

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER The Bellefontaine Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Bellefontaine St Pasadena, CA 91105	
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 - Few	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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER The Bellefontaine Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Bellefontaine St Pasadena, CA 91105	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure the ampicillin (drug used to prevent and treat several bacterial infections) six (6) grams (gm - unit of measurement) every 12 hours intravenous piggyback (IVPB- a way to give a patient a dose of medicine directly into the vein through the existing line) was reconciled (formal process of creating the most accurate and complete list of resident's current medications from the previous health care facility or from home, and comparing that the list with the medications being prescribed by the physician of the receiving healthcare facility) and administered for one (1) of two (2) sampled residents (Resident 1) in accordance with the facility's policy and procedure. This deficient practice resulted in Resident 1 not receiving the ampicillin for the scheduled time frame while the resident is in the facility which potentially resulted in delayed healing of the resident's right knee periprosthetic joint infection (PJI- an infection that affects the artificial joint and the surrounding tissues). Findings:During a review of Resident 1's admission record, the admission record indicated the resident was initially admitted to the facility on [DATE] with diagnoses that included presence of bilateral artificial knee joint and an open wound on right knee. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 7/2/2025, indicated Resident 1 had an intact cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 1 required substantial assistance (helper does more than half the effort) with toileting, shower, lower body dressing and putting on/taking off footwear and required partial/moderate assistance (helper does less than half the effort) with eating, oral and personal hygiene, and upper body dressing. During a review of Resident 1's order summary dated 8/1/2025, the order summary indicated admit Resident 1 to the facility under Medical Doctor 1 (MD 1). During a review of Resident 1's Admission/Discharge report dated 8/1/2025 to 8/27/2025, the Admission/Discharge report indicated Resident 1 was discharged to General Acute Care Hospital (GACH 1) on 8/20/2025. The Admission/Discharge report also indicated Resident 1 was readmitted to the facility on [DATE]. During a review of Resident 1's progress notes from GACH 1 dated 8/21/2025, the progress notes indicated Resident 1 was admitted to GACH 1 on 8/13/25 with a diagnosis of right knee PJI with E faecalis (Enterococcus faecalis - a type of bacteria that typically lives harmlessly in your gut but can cause serious, hard to treat infections if it spreads to other parts of the body). The progress notes also indicated Resident 1 was previously hospitalized from [DATE] to 8/1/2025 at GACH 1 for infected prosthetic knee joint and discharged to the facility on a 6-week course of ampicillin and had undergone a desensitization (the process of becoming less sensitive to something over time because of repeated exposure) protocol for history of penicillin allergy during stay in GACH 1 from 7/2/2025 to 8/1/2025. The progress notes further indicated, GACH 1 confirmed that Resident 1 did not receive ampicillin while the resident is at the facility 8/2/2025 to 8/12/2025 (11 days). During an interview on 8/25/2025 at 3:23 PM, Social Worker (SW) from GACH 1, the SW stated Resident 1 went back to the facility from GACH 1 on 8/1/2025 with orders for 2 antibiotics but for some reason 1 of the antibiotics which is the ampicillin was not reconciled by the facility and was not given to the resident which could have contributed to the reinfection of the resident's right leg and subsequent readmission to GACH 1 on 8/13/25. During a concurrent observation and interview on 8/27/2025 at 11:15 AM, Resident 1 was lying in bed with right leg elevated with pillows above heart level and wrapped with an elastic bandage (a stretchy strip of cloth that is used to wrap snugly around an injured joint or muscle) resting on top of a soft layered material. Resident 1 stated when she was transferred back to the facility on 8/1/2025, she was supposed to receive 2 different antibiotics but did not realize that the ampicillin was not given during the resident's stay in the facility from 8/2/2025 to 8/12/2025. Resident 1 also stated she already went through desensitization at GACH 1 to ensure the resident can receive ampicillin due to Resident 1's history of PCN allergy. Resident 1 also stated, the resident was given ampicillin from GACH 1, so ampicillin is safe for the resident to take and just need to continue the ampicillin doses in the facility. During a concurrent interview and record review with the Assistant Director of Nursing (ADON) on 8/27/2025 at 1:41 PM, Resident 1's medication reconciliation form from GACH 1, order summary report from the facility, and Medication Administration Record (MAR) from the facility dated from 8/1/2025 to 8/19/2025 were reviewed. The medication reconciliation form from GACH 1 dated 8/1/2025 indicated an active medication order for 2 antibiotics, one of which is ampicillin 6 gm IVPB every 12 hours to be resumed with no change. The medication reconciliation form also indicated the antibiotics regimen was to be</p>		