

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055862	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/30/2024
NAME OF PROVIDER OR SUPPLIER  Golden Rose Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1899 N Raymond 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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42223</b></p> <p>Based on observation, interview and record review, the facility failed to develop an individualized resident-centered care plan (a care plan that prioritizes the unique health needs and desired outcomes of the resident) with measurable objectives, timeframe, and interventions to meet the Resident 1's risk of elopment (the act of leaving a facility unsupervised and without prior authorization).</p> <p>This deficient practice has put Resident 1 at risk of elop from safe enviroment without supervision and care and may result in injury.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record indicated resident was admitted to the facility on [DATE] with the following diagnoses of seizures (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness), diabetes (a disorder characterized by difficulty in blood sugar control and poor wound healing) and muscle wasting.</p> <p>During a review of Resident 1 ' s History and Physical (H&amp;P), dated 9/11/2024, indicated the resident has fluctuated capacity to understand and making decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a resident assessment tool), dated 12/18/2024, indicated resident is independent in cognitive (the ability to understand and make decisions) skills for daily decision making.</p> <p>During a record review of Resident 1 ' s IDT meeting, dated 12/16/2024, indicated Resident 1 expresses that he wants to be discharge to home.</p> <p>During a record review of Resident 1 ' s progress notes, dated 12/26/2024 at 5:33 AM, indicated Resident 1 stated he did not need to be in the facility. Progress notes also indicated resident ambulated out of the facility.</p> <p>During an interview on 12/30/2024 at 2:02 PM, Director of Rehab (DOR) stated Resident 1 can walk on his own.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/30/2024 at 2:15 PM, Director of Nursing (DON) stated in the 12/16/2024 IDT meeting she stated that Resident 1 was at risk for elopement. DON also stated Resident 1 do not but should have a care plan for the risk of elopement.</p> <p>During a review of the facility ' s Policy and Procedure (P&amp;P) titled, Wandering and Elopement, revised 6/1/2017, indicated the facility will identify residents at risk for elopement and minimize any possible injury as a result of elopement. P&amp;P also indicated the resident ' s risk for elopement and preventive interventions will be documented in the resident ' s medical record.</p> <p>During a review of the facility ' s P&amp;P titled, Care Planning, revised 10/24/2022, indicated to ensure that a comprehensive person-centered care plan is developed for each resident based on their individual assessed needs. P&amp;P also indicated services that are to be furnished to attain or maintain the resident ' s highest practicable physical, mental, and psychosocial well-being.</p>		