STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide three (3) of 3 sampled residents (Residents 11, 43, and 139) meal trays that were appetizing and palatable (agreeable to one's sense of taste).This failure had the potential to result in dissatisfaction, decreased food intake and place Residents 11, 43, and 139 at risk for unplanned weight loss. During a review of Resident 11's admission Record, the admission Record indicated the resident was initially admitted to the facility on [DATE] and readmitted [DATE] with diagnoses of osteomyelitis (infection of the bone and bone marrow) and protein-calorie malnutrition (a dangerous state of undernutrition caused by a lack of both dietary protein and total calories). During a review of Resident 11'S Minimum Data Set (MDS – a resident assessment tool), dated 5/20/2026, the MDS indicated the resident had intact cognitive (ability to think, remember, and reason) skills for daily decision making. The MDS indicated Resident 11 was dependent (helper does all of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) with walking 10 and 50 feet and chair/bed-to-chair transfers. The MDS indicated Resident 11 needed substantial/maximal assistance (helper does more than half the effort) with going from sitting to standing, putting on/taking off footwear and lower body dressing (the ability to dress and undress below the waist). The MDS also indicated Resident 11 needed partial/moderate assistance (helper does less than half the effort) with rolling left and right in bed, needed supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) with upper body dressing (the ability to dress and undress above the waist) and was independent with eating. During a review of Resident 11's Order Summary Report, dated 6/1/2026, Resident 1's Order Summary Report indicated an order initiated on 5/24/2026 for regular diet International Dysphagia (difficulty swallowing) Diet Standardization Initiative (IDDSI; a global standard that provides a universal system for describing and classifying texture-modified foods and thickened liquids for individuals of all ages with dysphagia) regular (level 7) texture with thin liquids consistency. During a review of Resident 11's Care Plan revised 6/2/2026, Resident 11's Care Plan indicated Resident 11 was at risk for weight loss and malnutrition related to protein-calorie malnutrition and included an intervention to assess eating patterns at every meal.During an interview on 6/2/2026 at 10:25 AM with Resident 11, Resident 11 stated the food was not great, did not have flavor, served in small portions, and preferred outside food delivery service. During a concurrent observation and interview on 6/2/2026 at 12:37 PM with Resident 11 inside his room, Resident 11 was observed sitting up in bed taking a bite of brown meat from his lunch tray. Resident 11 stated he was not sure if it was meatloaf or mystery meat on his tray but it was too salty. Resident 11 further stated he would probably eat everything on the plate except for the meat. During an interview on 6/3/2026 at 2:58 PM with Resident 11, Resident 11 stated the dinner from 6/2/2026 was too salty so the resident ordered from a fast-food chain instead. Resident 11 also stated the eggs for breakfast (6/3/2026) were rubbery. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 43's admission Record, the admission Record indicated the resident was initially admitted to the facility on [DATE] and readmitted [DATE] with diagnoses of fracture (broken bone) of thoracic 9 (T9; the ninth vertebrae [spine bone] of the mid-back)-thoracic 10 (T10; the 10th vertebrae of the mid-back) vertebra and protein calorie malnutrition.During a review of Resident 43'S MDS, dated [DATE], the MDS indicated the resident had intact cognitive skills for daily decision making. The MDS indicated Resident 43 needed substantial/maximal assistance with walking 10 feet and needed partial/moderate assistance with chair/bed-to-chair transfers, going from sitting to standing, putting on/taking off footwear and upper and lower body dressing. The MDS also indicated Resident 43 needed supervision or touching assistance with personal hygiene and was independent with eating. During a review of Resident 43's Order Summary Report, dated 6/1/2026, Resident 43's Order Summary Report indicated an order initiated on 5/11/2026 for consistent carbohydrate (CCHO) diet, IDDSI regular (level 7) texture with thin liquids consistency. During a review of Resident 43's Care Plan revised 6/1/2026, Resident 43's Care Plan indicated Resident 43 was at risk for weight loss and malnutrition and included interventions to assess eating patterns at every meal and to provide and encourage food intake (at breakfast, lunch, and dinner).During an interview on 6/2/2026 at 9:01 AM with Resident 43, Resident 43 stated the food was horrible and that it is salty. Resident 43 stated she eats about 20% of her meals from the facility and tends to order from outside food delivery service.During a concurrent observation and interview on 6/2/2026 at 12:52 PM with Resident 43, Resident 43 was observed sitting up in bed eating her lunch tray. Resident 43 stated the meat is very salty and the rice is tasteless. Resident 43 stated she was planning to order sushi to be delivered for lunch. During an interview on 6/3/2026 at 2:50 PM with Resident 43, Resident 43 stated she did not touch her lunch that day because it looked like dog food. Resident 43 stated it was supposed to be chicken and some rice but decided to order outside food instead.During the test tray on 6/4/2026 at 12:48 PM a regular diet, regular texture tray and a CHHO regular texture tray was sampled with white dill sauce fish, corn and fries. The corn on the regular and CHHO trays tasted bland, the fish on the CHHO tray tasted salty and the fries on both trays looked mushy.During the same test tray on 6/4/2026 at 12:48 PM with the Dietary Supervisor (DS), DS stated the corn on both regular and CHHO trays could use more seasoning and the fish on the CHHO tray was salty and was visibly more seasoned compared to the regular tray. DS further stated the inconsistency of the fish between the regular and CHHO trays was most likely due to the seasoning not being distributed evenly while being cooked.During an interview on 6/4/2026 at 1:20 PM with DS, DS stated the fish was salty on the CHHO test tray because some parts of the fish got more seasoning than others. DS also stated it is important that residents are served food that is appealing and palatable so that the residents' appetites are encouraged, the residents would want to eat what is served and to prevent any weight loss. 3. During a review of Resident 139's admission Record, the admission Record indicated the resident was admitted to the facility on [DATE] with the following but not limited to diagnoses of protein-calorie malnutrition and muscle weakness. During a review of Resident 139's MDS, dated [DATE], the MDS indicated the resident was independent in cognitive skills for daily decision making. The MDS also indicated the resident required partial/moderate assistance with oral hygiene, upper body dressing and personal hygiene but required substantial/maximal assistance with lower body dressing and putting on/ taking off footwear. The MDS also indicated Resident 139 was dependent (helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting hygiene and shower/bathe self. During a review of Resident 139's Care Plan, revised 10/16/2025, the Care Plan indicated a focus on (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident spitting food out after chewing related to disliking the food. The care plan interventions were to empower the resident by allowing choices in mealtime, menu selection, and dining location. During a review of Resident 139's Order Summary, dated 5/2/2026, the Order Summary indicated a regular diet. During a concurrent observation and interview on 6/2/2026 at 9:23AM, Resident 139 was observed laying in her bed. Resident 139 stated when the facility serves food, the main protein is too salty. During a concurrent observation and interview on 6/4/2026 at 12:43PM, received a test tray of regular diet with fish, bread, corn and French fries. The Dietary Supervisor 1 (DS 1) stated the fish for the regular diet and for the controlled carbohydrate diet is from the same tray. The DS 1 stated the fish was salty. During an interview on 6/5/2026 at 4pm, the Director of Nursing (DON) stated they do not have a specific policy on food palatability but added that the facility's policy on Resident Food Preferences include food palatability. During a review of the facility's Policy and Procedure (P&P) titled, Resident Food Preferences, revised 7/2017, the P&P indicated the staff will identify the residents food preferences and determine current food preferences.