39 doses missed). This deficient practice had the potential to worsen breathing and increase risk of respiratory exacerbations (a sudden worsening of chronic symptoms, most commonly associated with chronic obstructive pulmonary disease [COPD a progressive, incurable lung disease that causes obstructed airflow, making it difficult to breathe] or asthma, characterized by increased breathlessness, cough, and mucus production) and lead to possible irreversible outcome for Resident 1. Findings: During a record review of Resident 1's admission Record, the admission record indicated Resident 1 was admitted to the facility on [DATE], with the diagnoses including but not limited to COPD, pulmonary fibrosis (a lung disease where the tissue around the air sacs in the lungs becomes damaged), and obstructive sleep apnea (sleep disordered caused by repeated interruptions in breathing during sleep). During a record review of Resident 1's Order Summary Report, dated 4/3/2026, the order indicated Symbicort Inhalation Aerosol 160-4.5 mcg/act - Two puff inhale orally two times a day for COPD. During a record review of Resident 1's Respiratory Treatment Record (RTR, a medical record used by healthcare providers to document the administration of a medication or treatment) for the month of April 2026, the RTR indicated from 4/4/2026 to 4/23/2026 Symbicort was not administered and other/see progress notes twice a day. During a record review of Resident 1's Progress Notes for the month of April 2026 for dates 4/4/2026 to 4/23/2026 the progress note indicated medication was not available. During a record review of Resident 1's Care Plan, dated 4/6/2026, the Care Plan indicated Resident 1 was at risk for altered respiratory status/difficulty breathing related to obstructive sleep apnea, COPD, and pulmonary fibrosis. The care plan interventions for staff were to administer medication/puffers as ordered and monitor for effectiveness and side effects. During a record review of Resident 1's Minimum Data Set (MDS, a resident assessment and tool), dated 4/7/2026, the MDS indicated the resident's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making was moderately impaired. The MDS indicated Resident 1 was dependent (helper does all of the effort, resident does none of the effort to complete the activity) for toileting hygiene, shower/bathe self, and lying to sitting on side of bed. The MDS also indicated Resident 1 received oxygen therapy. During a concurrent interview and record review on 4/23/2026 at 2:07 pm with the Director of Nursing (DON) of Resident 1's RTR, the DON stated Symbicort was ordered to be administered twice a day. The DON stated Symbicort was to help with respiratory conditions. The DON stated if the Symbicort was not given to Resident 1, Resident 1's COPD could worsen and lead to a decrease in Resident 1's oxygen saturation (amount of oxygen in the blood or how well a resident is breathing). The DON stated Resident 1's Symbicort had not been administered from 4/4/2023 to 4/23/2026. The DON stated Respiratory Therapist (RT) stated the Symbicort was not covered by Resident 1's insurance. The DON stated RT did not communicate with RN, pharmacy, nor MD to seek alternative medication that was covered by insurance During an interview on 4/23/2026 at 2:22 pm with RT, RT stated the Symbicort was ordered on 4/4/2026 but was not received from pharmacy. On 4/10/2026, the pharmacy was notified and the pharmacy stated the medication was not covered by Resident 1's insurance. RT stated as of today (4/23/2026), Resident 1 still had not received the Symbicort. RT stated the only inhaler scheduled for Resident 1 was Symbicort. During an interview on 4/23/2026 at 2:35 pm with RN Supervisor, RN Supervisor stated upon admission to the facility if the Symbicort is not covered by insurance, staff should follow up with pharmacy right away. RN (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Supervisor stated RT staff should follow up by contacting the pharmacy or notifying the RN supervisor. RN Supervisor stated Symbicort was used for exacerbation and prevention of breathing problems. RN Supervisor stated the Symbicort was Resident 1's maintenance medication to prevent exacerbation of respiratory symptoms which could lead to hospitalization if not taken. During a record review of the facility's undated P&P titled, Respiratory Therapist Job Description, undated, the P&P indicated Respiratory Therapist job duties include determining respiratory therapy treatment plan in consultation with physicians and by prescription, administers respiratory therapy treatments, and keep the RN Supervisor informed about the status of residents, staff and related matters. During a record review of the facility's Policy and Procedure (P&P) titled, Medication - Administration, revised 11/1/2017, the P&P indicated the medication will be administered by a Licensed Nurse per the order of an Attending Physician. During a record review of the facility's P&P titled, Medication Ordering and Receiving from Pharmacy, dated 01/2022, the P&P indicated, medications and related products are received from the dispensing pharmacy on a timely basis. The facility maintains accurate records of medication order and receipt. A licensed nurse should verify medications received and directions for use with the medication order form and/or physician's orders. Promptly reports discrepancies and omissions to the issuing pharmacy and the charge nurse/supervisor. Assures medications are incorporated into the resident's specific allocation prior to the next medication pass.