

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/26/2025
NAME OF PROVIDER OR SUPPLIER Camellia Gardens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1920 N. Fair Oaks Avenue Pasadena, CA 91103	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to admit one of one sample resident (Resident 1) to the facility's first available bed from 12/18/2025 to 12/24/2025. This deficient practice has the potential to result in increased Resident 1 and his family for physical and emotional distress (an unpleasant emotional, psychological, or physical reaction to a difficult experience or ongoing stress that interferes with one's ability to cope with daily life) due to unnecessary stay in the hospital. Findings:During a review of Resident 1 's admission Record indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses that included chronic respiratory failure unspecified whether with hypoxia or hypercapnia (a patient has long-term trouble getting enough oxygen into their blood [hypoxia/hypoxemia] or removing carbon dioxide from their blood, but the specific type of gas exchange), paroxysmal atrial fibrillation (a type of irregular heartbeat where episodes start and stop suddenly, usually within 7 days, either on their own or with treatment, returning the heart to a normal rhythm), and essential hypertension (high blood pressure that develops gradually without a single identifiable cause). During a review of the Minimum Data Set (MDS- a resident assessment tool) dated 10/30/2025, it indicated Resident 1 severely impaired cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS indicated Resident 1 is dependent, (helper does all of the effort) with oral hygiene, toileting hygiene, personal hygiene, shower, bathe self, upper and lower body dressing, putting on/ taking off footwear, change of position, and transfer. During a review of physician order (PO) dated 10/2/2025, PO indicated Resident 1 was transferred to General Acute Care Hospital (GACH) 2 for further care due to medical emergency. During a review of GACH's CM discharge plan notes dated from 11/11/2025 to 12/24/2025, it indicated the following:On 11/11/2025 - Still no available bed from the facility. On 11/14/2025- GACH's CM followed up with the facility's admission Coordinator (AC) and per AC there is no isolation bed to admit Resident 1. On 11/20/2025- GACH's CM spoke with Resident 1's Representative (RR) and RR questioned why Resident 1 has not returned to the facility. On 12/11/2025- GACH's CM followed up with AC and AC stated, the facility still does not have an available for Resident 1.On 12/24/2025- GACH's CM followed up with AC and AC stated, they (the facility) still do not currently have an available to accept Resident 1 back. During an interview on 12/24/2025 at 3:25 PM with the Director of Nursing (DON), the DON stated she did not know Resident 1 needs an isolation room for the resident was positive for Candita Auris (C. Auris- merging fungus that can cause severe, often multidrug-resistant, infections. It spreads easily among patients in healthcare facilities-, and use of contact precautions [gowns, gloves, dedicated equipment] is needed to stop its spread). The DON stated she was not aware that GACH CM has been speaking with the facility's admission Coordinator (AC) since November 2025 (not sure of exact date) that Resident 1 was ready to be discharged to the facility with contact isolation precaution. The DON stated she could have moved residents around/ made some room changes to make a bed/isolation room available for Resident 1 so they could admit the resident back to the facility. The DON also stated Resident 1 met the criteria of admission/ readmission to the facility and there was no reason for the facility not to admit Resident 1 back since the facility had an available bed for Resident 1 since 12/18/2025. During an interview on 12/24/2025 at 3:29 PM with Infection Preventionist Nurse (IPN), IPN stated she did not know that GACH's CM spoke with AC that Resident was cleared to be discharge back to the facility with contact isolation precaution. IPN stated if only she knew, she could have moved residents around and made a bed available for Resident 1 so Resident 1 can be admitted back at the facility since 12/18/2025. IPN stated Resident 1 met the facility's readmission criteria and the facility can admit Resident 1 back to the facility from 12/18/2025 to 12/24/2025. During an interview on 12/24/2025 at 3:55 PM with AC, AC stated I did not know why I did not ask the DON and IPN for any opening bed for resident with c. auris. AC stated, AC did not inquired with the DON nor IPN about room availability to admit Resident 1 to the facility when GACH CM's has been asking and/ or waiting for a bed available for Resident 1 since 12/18/2025. AC stated she told GACH CM that there was no isolation bed available, and the facility cannot admit Resident 1 back to the facility since 11/4/2025 and until 12/23/2025. AC stated she should have inquired and relayed the information to the DON and IPN regarding Resident 1 is for admission to the facility in isolation precaution. During a concurrent interview and record review on 12/24/2025 at 4:35 PM with the DON, the facility's Daily Census Report dated 12/18/2025 to 12/24/2025 were reviewed. The reports indicated starting from 12/18/2025 to 12/24/2025 there were three open beds inside Room A which</p>		