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure proper food handling practices in accordance with the facility's policy and procedure (P&P) by failing to ensure: Dietary Aide 1 (DA 1) wore a hairnet while inside the kitchen.Dietary Aide 2 (DA 2) perform hand hygiene between handling dirty dishes and clean dishes.One container of poultry seasoning was closed.One opened container of dill weed seasoning was labeled with an open and/or use by date.These failures had the potential for residents to be at risk for food-borne illness (illness caused by food contaminated with bacteria).These deficient practices have the potential to result in pathogen (germ) exposure to residents, which could place the residents at risk for developing foodborne illness (caused by food contaminated with bacteria) with symptoms including upset stomach, stomach cramps, nausea, vomiting, diarrhea, and fever) and can lead to other serious medical complications and hospitalization.During a concurrent observation and interview on 6/3/2026 at :21 PM with Dietary Supervisor (DS) inside the kitchen, the following were observed:a bottle of poultry seasoning with the lid open and not closed securely.an opened bottle of dill weed seasoning that was half full without a label indicating open or use by date.DS stated the bottle of poultry seasoning's lid should be closed securely and the opened bottle of dill weed seasoning should be labeled with an open or use by date.During an interview on 6/3/2026 at 2:45 PM with DS, DS stated it is important to label anything opened with an open date because the kitchen staff need to know how long it has been opened especially since there is a difference between how long something has been open and shelf life. DS also stated it is important to ensure containers are closed properly after use to prevent anything getting inside the container.During an observation on 6/4/2026 at 6:12 AM inside the kitchen, DA 1 was observed working inside the kitchen and not wearing a hair net.During an observation on 6/4/2026 at 6:12 AM inside the kitchen, DA 2 was observed handling dirty water pitchers. Without performing hand hygiene, DA 2 walked over and pulled out clean water pitchers from the dishwasher and started placing the clean water pitchers onto a rolling cart During an interview on 6/4/2026 at 6:43 AM with DA 2, DA 2 stated he had touched the dirty water pitchers prior to touching the clean water pitchers. DA 2 state he did not and should have washed his hands before handling the clean water pitchers. During an interview on 6/4/2026 at 9:40 AM with DS, DS stated it is important that staff wear hair nets while working inside the kitchen to avoid contaminating anything, especially if staff are near food, as no one wants hair in their food. DS further stated it is important that staff wash their hands after touching dirty dishes and before touching clean dishes to avoid crossˆcontamination.During a review of the facility's P&P titled, Labeling and Dating of Foods, dated 2023, the P&P indicated, Newly opened food items will need to be closed and labeled with an open date and used by date.During a review of the facility's P&P titled, Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices, revised October 2017, the P&P indicated, Food and nutrition services employees will follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness. The P&P also indicated:All employees who handle, prepare or serve food will be trained in the practices of safe food handling and preventing foodborne illness. Employees will demonstrate knowledge and competency in these practices prior to working with food or serving food to residents.Employees must wash their hands:After handling soiled equipment or utensils.Hair nets of caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils and linens. During a review of the facility's P&P titled, Hand Washing Procedure, dated 2023, the P&P indicated, Hand washing is important to prevent the spread of infection. The P&P also indicated:When hands need to be washed:[NAME] handling soiled dishes and utensils.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on observation, interview, and record review, the facility failed to ensure the ice machine drainage had an air gap (a vertical, unobstructed space between the ice machine's drain and the buildings drainage system that prevent contaminated drain water from flowing back into the machine's clean water supply. It is a safety measure, often a simple pipe fitting or a dedicated device, that acts as a barrier, with the most common requirement being a one to two - inch gap to comply with health and plumbing codes) to ensure no contact with outside contaminated (unfit for use, or unsafe) source as indicated in the facility's policy and procedure (P&P). This failure had the potential to result in backflow of contaminated water back to the ice machine and had the potential to result in pathogen (germ) exposure to residents, which could place the residents at risk for developing foodborne illness (food poisoning; symptoms including upset stomach, stomach cramps, nausea, vomiting, diarrhea and fever) and can lead to other serous medical complications and hospitalization. During an observation on 6/2/2026 at 7:40 AM inside the kitchen, an ice machine was observed to the left of the dry storage room. During an observation on 6/4/2026 at 7:30 AM inside the kitchen, the ice machine drainage pipe was observed without an air gap, draining directly into the floor drain.During a concurrent observation inside the kitchen and interview on 6/4/2026 at 9:30 AM with Dietary Supervisor (DS), the ice machine drainage pipe was observed without an air gap, draining directly into the floor drain. DS stated that there should be a gap between the drainage pipe and the floor drain. During an interview on 6/5/2026 at 12:28 PM with the Maintenance Supervisor (MS), MS stated that the purpose of having an air gap between the ice machine drainage pipe and the floor drain is to prevent dirty water from backing up into the ice machine in the event of a drain backup.During a review of the facility's P&P titled, Accident Prevention - Safety Precautions, dated 2023, the P&P indicated under Backflow Prevention/Air Gaps:An air gap is the most reliable backflow prevention device. It is the physical separation of the potable (safe to drink) and non-potable water supply systems by an air space. All steam ice machines and bins, and other equipment that discharge liquid waste or condensate (the liquid that results from the cooling and condensation of steam, often contaminated) shall be drained through an air gap into an open floor sink.An air gap between the water supply inlet (drainpipe) and the floor level rim of the plumbing fixture (floor sink drain), equipment or non-food equipment shall be at least twice the diameter of the water supply inlet and may not be less than one inch.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that the call light (a device used by a Resident to signal his or her need for assistance) was within reach for four (4) of six (6) sampled residents (Resident 37, 8, 113, and 137) who were reviewed for environment care area. This deficient practice had the potential to negatively impact on the psychosocial well-being (the individual's mental and emotional health and their social interactions and environment) of Residents 37, 8, 113, and 137 as a result in delayed provision of care and services. Findings: 1. During a review of Resident 37's admission Record, the admission Record indicated Resident 37 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses that included osteomyelitis (a serious bone infection) of vertebra, sacral and sacrococcygeal region (affecting the spinal column at the base of the spine), unspecified lack of coordination (a broad clinical classification for individuals who present with motor control deficits or balance issues, but without a definitive underlying cause), and wedge compression fracture of first lumbar vertebra (when the front part of the bone in the lower back collapses under pressure while the back part remains intact). During a review of Resident 37's Care Plan, dated 10/14/2025, the Care Plan indicated Resident 37 was at risk for fall related to compression deformity of first lumbar vertebrae. The Care Plan indicated an intervention to place Resident 37's call light within reach and encourage resident to use it for assistance. During a review of Resident 37's Minimum Data Set (MDS- a resident assessment tool), dated 4/21/2026, the MDS indicated Resident 37 was assessed having intact memory and cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS indicated Resident 37 required substantial/maximal assistance (helper does more than half the effort) with eating and oral hygiene. The MDS indicated Resident was dependent (helper does all of the effort) with upper body dressing, shower/bathe self, rolling left and right, sit to lying, sit to stand, and chair/bed-to-chair transfer. During a review of Resident 37's Care Plan, revised on 4/16/2026, the Care Plan indicated Resident 37 had alteration in musculoskeletal status related to osteomyelitis of vertebra, sacral and sacrococcygeal region and chronic (frequently recurring) multifocal (multiple locations) osteomyelitis of the right ankle and foot. The Care Plan indicated an intervention to be sure call light is within reach and respond promptly to all requests for assistance. During a concurrent observation and interview on 6/2/2026 at 11:20 AM in Resident 37's room, Resident 37 was observed in bed watching television. Resident 37's call light was placed on a chair on the left side of the bed. Resident 37 stated he was not able to reach the call light because it was far and placed on the left side of his bed and he was not able to move his left arm. Resident 37 stated he could not call for help and would have to wait for staff to enter his room to ask for assistance. During an interview on 6/3/2026, at 2:59 PM, with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated Resident 37 had left side weakness and was only able to move the resident's right arm. CNA 1 stated Resident 37's call light should be placed on top of his chest or stomach so he can push the call (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	light when the resident needed help. CNA 1 stated facility staff should not leave the call light on a chair on the left side of the bed because Resident 37 would not be able to use it if he needed assistance or if there was an emergency. During an interview on 6/3/2026 at 3:39 PM with Treatment Nurse 1 (TN 1), TN 1 stated residents' call lights should always be placed within the resident's reach. TN 1 stated residents could fall and get injured while trying to reach the call light if it was not placed within reach. TN 1 also stated residents would not be able to receive immediate help during an emergency if the call light was not within reach. 