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| 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 05/16/2025 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48152</p> <p>Based on interview and record review, the facility failed to implement its facility's advance directive (AD, a legal document indicating resident preference on end-of-life treatment decisions) policy for one of two sampled residents (Resident 1) by failing to honor resident's decision to not prolong his life in accordance with the resident's AD and failing to follow the Physician's do not resuscitate (DNR- a medical order written by a doctor to instruct health care providers NOT to do cardiopulmonary resuscitation [CPR- an emergency procedure that combines chest compressions and artificial ventilation] if breathing or the heart stops) order.</p> <p>This failure resulted in Resident 1 receiving CPR against Resident 1's wishes which had the potential to result in broken ribs and sternum (breastbone), and potential complications like internal bleeding, damaged airways and neurological damage from lack of oxygen.</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 cerebral infarction (also known as a stroke; refers to damage to the tissues in the brain due to a loss of oxygen to the area), endocarditis (an infection of the heart's inner lining, usually involving the heart valves), hypertensive heart disease (heart complications caused by high blood pressure that is present over a long time) and ulcerative colitis (a chronic condition in which ulcers occur on the mucous membrane lining of the colon [large intestine] and the rectum).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool), dated [DATE], the MDS indicated Resident 1 had intact cognitive skills (ability to understand and make decisions) for daily decision making. The MDS also indicated Resident 1 was supervision or touching assistance (helper provides verbal cues, touching/steadying and/or contact guard assistance during activity) with eating, partial/moderate assistance (helper does less than half the effort needed to complete the activity) with oral and toileting hygiene, and substantial/maximal assistance (helper does more than half the effort needed to complete the activity) with bathing.</p> <p>During a review of Resident 1's Order Summary Report, the Order Summary Report indicated an order of DNR, ordered [DATE].</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a review of Resident 1's Advance Health Care Directive, dated [DATE], the Advance Health Care Directive indicated Resident 1 made an end-of-life decision to not to prolong his life.</p> <p>During a review of Resident 1's Advance Directive Acknowledgment, dated [DATE], the Advance Directive Acknowledgment indicated facility staff signed the acknowledgement indicating Resident 1 had an executed an advance directive.</p> <p>During a review of Resident 1's Nurses Notes, dated [DATE], the Nurses Notes indicted Resident 1 received CPR in the facility, from 12:42 AM until 1:18 AM.</p> <p>During an interview on [DATE] at 10:42 AM with Family Member 1, FM 1 stated she was informed by facility staff that Resident 1 received CPR on [DATE], after being found on the floor by staff. FM 1 stated Resident 1 should not have received CPR because the facility was provided a copy of the advance health care directive before [DATE], that indicated DNR status.</p> <p>During an interview on [DATE] at 4:07 PM with the Director of Nursing (DON), DON stated on [DATE], Resident 1 was found by staff on the floor with shallow breaths and CPR was then started by facility staff. DON stated CPR should have not been done because Resident 1 had an advance healthcare directive and an order for no CPR to be given. DON stated it is important to follow the doctor's orders because the orders are what indicates the type of care residents should be provided, and not following the doctor's order can negatively affect the residents and their well-being. DON also stated facility should follow the advance directive for residents because that is the wishes and preferences of the resident.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Do Not Resuscitate Orders and the Withholding or Withdrawal of Life Support and Life Sustaining Treatment, revised [DATE], the P&P indicated the facility will follow federal, state law, resident preferences and DNR orders. The P&P indicated a DNR order is a physician order that authorizes the withholding of life sustaining procedures and the resident's advance directive may serve as a guiding document of the resident's preferences.</p> <p>During a review of the facility's P&P titled, Advance Directives, revised [DATE], the P&P indicated the facility will follow a resident's advance directive. The P&P also indicated do not resuscitate indicates that in case of respiratory or cardiac failure, the resident, legal guardian, health care proxy or representative has directed that no CPR or other life-saving methods are to be used.</p> | | |