

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 05/02/2025
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48152</p> <p>Based on observation, interview and record review, the facility failed to provide functioning communication system for one of four sampled residents (Resident 1), by failing to ensure the resident's call light (a string that allows patients in healthcare settings to remotely call for help from a nurse or other medical staff) was working properly.</p> <p>This deficient practice resulted in delayed incontinence care for Resident 1 on 5/2/2025, with the potential to negatively impact the psychosocial well-being.</p> <p>FINDINGS:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included respiratory failure (condition in which not enough oxygen passes from the lungs into the blood), encounter for attention to tracheostomy (a surgically created hole through the front of the neck and into the windpipe) and muscle wasting (deterioration of muscle) and atrophy (decrease in size of muscle).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 4/15/2025, the MDS indicated Resident 1 with moderately impaired cognitive skills (ability to understand and make decisions). The MDS indicated Resident 1 as dependent (helper does all effort needed to complete activity) with oral, personal and toileting hygiene, bathing and dressing.</p> <p>During a concurrent observation and interview on 5/2/2025 from 10:02 AM - 10:10 AM, with Resident 1 at Resident 1's bedside, Resident 1 was observed pushing her call light button to call staff for assistance, and no staff answered the call light to assist Resident 1. Resident 1 stated she needed assistance with incontinence care, to be cleaned and changed. Resident 1 also stated she needed assistance because her perineal area was burning.</p> <p>During a concurrent observation and interview on 5/2/2025 at 10:11 AM with Licensed Vocational Nurse 1 (LVN 1), at Resident 1's bedside, the call light cord was observed partially disconnected from the wall. LVN 1 stated Resident 1's call light was not completely connected to the wall, causing it not to work. LVN 1 also stated since Resident's 1 call light was not working, it would not activate, allowing staff to know Resident 1 is calling and needed assistance.</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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/2/2025 at 2:27 PM with the Director of Staff Development (DSD), the DSD stated call lights are important so the needs of the residents can be addressed immediately or in a timely manner. DSD also stated if the call light is not working, it is possible for the residents' needs to not be met because the resident cannot call staff to verbalize their needs.</p> <p>During an interview on 5/2/2025 at 2:51 PM with LVN 1, LVN 1 stated the facility policy is to ensure the call lights are plugged in, working, and within reach of the residents. LVN 1 also stated it is important to make sure the call lights are working because some residents are unable to communicate by voice and the call light is the only way to communicate with staff, and without a working or accessible call light, the residents would not be able to get needed help from staff.</p> <p>During an interview on 5/2/2024 at 4:49 PM with the Director of Nursing (DON), the DON stated the residents' call light must be within reach for the residents and working properly to ensure they receive assistance when needed. The DON also stated residents may not get the help or assistance they need if the call light does not work.</p> <p>During a review of the facility's Policy & Procedure (P&P) titled, Communication - Call System, revised 10/22/2022, the P&P indicated the facility will provide a call system to enable residents to alert the nursing staff from their beds with the purpose of providing residents a mechanism to promptly communicate with nursing staff.</p>