2. During a review of Resident 8's admission Record, the admission Record indicated the resident was initially admitted to the facility on [DATE] and readmitted [DATE] with diagnoses of sequelae (linger aftereffect, complications or consequences of a prior disease) of cerebral infarction (stroke; occurs when a blood vessel supplying blood to the brain is blocked or significantly narrowed) and chronic (long-term) respiratory failure (lungs cannot get enough oxygen into the blood or can't remove enough carbon dioxide from the blood) with hypoxia (when the body's tissues and organs do not receive enough oxygen to function properly). During a review of Resident 8's Care Plan revised 3/15/2026, Resident 8's Care Plan indicated Resident 8 was at risk for falls and included an intervention to provide call light within reach.During a review of Resident 8's Care Plan revised 3/25/2026, Resident 8's Care Plan indicated Resident 8 was at risk for self- care deficit related to decrease in muscle strength and included an intervention to have call light within reach and to attend to Resident 8's needs promptly. During a review of Resident 8'S MDS, dated [DATE], the MDS indicated the resident was severely impaired (rarely/never makes decisions) with cognitive skills for daily decision making. The MDS indicated Resident 8 was dependent with chair/bed-to-chair transfers, going from sitting to standing, rolling left and right in bed, putting on/taking off footwear, upper and lower body dressing and personal hygiene. The MDS also indicated Resident 8 needed substantial/maximal assistance (helper does more than half the effort) with eating. During an observation on 6/2/2026 at 9:25 AM inside Resident 8's room, Resident 8 was observed lying down in bed and his call light was observed hanging down towards the floor from the right upper 1/4 bed rail (a protective bar or barrier attached to the side of a bed). During a concurrent observation and interview on 6/2/2026 at 9:33 AM with Certified Nursing Assistant 2 (CNA 2) inside Resident 8's Room, Resident 8 was observed lying down in bed with his call light hanging down towards the floor from the right side of the resident's bed near the upper right 1/4 bed rail. CNA 2 stated Resident 8's call light was hanging off the right side of Resident 8's bed and Resident 8 would not have been able to reach it. 3. During a review of Resident 113's admission Record, the admission Record indicated the resident was initially admitted to the facility on [DATE] and readmitted [DATE] with diagnoses of sequelae of cerebral infarction and polyosteoarthritis (a degenerative joint disease that affects multiple joints simultaneously). During a review of Resident 113's Care Plan revised 8/5/2024, Resident 113's Care Plan indicated Resident 113 required bilateral upper half bed rails and included an intervention to keep call light within resident's reach.During a review of Resident 113's Care Plan revised 12/7/2025, Resident 113's Care Plan indicated Resident 113 preferred his call light cord to be wrapped around the bed rail (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	so the resident would not lose it and would be easy for the resident to use it when needed to call someone for assistance. The care plan also indicated an intervention to ensure call light was within easy reach and to check that it is properly secured on the bedrail per patient's preference. During a review of Resident 113's Care Plan revised 1/20/2026, Resident 113's Care Plan indicated Resident 113' was at risk for falls and included an intervention to have Resident 113's call light within reach and to encourage Resident 113 to use it for assistance. During a review of Resident 113'S MDS, dated [DATE], the MDS indicated the resident was cognitively intact with cognitive skills for daily decision making. The MDS indicated Resident 113 was dependent with putting on/taking off footwear and lower body dressing and needed substantial/maximal assistance with going from lying down to sitting on the side of the bed, rolling left and right in bed and upper body dressing. The MDS also indicated Resident 113 needed supervision or touching assistance with personal hygiene and eating. During an observation on 6/2/2026 at 10:40 AM inside Resident 113's room, Resident 113 was observed lying down in bed with the resident's call light observed hanging down towards the floor off of the right side of the resident's bed near the upper bed rail. During a concurrent observation and interview on 6/2/2026 at 10:52 PM with Registered Nurse 2 (RN 2) inside Resident 113's room, Resident 113 was observed lying down in bed with the resident's call light hanging off and down towards the floor from the right side of the resident's bed near the upper bed rail. RN 2 stated Resident 113's call light was hanging off the right side of the resident's bed and out of Resident 113's reach. During an interview on 6/3/2026 at 3:05 PM with Licensed Vocational Nurse 3 (LVN 3), LVN 3 stated the purpose of a call light is for resident to use as their communication method to ask for assistance for anything whether it be for snacks, foods or drink, if they dropped something, to be changed, if they are in pain and need medicine or to notify the staff of any concerns the resident may have. LVN 3 also stated a resident's call light should not be out of the resident's reach and it is the staff's responsibility to ensure it is placed within the resident's reach prior to leaving the resident's room. LVN 3 further stated if ever a resident's call light is out of the resident's reach, it places the resident at risk for attempting to get out of bed and having an accident.During an interview on 6/5/2026 at 1:57 PM with the Director of Nursing (DON), the DON stated a call light is needed to make sure the resident's needs are provided and attended to. The DON also stated if ever a resident's call light is out of reach, the resident will not be able to communicate what they might need to the staff and puts them at risk for not receiving the appropriate care or needs that they might need at that time. 4. A review of Resident 137's admission Record, the admission Record indicated the resident was admitted on [DATE] with the following but not limited to diagnoses of gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), dehydration (a condition that occurs when your body loses more fluids and water than it takes in), dysphagia (difficulty swallowing), muscle weakness, dementia (progressive state of decline in mental abilities), anxiety (a natural emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure) and depression (a common yet serious mood disorder that causes persistent sadness, hopelessness, and a loss of interest in activities). A review of Resident 137's MDS dated [DATE], the MDS indicated Resident 137 was severely impaired in cognitive skills for daily decision making. The MDS also indicated, the resident is dependent with oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident 137's Care Plan with focus Bed Rail, revised 5/20/2026, the Care Plan indicated to keep call light within resident's reach. A review of Resident 137's Care Plan with focus risk for fall, revised 5/20/2026, the Care Plan indicated resident's call light is within reach and encouraged resident to use it for assistance. During a concurrent observation and interview on 6/2/2026 at 10:49 AM, LVN Resident 137 was observed sliding off the bed and the call light was observed tangled with the bed cord under the bed rail. LVN 1 stated the call light should not be tangled with the bed cord under the bed rail because the call light should be within reach of the resident to ensure the resident is able to call for assistance when needed and to ensure safety of the resident. During an interview on 6/5/2026 at 10:52 AM, RN 1 stated the call light should always be within the resident's reach to ensure the resident can ask for assistance when needed. During an interview on 6/5/2026 at 4:10PM, the DON stated the resident should have the call light within reach at all times to ensure the resident is able to ask for assistance when needed. A review of the facility's undated Policy and Procedure (P&P) titled Call Lights, the P&P indicated to ensure the call light device is within the resident's reach and accessible for use whenever the resident is in the room, in bed, seated, or on the toilet.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow its policy to ensure the resident was free from unnecessary medication (medication prescribed or consumed without a valid clinical indication for an excessive duration, at too high a dose, or when their potential risks outweigh the benefits) use for one (1) of five (5) sampled residents (Resident 57) reviewed for unnecessary medications, by failing to have a specific indication for Resident 57's use of lorazepam (Ativan- a medication used to treat anxiety disorder [a group of mental health conditions characterized by persistent, excessive, and uncontrollable fear, worry, or dread that interferes with daily life]). This deficient practice had the potential to increase the risk for Resident 57 to experience adverse effects (unwanted, uncomfortable, or dangerous effects that a drug may have) related to psychotropic medication (drug or other substance that affects how the brain works and causes changes in mood, awareness, thoughts, feelings, or behavior), possibly leading to impairment or decline in the resident's mental, functional, or psychosocial status. Findings:During a review of Resident 57's admission Record, the admission Record indicated Resident 57 was admitted to the facility on [DATE] with diagnoses that included unspecified dementia (progressive decline in mental ability severe enough to interfere with daily life), depression (a common , serious mental health condition characterized by a persistent low mood, loss of interest in activities, and a sense of numbness or emptiness), and anxiety disorder. During a review of Resident 57's Minimum Data Set (MDS- a resident assessment tool), dated 5/27/2026, the MDS indicated Resident 57 was assessed having moderately impaired (decisions poor; cues/supervision required) cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS indicated Resident 57 required setup or clean-up assistance with eating and oral hygiene. The MDS indicated Resident 57 required substantial/maximal assistance (helper does more than half the effort) with upper body dressing and rolling left and right. The MDS further indicated Resident 57 was dependent (helper does all of the effort) with toileting hygiene, shower/bathe self, lower body dressing, sit to stand, and toilet transfer. During a review of Resident 57's Order Summary Report, dated 6/5/2026, the Order Summary Report indicated a physician order for the following:Lorazepam Intensol Oral Concentrate 2 milligrams (mg-unit of measurement for weight)/milliliter (ml- unit if measurement for liquid) give 1 mg by mouth every four hours as needed for anxiety/agitation, ordered on 5/21/2026.Add up all behaviors exhibited from previous month for antianxiety medication Ativan/lorazepam use. Every night shift starting on the 5th and ending on the 5th of every month for antianxiety medication use. Specify number of behaviors being monitored in the supplementary documentation below. During an interview on 6/5/2026, at 11:55 AM, with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated Resident 57 was calm and quiet most of the time but occasionally yelled and said he (Resident 57) was scared. CNA 1 stated Resident 57 did not say what he was scared of. During an interview on 6/5/2023, at 11:59 AM, with Licensed Vocational Nurse 2 (LVN 2), LVN 2 stated Resident 57 never seemed anxious but sometimes yelled and said help. LVN 2 stated Resident 57 did not answer when facility staff asked him what the resident needed. LVN 2 stated she has not seen Resident 57 get agitated when she took care of Resident 57. LVN 2 stated Resident 57 was prescribed Ativan only after the resident was placed under hospice care (specialized medical care for terminally ill residents with a prognosis of six months or less). During a concurrent interview and record review on 6/5/2026, at 12:09 PM with Treatment Nurse 1 (TN 1), Resident 57's Ativan order was reviewed. TN 1 stated Resident 57 was never anxious and was always cooperative during wound care. TN 1 stated Resident 57 was ordered Ativan after the resident was admitted to hospice. TN 1 stated Resident 57's Ativan was indicated for anxiety and agitation, and it was too broad and needed to include the specific behavior Resident 57 showed when he was anxious and agitated. TN 1 stated if Resident 57's specific behavior for anxiety (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and agitation was not indicated, then Resident 57's behavior cannot be accurately monitored by the staff which can lead to Ativan being administered unnecessarily. During an interview on 6/5/2026, at 12:16 PM, with the Director of Nursing (DON), the DON stated Resident 57's only documented anxious behavior was on 10/3/2025 when Resident 57 was not able to calm down before the surgeon removed the resident's sutures (medical stitch or the specialized thread used by doctors and surgeons to hold body tissues together after an injury or surgery) on the left side of the resident's face. The DON stated Resident 57 has not displayed any anxious and agitated behavior since 10/3/2025. The DON stated Resident 57 was ordered Ativan again on 5/21/2026 after the resident was admitted to hospice. The DON stated Ativan should only be administered if Resident 57 had the specific behavior that Ativan was specifically ordered for. The DON stated Resident 57's Ativan order did not include the specific behavior Resident 57 displayed when the resident was agitated or anxious such as pacing. The DON stated Resident 57's Ativan order should indicate the target behavior to make sure the need and effectiveness of the medication was monitored, however, Reisdent 57 is not showing any sign and symptoms of agitation and anxious. During a review of the facility's policy and procedure (P&P), titled, Psychotropic Medication Use, dated 7/2022, the P&P indicated:Residents will not receive medications that are not clinically indicated to treat a specific condition.Drugs in the following categories are considered psychotropic medications and are subject to prescribing, monitoring, and review requirements specific to psychotropic medications: anti-anxiety medications.Residents who have not used psychotropic medications are not prescribed or given these medications unless the medication is determined to be necessary to treat a specific condition that is diagnosed and documented in the medical record. Consideration of the use of any psychotropic medications is based on comprehensive review of the Resident. This includes evaluation of the resident's signs and symptoms in order to identify underlying causes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the Minimum Data Set (MDS- a resident assessment tool) admission Comprehensive Assessment (a clinical evaluation required for all new admission in skilled nursing homes) was completed within the required timeframe of 14 days after admission for two (2) of 25 sampled residents (Resident 141 and 137). This deficient practice had the potential to negatively affect the provision of necessary care and services for Resident 141 and 37. Findings: 1. During a review of Resident 141's admission Record, the admission Record indicated Resident 141 was admitted to the facility on [DATE] with diagnoses that indicated hepatic failure (a life threatening condition where the liver loses its ability to function adequately), dependence on renal dialysis (life sustaining treatment that performs the work of failing kidneys by filtering waste, toxins, and excess fluids from the blood), and heart failure (a condition where the heart muscle becomes too weak or stiff to pump enough oxygen-rich blood to meet the body's needs). During a concurrent interview and record review on 6/4/2026, at 10:08 AM, with the Minimal Data Set Coordinator (MDS), Resident 141's MDS admission Comprehensive Assessment was reviewed. MDS stated Resident 141 was admitted on [DATE]. MDS stated Resident 141's MDS admission Comprehensive Assessment, under Section O (Special Treatments, Procedures, Programs) for dialysis and Section J (Health Conditions) for pain indicated the assessment was still in progress and not complete. MDS stated different departments in the facility were responsible for completing their designated sections in the MDS admission Comprehensive Assessment. MDS stated that all sections of Resident 141's MDS admission Comprehensive Assessment should have been completed 14 days after admission which was on 5/28/2026. MDS stated the timeline for completion of comprehensive assessments on the Resident Assessment Instrument manual (RAI-a comprehensive guidebook created by the Centers for Medicare & Medicaid Services [CMS] that provides long-term care facilities and nursing homes with the standardized instructions and coding guidelines needed to evaluate resident clinical status and develop individualized care plans) was not followed. MDS stated the MDS admission Comprehensive Assessment was not completed on time because MDS was busy and did not have enough time to make sure the assessments were completed on time. During an interview on 6/5/2026, at 12:43 PM with the Director of Nursing (DON), the DON stated Resident 141's MDS admission Comprehensive Assessment should have been completed by 5/28/2026 so Resident 141 could receive appropriate care and treatment based on the resident's diagnoses and the assessment findings. 2. A review of Resident 137's admission Record, the admission Record indicated the resident was admitted on [DATE] with the following but not limited to diagnoses of gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), dehydration, dysphagia (difficulty swallowing), muscle weakness, dementia (progressive state of decline in mental abilities), anxiety (a natural emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure) and depression (a common yet serious mood disorder that causes persistent sadness, hopelessness, and a loss of interest in activities). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 137's admission MDS on PointClickCare (PCC - Resident electronic medical record) on 6/4/2026 at 3:30PM, the PCC indicated 5/19/2026 as the resident's most recent admission date (entry date to the facility). The MDS indicated the assessment reference date (ARD - observation end date) of 6/1/2026 (3 days overdue). During a concurrent interview on 6/4/2026 at 3:24PM, Resident 137's admission MDS, dated [DATE] was reviewed. The MDS Coordinator stated Resident 137's admission MDS was not completed within 14 days from the resident's admission date, 6/1/2026. The MDS coordinator also stated Section K (Swallowing/Nutritional Status – includes swallowing disorder, height and weight, weight loss, weight gain, nutritional approaches and percent intake by artificial route) of the MDS was not completed and because that section was not completed, the facility is unable to submit the MDS in a timely manner. A review of the facility's Policy and Procedure (P&P) titled Resident Assessment, revised 3/2022, the P&P indicated the resident assessment coordinator is responsible for ensure that the interdisciplinary team conducts timely and appropriate resident assessments and reviews according to the OBRA (Omnibus Budget Reconciliation Act of 1987-the baseline of care, patient's rights, and safety regulations that all Medicare and Medicaid-certified nursing homes must legally follow) required assessments. A review of the facility's Centers for Medicare and Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual Version 1.20.1, dated October 2025, indicated for the admission assessment, the MDS completion date must be no later than 14 calendar days of the residents admission.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure an accurate assessment and documentation of the resident's hearing ability were reflected in the resident's Minimum Data Set (MDS - a resident assessment tool) for one (1) of 1 sampled resident (Resident 73) reviewed for vision and hearing. This deficient practice had the potential for the facility to not develop and implement a resident centered care plan for Resident 73 to receive care and services to maximize and/or improve Resident 73's functional ability in hearing.Findings:A review of Resident 73's admission Record, the admission Record indicated the resident was originally admitted to the facility on [DATE] and was readmitted on [DATE] with the following but not limited to diagnoses of major depressive disorder (a serious mood disorder characterized by persistent sadness, loss of interest in activities, and a range of physical and cognitive symptoms that severely disrupt daily life), asthma (a chronic [long-term] lung disease that inflames and narrows your airways, making it difficult to breathe) and chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing). A review of Resident 73's Minimum Data Set (MDS - a resident assessment tool), dated 1/27/2026, the MDS indicated the resident was independent in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated the resident required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) with eating oral hygiene, upper body dressing and personal hygiene but was dependent (helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting hygiene, shower/bathe self, lower body dressing and putting on/taking off footwear. The MDS indicated Resident 73's hearing is adequate (no difficulty in normal conversation). During a concurrent observation and interview on 6/2/2026 at 10:27 AM, Resident 73 stated she is hard of hearing and has difficulty hearing the surveyor. During an interview on 6/4/2026 at 11:01 AM, Licensed Vocational Nurse (LVN 1) stated Resident 73 is hard of hearing. During an interview on 6/4/2026 at 11:11 AM, Social Services Director (SSD) stated Resident 73's MDS dated [DATE] is inaccurate and it should indicated the resident has difficulty hearing. During an interview on 6/4/2026 at 12:22 PM, MDS Director stated Resident 73 have hearing difficulty and the resident's MDS dated [DATE] is not correct as it indicated resident's hearing is adequate. During an interview on 6/5/2026 at 10:44 AM, Registered Nurse 1 (RN 1) Supervisor stated Resident 73 have hearing difficulty. During an interview on 6/5/2026 at 4:05 PM, the Director of Nursing (DON) stated Resident 73 have hearing difficulties. A review of the facility's Policy and Procedure (P&P) titled Resident Assessments, revised 3/2022, the P&P indicated all persons who have completed any portion of the MDS resident assessment form must sign the document attesting to the accuracy of such information. The P&P also indicated the user Resident Assessment Instrument (RAI) (a standardized framework used in long-term care facilities, such as nursing homes, to evaluate each resident's clinical, physical, and functional status) annual provides a detailed information on timing and submission of assessments. A review of the facility's Centers for Medicare and Medicaid Services (CMS- a federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards) Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual Version 1.20.1, dated October 2025, indicated on chapter 2, the Resident Assessment Instrument (RAI) process is the basis for the accurate assessment of each resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 for two (2) of 25 sampled residents (Residents 73 and 2):Resident 73 did not have a care plan to address the resident's hard of hearing.Resident 2 did not have a care plan to address the resident's diagnosis of dementia (progressive state of decline in mental abilities).This deficient practice has the potential to delay in the necessary care and services for Resident 73 and 2.Findings:1. During a review of Resident 73 admission Record, the admission Record indicated the resident was originally admitted to the facility on [DATE] and was readmitted on [DATE] with the following but not limited to diagnoses of major depressive disorder (a serious mood disorder characterized by persistent sadness, loss of interest in activities, and a range of physical and cognitive symptoms that severely disrupt daily life), asthma (a chronic [long-term] lung disease that inflames and narrows your airways, making it difficult to breathe) and chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing). During a review of Resident 73's Minimum Data Set (MDS - a resident assessment tool), dated 1/27/2026, the MDS indicated the resident was independent in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated the resident required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) with eating oral hygiene, upper body dressing and personal hygiene but was dependent (helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting hygiene, shower/bathe self, lower body dressing and putting on/taking off footwear. During a review of Resident 73's Order Summary, dated 5/8/2026, the Order Summary indicated may have ENT (Ears, Nose and Throat) evaluation, treatment and follow up as needed. During a concurrent observation and interview on 6/2/2026 at 10:27 AM, Resident 73 stated he is hard of hearing and cannot hear the surveyor in a normal conversation. During a concurrent interview on 6/4/2026 at 11:01 AM, Resident 73's Care Plans, dated 1/21/2026 to 6/2/2026, were reviewed. Licensed Vocational Nurse 1 (LVN 1) stated Resident 73 is hard of hearing and the resident does not have a care plan to address the resident's concerns with hearing and Resident 73 should have a care plan to address the resident's hard of hearing. During an interview on 6/5/2026 at 10:44 AM, Registered Nurse 1(RN 1) stated Resident 73 does not have a care plan for hearing issue and should have a care plan for resident's hearing deficit. 2. During a review of Resident 2's admission Record, the admission Record indicated the resident was originally admitted on [DATE] and was readmitted on [DATE] with the following but not limited to diagnoses of dementia, depression (a serious mood disorder), schizophrenia (a mental illness that is characterized by disturbances in thought) and anxiety (an emotion characterized by feelings of tension, worried thoughts, and physical changes like a racing heart or sweating). During a review of Resident 2's MDS, dated [DATE], the MDS indicated the resident is moderately impaired in cognitive skills for daily decision making. The MDS also indicated the resident required partial/moderate assistance (helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) with upper body dressing but required substantial/maximal assistance (helper does more than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) with toileting hygiene, shower/bathe self, lower body dressing and putting on/taking off footwear. The MDS further indicated that the resident has a dementia diagnosis. During an interview on 6/5/2026 at 10:08AM, Resident 2's Care Plans, dated 1/9/2024 to 6/2/2026, were reviewed. Registered Nurse 1 (RN 1) stated Resident 2 had no care plans for dementia and there should be a care plan to address Resident (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2's diagnosis of dementia. RN 1 also stated each resident with dementia are different and required different types of redirections and communication which should have been in the care plan interventions. RN 1 further stated because each dementia resident is different, the resident would need a comprehensive person-centered care plan. During a review of the facility's Policy and Procedure (P&P) titled Comprehensive Person-Centered Care Plans, revised 3/2022, the P&P indicated a comprehensive, person-centered care plan that includes measurables objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a language communication board was placed at bedside for one (1) of (1) sampled resident (Resident 5) reviewed for language/communication area in accordance with the facility's policy. This deficient practice had the potential to result in Resident 5 experiencing a delay in receiving appropriate care and services due to the staff not being able to properly communicate with the resident.Findings: During a review of Resident 5's admission Record, the admission Record indicated Resident 5 was admitted to the facility on [DATE] with a primary language of Japanese. The admission Record also indicated Resident 5 was admitted with diagnoses that included general muscle weakness, lack of coordination, and anxiety disorder (a mental health disorder characterized by feeling of worry, or fear that are strong enough to interfere with one's daily activities). During a review of Resident 5's Minimum Data Set (MDS- a resident assessment tool), dated 4/20/2026, the MDS indicated Resident 5's preferred language was a non-English language (Language 1). The MDS also indicated Resident 5 had intact cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS further indicated Resident 5 required supervision (helper provides cues) with shower, lower body dressing, and putting/taking off footwear and required setup assistance (helper set up; resident completes activity) with eating, oral, toileting and personal hygiene, and upper body dressing. During an observation in Resident 5's room on 6/2/2026 at 3:47 PM, a communication board was not observed anywhere in the resident's room. Certified Nursing Assistant 3 (CNA 3) who was in the resident's room asked the resident if she needed something in English and the resident responded, No English. CNA 3 checked Resident 1's bedside table drawer and did not find a language communication board. During an interview on 6/3/2026 at 4:25 PM, the Activity Director (AD) stated a communication board in the residents' primary language should be in the residents' room for residents that do not speak fluent English to help the residents communicate their needs with the staff including how they are feeling and if they are in pain. During a concurrent observation and interview on 6/3/2026 at 4:47 PM, CNA 3 stated a communication board in Language 1 should be in Resident 5's room for the staff to be able to communicate with the resident and in turn, for the resident to be able to communicate her needs with the staff. During a concurrent interview and record review on 6/4/2026 at 3:33 PM, the MDS Coordinator stated Resident 5 did not have a language and communication Care Plan indicating Resident 5 primary language was Language 1. MDS Coordinator also stated a care plan should have been developed and implemented to ensure Resident 5 was provided with communication tools for translation to be able to effectively communicate his needs or concerns and given proper care. During an interview on 6/4/2026 at 3:53 PM, the Director of Nursing (DON) stated a communication board should have been kept in Resident 5's room to help the resident communicate his needs and for the staff to be able to attend and provide the resident's needs. DON also stated Resident 5 should have a Care Plan on language/communication so that the staff could effectively communicate and attend to the residents' needs. During a review of the facility's Policy and Procedure (P&P) titled, Translation and/or Interpretation of Facility Services, revised 5/2017, the P&P indicated that the facility's language access program will ensure that the individual with limited English proficiency (LEP, a person cannot speak, read, write, or understand English fluently enough to easily navigate daily life) shall have meaningful access to information and services provided by the facility. The P&P also indicated that to provide meaningful access to services provided by the facility, translation and/or interpretation must be provided in a way that is culturally relevant and appropriate to the LEP individual.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of two sample residents (Resident 73) reviewed for hearing care area received appropriate treatment to maintain the resident's hearing abilities by failing to ensure audiology (audiology is the branch of science and medicine concerned with the sense of hearing. Audiologists are health care professionals who diagnose, manage, and treat hearing, balance, or ear problems) appointment was arranged for the resident in accordance with physician's order.This deficient practice had the potential for Resident 73 to have increased hearing loss.Findings:During a review of Resident 73 admission Record, the admission Record indicated the resident was originally admitted to the facility on [DATE] and was readmitted on [DATE] with the following but not limited to diagnoses of major depressive disorder (a serious mood disorder characterized by persistent sadness, loss of interest in activities, and a range of physical and cognitive symptoms that severely disrupt daily life), asthma (a chronic [long-term] lung disease that inflames and narrows your airways, making it difficult to breathe) and chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing). During a review of Resident 73's Minimum Data Set (MDS - a resident assessment tool), dated 1/27/2026, the MDS indicated the resident was independent in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated the resident required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) with eating oral hygiene, upper body dressing and personal hygiene but was dependent (helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting hygiene, shower/bathe self, lower body dressing and putting on/taking off footwear. During a review of Resident 73's Order Summary, dated 5/8/2026, the Order Summary indicated may have ENT evaluation, treatment and follow up as needed. During an interview on 6/2/2026 at 10:27 AM, Resident 73 stated she was hard of hearing and cannot hear the surveyor in a normal conversation. During an interview on 6/3/2026 at 3:39 PM, Social Services Assistant (SSA) stated Resident 73 did not have an ENT evaluation done from 5/8/2026 to 6/3/2026. During an interview on 6/4/2026 at 11:01 AM, Licensed Vocational Nurse (LVN) 1 stated Resident 73 is hard of hearing. During an interview on 6/4/2026 at 11:11 AM, Social Services Director (SSD) stated Resident 73 is hard of hearing but does not have a referral to see an ENT even though the doctor ordered it on 5/8/2026. SSD also stated Resident 73 should have a referral to see an ENT because of the resident's hard of hearing. SSD further stated because Resident 73 is hard of hearing and the ENT can help prevent further hearing loss and helps the resident communicate better with the staff. During an interview on 6/5/2026 at 10:44 AM, Registered Nurse 1 stated even though the order indicated may have ENT evaluation, Resident 73 should see an ENT because of the resident is hard of hearing. During an interview on 6/5/2026 at 4:05 PM, the Director of Nursing (DON) stated Resident 73 should get a referral to see an ENT because the resident is hard of hearing and to observe for increased hearing loss. During a review of the facility's Policy and Procedure (P&P) titled Care of Hearing Impaired Resident, revised 2/2018, the P&P indicated staff will assist hearing impaired residents to maintain effective communication with clinicians, caregivers, other residents and visitors. The P&P also indicated staff will assist the resident with locating available resources, scheduling appointments and arranging transportation to obtain needed services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to set the low air loss mattress (LAL mattress, a specialized medical bed mattress designed to prevent and treat pressure ulcers [localized damage to the skin and/or underlying tissue usually over a bony prominence] by constantly blowing a tiny amount of air through the tiny holes) in accordance with the weight for one (1) of three (3) sampled residents (Residents 117) reviewed for pressure ulcer. This deficient practice placed Resident 117 at risk for development of new pressure ulcers.Findings: During a review of Resident 117's admission Record, the admission Record indicated Resident 117 was admitted to the facility on [DATE] with diagnoses that included adult failure to thrive (a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition, and inactivity) and protein calorie malnutrition (a condition that occurs when a person's body doesn't get the right amount of nutrients it needs to function properly). During a review of Resident 117's Physician's Order, dated 12/16/2024, timed at 6 PM, the Physician's Order indicated treatment using LAL mattress for pressure redistribution and skin integrity management. The physician's order also indicated a setting of four (4) every shift. During a review of Resident 117's Braden Scale (a tool that predicts the risk for developing a facility acquired pressure ulcer), dated 2/1/2026, timed at 10:21 AM, the Braden Scale indicated the resident was at a high risk for developing pressure ulcer. During a review of Resident 117's Minimum Data Set (MDS- a resident assessment tool), dated 4/29/2026, the MDS indicated Resident 117 had moderate impairment in cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 117 was dependent (helper does all the effort) with shower, lower body dressing, and putting/taking off footwear and required substantial/maximal assistance (helper does more than half the effort) with toileting and personal hygiene, and upper body dressing. The MDS further indicated Resident 117 required partial/moderate assistance (helper does less than half the effort) with oral hygiene and required setup assistance (helper set up; resident completes activity) with eating. The MDS indicated Resident 17 had a pressure-reducing device for the resident's bed. During a concurrent observation in Resident 117's room and interview on 6/2/2026 at 10:11 AM, Resident 117 was lying on her back in bed with the LAL mattress set at 200 pounds. Resident 117 stated she previously had a wound on her back. During another observation in Resident 117's room on 6/3/2026 at 11:10 AM, Resident 117 was lying on her back in bed with the LAL set at 200 pounds. During a concurrent interview and record review with Treatment Nurse 1 (TN 1) on 6/3/2026 at 3:03 PM, Resident 117's Monthly Weight Report for was reviewed. TN 1 stated Resident 117 weighed 135 pounds on 5/5/2026. TN 1 also stated Resident 117 was on LAL mattress for skin management because of the risk of skin breakdown since the resident stays in bed most of the time. During a concurrent observation and interview inside Resident 117's room on 6/3/2026 at 3:10 PM, TN 1 stated the resident's LAL mattress was set at 200 pounds. TN 1 also stated Resident 117's LAL mattress should not be set at 200 pounds but rather should be set based on the resident's weight, because an incorrect setting would make the mattress firmer and could increase pressure on the resident's bottom, potentially causing a pressure ulcer. TN 1 further stated the physician's order should have been clarified by the licensed staff because LAL mattress settings are based on the resident's weight in pounds, not on preset levels. During an interview on 6/4/2026 at 3:16 PM, Licensed Vocational Nurse 3 (LVN 3) stated the LAL mattress should be based on the residents' weight to help relieve pressure on the residents' bony prominences to prevent pressure ulcers, especially for those that are high risks for impaired skin integrity. During a concurrent interview and record review with TN 1 on 6/5/2026 at 11:49 AM, the policy and procedure on was reviewed. TN 1 stated the support surfaces guidelines policy which included guides in selecting appropriate pressure relieving devices included the LAL use for residents at risk for developing pressure ulcers. During an interview on 6/5/2026 at 1:58 PM, the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Director of Nursing (DON) stated LAL mattress should be based on the residents' weight to prevent skin issues. The DON also stated Resident 117's order on the LAL mattress should have been clarified with the physician to ensure the LAL was set correctly based on the weight of the resident. During a review of the facility's Policy and Procedure (P&P) titled, Support Surface Guidelines, revised 9/2013, the P&P indicated its purpose was to provide guidelines for the assessment and appropriate pressure reducing and relieving devices for residents at risk for skin breakdown. The P&P also indicated any individual at risk for developing pressure ulcers should be placed on a redistribution support surface, such as foam, gel, static air, alternating air, or air loss or gel when lying in bed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the feet of one (1) of four (4) sampled residents (Residents 20) reviewed for accident were placed on the wheelchair's footrest during wheelchair transport.This deficient practice placed Resident 20 at risk of injury and serious harm.Findings: During a review of Resident 20's admission Record, the admission Record indicated Resident 20 was admitted to the facility on [DATE] with diagnoses that included lack of coordination, enthesopathy (any damage, disease or irritation at the exact spot where the tendons or ligaments attach to the bones) and bone density and structure disorder (thin and brittle bones [a physical state where bones become fragile, weak, and structurally compromised causing them to fracture or break much more easily than normal]. During a review of Resident 20's Minimum Data Set (MDS- a resident assessment tool), dated 5/7/2026, the MDS indicated Resident 20 had severe impairment in cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 20 normally used wheelchair in the last seven (7) days and required partial/moderate assistance (helper does less than half the effort) with oral, toileting and personal hygiene, shower, upper and lower body dressing, and putting/taking off footwear. The MDS further indicated Resident 20 required setup assistance (helper set up; resident completes activity) with eating. During an observation on 6/2/2026 at 10:46 AM, Resident 20 was coming out of the activity room into the hallway in a wheelchair, with Activity Assistant 1 (AA 1) pushing the wheelchair. The wheelchair's footrests were in the open position, and the resident was footˆpropelling as the wheelchair moved. During an observation on 6/2/2026 at 10:50 AM, AA 1 wheeled Resident 20 back into the activity room from the hallway, with the resident's feet on the floor, footˆpropelling as the wheelchair moved. The wheelchair's footrests were in the open position. During an interview on 6/4/2026 at 11:47 AM, AA 1 stated Resident 20's feet should be on the wheelchair's footrests to prevent the resident's feet from accidentally being bent while being wheeled in the wheelchair. During an interview on 6/4/2026 at 2:43 PM, Occupational Therapist 1 (OT 1) stated that if Resident 20 was able to lift her feet while being wheeled, it would be acceptable; however, she could potentially be injured if she failed to raise her feet while being wheeled without the footrests in use. During an interview on 6/4/2026 at 4 PM, the MDS Coordinator stated Resident 20 was dependent on a wheelchair for mobility. The MDS Coordinator also stated that Resident 20's feet should be on the footrests to prevent her feet from potentially dragging and causing injury. During a review of the facility's Policy and Procedure (P&P) titled, Safety and Supervision of Residents, revised 7/2017, the P&P indicated the facility strives to make the environment as free from accident hazards as possible. The P&P also stated that the resident's safety, supervision and assistance to prevent accidents are facility-wide priorities.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to perform a trauma informed assessment (a structured clinical approach that evaluates how an individual's past and present trauma impacts their overall functioning, relationships, and well-being) for one (1) of two (2) sampled residents (Resident 134) who has a diagnosis of Post Traumatic Stress Disorder (PTSD - a disorder in which a person has difficulty recovering after experiencing or witnessing a traumatic event). This deficient practice has the potential to affect Resident 134's psychological (relates to the mind, mental processes, and behavior) well-being and affects the resident's quality of life.Findings:During a review of Resident 134's admission Record, the admission Record indicated the resident was admitted to the facility on [DATE] with the following but not limited to diagnoses of PTSD, anxiety (an emotion characterized by feelings of tension, worried thoughts, and physical changes like a rapid heartbeat), and depression (a common, serious mood disorder that causes persistent feelings of sadness, emptiness, and a loss of interest in activities). During a review of Resident 134's History and Physical (H&P), dated 5/30/2026, the H&P indicated the resident has the capacity to understand and make decisions. During an interview on 6/2/2026 at 7:48 AM, Licensed Vocational Nurse 1 (LVN) 1 stated there was no trauma informed assessment that was done for Resident 134 since the resident was admitted at the facility on 5/28/206. LVN 1 also stated he does not know Resident 134's specific triggers for the resident's PTSD. During an interview on 6/4/2026 at 8:39 AM, Certified Nursing Assistant 5 (CNA 5) stated she guess on Resident 134's trigger symptoms of PTSD by experience and the general PTSD triggers but was not aware of the resident's specific triggers. During an observation and interview on 6/4/2026 at 9:24 AM, Resident 134 was observed on her phone and sitting on the resident's bed. Resident 134 stated the staff would scare her when they come into her room by yelling good morning. During an interview on 6/4/2026 at 10:04 AM, Social Services Director (SSD) stated there is no trauma informed assessment completed for Resident 134's PTSD and there should be one to ensure the safety of the resident. SSD also stated she does not know Resident 134's PTSD triggers and it is important to be aware of them to prevent any reoccurrences of the resident's PTSD. During an interview on 6/4/2026 at 11:30 AM, SSD stated the triggers should be known at the time of the resident's admission to ensure the safety and well-being of the resident. During an interview on 6/5/2026 at 3:57 PM, the Director of Nursing (DON) stated a trauma informed assessment was not performed or completed for Resident 134's trauma and that is not okay. The DON also added, the importance of completing trauma informed assessment as soon as the resident is admitted at the facility is for staff to know the triggers of Resident 134's PTSD to ensure the safety and well-being of the resident. During a review of the facility's Policy and Procedure (P&P) titled, Intervention and Monitoring Behavioral Assessment, revised 3/2019, the P&P indicated the facility will provide and residents will receive behavior health services as needed to attain or maintain the highest practicable physical, mental, and psychosocial well-being. The P&P also indicated behavior symptoms will be identified using facility approved behavioral screening tools (trauma informed assessment) and the comprehensive assessment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one (1) of five (5) sampled residents (Resident 84) observed during medication pass received Metformin Hydrochloride (drug used to lower and control blood sugar levels in people with type 2 diabetes mellitus [DM, a disorder characterized by difficulty in blood sugar control and poor wound healing)]) with meals as indicated on the physician's order and facility's policy. This deficient practice placed Resident 84 at risk for gastrointestinal (GI, involves the mouth, esophagus, stomach, small and large intestines, rectum and anus) side effects which included nausea, diarrhea, and stomach cramping. Findings: During a review of Resident 84's admission Record, the admission Record indicated Resident 84 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included type 2 DM and gastro-esophageal reflux disease (GERD- when a valve between the stomach and food pipe does not close tightly, letting harsh stomach acid splash backward and burn the lining of the throat and chest). During a review of Resident 84's Physician's Order, dated 3/31/2025 timed at 6:58 PM, the Physician's Order indicated Metformin Hydrochloride (HCL) oral tablet 500 milligrams (mg- metric unit of measurement, used for medication dosage and/or amount) 1 tablet by mouth two (2) times a day for DM with meals. During a review of Resident 84's Minimum Data Set (MDS- a resident assessment tool), dated 5/14/2026, the MDS indicated Resident 84 had moderate impairment in cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 84 required substantial/maximal assistance (helper does more than half the effort) with shower and partial/moderate assistance (helper does less than half the effort) with oral, toileting and personal hygiene, upper and lower body dressing, and putting/taking off footwear. The MDS further indicated Resident 84 required setup assistance (helper set up; resident completes activity) with eating. During a review of Resident 84's Medication Administration Record (MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) for the months of May and June 2026, the MAR indicated an administration time of 9 AM and 5 PM for Metformin HCL 500 mg 2 times a day with meals. During a medication pass observation on 6/4/2026 at 9:11 AM, Licensed Vocational Nurse 4 (LVN 4) administered Metformin HCL 500 mg to Resident 84 without food. During an interview on 6/5/2026 at 11:09 AM, Resident 84 stated he had finished eating breakfast at 8 AM on 6/4/2026. Resident 84 also stated he gets all his morning medications including his Metformin HCL around 9 AM every day without food. During an interview with Registered Nurse 2 (RN 2) on 6/5/2026 at 11:14 AM, RN 2 stated the licensed staff should have followed up with the physician to clarify timing of Metformin HCL administration to coincide with Resident 84's breakfast. RN 2 further stated breakfast trays arrive at the North station usually between 7:20 AM to 7:30 AM. RN 2 stated Metformin HCL should be given with food because it could cause stomach irritation. During an interview on 6/5/2026 at 11:27 AM, LVN 4 stated Resident 84's Metformin HCL should be given with meals to prevent resident from getting stomach discomfort. LVN 4 also stated the licensed staff should have contacted the physician to possibly move the morning administration time to around 8 AM to coincide with the breakfast. During a review of the facility's Policy and Procedure (P&P) titled, Administering Medications, revised 4/2019, the P&P indicated that medications are administered in a safe and timely manner, and as prescribed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observation, interview, and record review, the facility failed to ensure one (1) of four (4) dumpsters (a movable waste container) and 1 trash can were covered and closed per facility policy and procedure (P&P). This failure had the potential to attract vermin (animals that are believed to be harmful, carry diseases such as rodents, parasitic worms, or insects), pests (any living thing that has a negative effect on humans), and wildlife (undomesticated animal species), increasing the risk of disease transmission and health issues for residents, staff, and the surrounding community.During an observation on 6/2/2026 at 7:35 AM outside to the left of the building next to the facility driveway, one gray trash can was observed overflowing with brown paper, plastic bags and a surgical mask with no cover or lid. One dumpster was also observed with the lid propped open with a cardboard box. During an interview on 6/3/2026 at 2:45 PM with Dietary Supervisor (DS), DS stated it is important that dumpster lids are not propped open because it is unsanitary. DS added that keeping the lids closed prevents pests from going inside of them. During an interview on 6/5/2026 at 12:28 PM with Maintenance Supervisor (MS), MS stated the gray trash can outside is the maintenance trash can. MS stated it does have a lid that they can use to cover it. MS added the trash can should be covered to prevent pests from getting into it. During a review of the facility's P&P titled, Miscellaneous Areas, dated 2023, the P&P indicated under garbage and trash and trash procedure that, Garbage and trashcans must be inspected daily that no debris is on the ground of surrounding area, and that all the lids are closed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to observe infection control measures for two (2) of 25 sampled residents (Residents 4 and 137) as indicated in the facility policy by failing to ensure:Treatment Nurse 2 (TN 2) changed gloves and performed hand hygiene (washing hands with soap and water for at least 20 seconds, or using alcohol-based sanitizer, to effectively eliminate germs and prevent disease spread) after touching the privacy curtain (a ceiling-suspended fabric partition used to temporarily section off patient beds, exam areas, or treatment spaces to protect patient dignity, ensure confidentiality, and create semi-private spaces) and before continuing wound treatment for Resident 4.Certified Nursing Assistant 4 (CNA 4) doff (remove an item or clothing) and dispose of PPE and perform hand hygiene after providing peri-care (cleaning the genitals and anal area) to Resident 38.These failures had the potential to result in an increased risk for the spread of bacteria, viruses and pathogens (harmful microorganisms) to residents, visitors and staff throughout the facility, while increasing the risk of [preventable] infections.Findings:1. During a review of Resident 4's admission Record, the admission Record indicated the resident was admitted on [DATE] with the following but not limited to diagnoses of urinary tract infection (UTI- an infection in the bladder/urinary tract), and chronic lymphocytic leukemia (a slow-growing blood and bone marrow cancer that causes the body to produce too many abnormal white blood cells making resident vulnerable to infections). During a review of Resident 4's Minimum Data Set (MDS - a resident assessment tool), dated 4/11/2026, the MDS indicated the resident was moderately impaired in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated the resident required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) with toileting hygiene, shower/bathe self, lower body dressing, putting on/taking off footwear btu required partial/moderate assistance (helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs and provides more than half the effort) with eating, oral hygiene, upper body dressing and personal hygiene. During a wound care observation on 6/4/2026 at 9:36 AM, TN 2 was observed pulling the privacy curtain with gloves on, with the same gloves, TN 2 continued to clean Resident 4's wound. During an interview on 6/4/2026 at 9:50 AM, TN 2 stated it is not okay that she touched the privacy curtain with gloves on and with the same gloves continued the wound treatment for Resident 4 because that is infection control and can transmit infection to the resident's wound. During an interview on 6/5/2026 at 12:06 PM, Infection Preventionist Nurse (IPN) stated TN 2 should have changed gloves and performed hand hygiene after touching the privacy curtain as the privacy curtain can transfer organisms to the open wound. During an interview on 6/5/2026 at 4 PM, the Director of Nursing (DON) stated TN 2 should not have touched the privacy curtain and with the same gloves continued with Resident 4's wound treatment because that is infection control. The DON stated, TN 2 should have removed the gloves, performed hand hygiene and put on a new glove before continuing with Resident 4's wound treatment. 2. A review of Resident 137's admission Record, the admission Record indicated the resident was admitted on [DATE] with the following but not limited to diagnoses of gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), dehydration, dysphagia (difficulty swallowing), muscle weakness, dementia (progressive state of decline in mental abilities), anxiety (a natural emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure) and depression (a common yet serious mood disorder that causes persistent sadness, hopelessness, and a loss of interest in activities). A review of Resident 137's Minimum Data Set (MDS - a resident assessment tool), dated 3/25/26, the MDS indicated Resident 137 was severely impaired in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated the resident is dependent (helper does all of the effort. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) with oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene. During an observation on 6/4/2026 at 2:15 PM, CNA 4 was observed providing bowel incontinence (the involuntary loss of bowel control, resulting in the unintentional leakage of stool) care for Resident 137. CNA 4 was observed using the same gloves after providing incontinence care and touched Resident 137 set of clean bed sheets/chux pads (highly absorbent, waterproof underpads used to protect mattresses) and blanket. During an interview on 6/4/2026 at 2:30 PM, CNA 4 stated she should have changed gloves and performed hand hygiene before touching Resident 137's bed sheet/ chux pads and blanket because she can spread the feces to the resident and that is infection control. During an interview on 6/5/2026 at 12:07 PM, Infection Preventionist Nurse (IPN) stated CNA 4 should have changed gloves and performed hand hygiene after providing bowel incontinence care to Resident 137 and before touching clean things, so CNA 4 does not contaminate everything. During an interview on 6/5/2026 at 4:10 PM, the DON stated the CNA should have changed gloves and performed hand hygiene after incontinence care was provided to Resident 137 and before touching the clean areas for infection control reasons. During a review of the facility's Policy and Procedure (P&P) titled Personal Protective Equipment - Using Gloves, dated 2001, the P&P indicated when gloves are indicated, use disposable single-use gloves. The P&P also indicated to use gloves when touching excretions, secretions, blood, body fluids, mucous membranes or non-intact skin. The P&P further indicated objectives to prevent the spread of infection and to protect wounds from contamination and to discard used gloves into the waste receptacle. During a review of the facility's P&P titled Handwashing/Hand Hygiene, revised 8/2019, the P&P indicated use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap and water for the following situations such as:After handling used dressing, contaminated equipment.After contact with objects in the immediate vicinity of the resident.After contact with blood or body fluids.Before moving from a contaminated body site to a clean body site during resident care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bellefontaine Healthcare Center	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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an antibiotic surveillance (is the continuous tracking and analysis of how antibiotics (medicines used to treat bacterial infections by killing bacteria or inhibiting their growth] are used and how bacteria are becoming resistant to them) data collection form was completed for one (1) of two (2) sampled residents (Resident 134) who was receiving antibiotic therapy. This deficient practice had the potential for Resident 134 to be prescribed inappropriate antibiotic and increased the risk of developing antibiotic-resistant organisms (bacteria that are not controlled or killed by antibiotics).Findings:During a review of Resident 134's admission Record, the admission Record indicated the resident was admitted on [DATE] with the following but not limited to diagnoses of otitis media (middle ear infection or inflammation) of the right ear, bronchitis (an inflammation of the main airway/windpipe), and pneumonia (an infection/ inflammation in the lungs). During a review of Resident 134's Minimum Data Set (MDS - a resident assessment tool), dated 6/3/2026, the MDS indicated the resident was independent with cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated Resident 134 required partial/moderate assistance (helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) with toileting hygiene, shower/bathe self, lower body dressing and putting on/taking off footwear but required supervision/touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) with upper body dressing and required supervision or touching assistance (helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity) with eating, oral hygiene, and personal hygiene. During a review of Resident 134's Order Summary, dated 5/31/2026, the Order Summary indicated Ciprodex Otic Suspension 0.3-0.1% (Ciprofloxacin-Dexamethasone - ear drop medicine that treats bacterial ear infections) Instill four (4) drops in right ear every 12 hours for ear infection for seven (7) days. During an interview on 6/5/2026 at 12:06 PM, the facility's Antibiotic Stewardship (the responsible and safe use of antibiotics to make sure they work when needed, now and in the future), dated 5/2026, was reviewed. Infection Preventionist Nurse (IPN) stated an antibiotic surveillance data collection form (McGeer Criteria) was not completed for Resident 134 receiving Ciprodex Otic antibiotic. IPN also stated Resident 134 should have a McGeer Criteria completed for the use of Ciprodex Otic to ensure the resident met the criteria for the antibiotic use and to ensure Resident 134 will be receiving the correct antibiotic. The IPN stated completing an antibiotic surveillance form can help prevent the resident from developing multi-drug-resistant organisms (MDRO - are bacteria resistant to more than or equal to 3 classes of antibiotics). During a review of the facility's Policy and Procedure (P&P) titled, Antibiotic Stewardship - Review and Surveillance of Antibiotic Use and Outcomes, revised 12/2016, the P&P indicated as part of the facility's antibiotic stewardship program, all clinical infections treated with antibiotics will undergo review by the infection preventionist, or designee. The P&P also indicated antibiotic usage and outcome data will be collected and documented using a facility-approved antibiotic surveillance tracking form. During a review of the facility's P&P titled, Antibiotic Stewardship, revised 12/2016, the P&P indicated antibiotics will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program. The P&P also indicated the purpose of the facility's antibiotic stewardship program is to monitor the use of antibiotics in their residents.