

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  03/04/2026
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to ensure the call light was within reach of Resident 1 to accommodate resident when resident needed to call for help and ask for her pain medication on 3/4/2026. This deficient practice has the potential to delay in pain relief, the necessary care, services and needs not being met for Resident 1, affect the quality of life and lead to other medical complications. Findings: During a review of Resident 1'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 chronic obstructive pulmonary disease (COPD - a chronic lung disease causing difficulty in breathing), hereditary and idiopathic neuropathy (progressive nerve damage, numbness, and muscle weakness includes pain and loss of motor function) and muscle spasms (sudden, involuntary, and often painful contraction of one or more muscles, lasting from a few seconds to several minutes) of the back. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 3/13/2026, 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 was dependent (helper does all of the effort. Residents do 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 eating, oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene. The MDS indicated that the resident received scheduled pain medication and received PRN (as needed) pain medication. The MDS also indicated Resident 1 had moderate pain within the last 5 days. During a review of Resident 1's Care Plan with focus acute pain on left arm/shoulder related possibly from history of status post fall, revised 11/5/2025, the Care Plan indicated to anticipate the resident's need for pain relief and respond immediately to any complaint of pain. During a review of Resident 1's Care Plan with focus potential for excessive weakness, tiredness, weight loss, pain and depression, revised 11/5/2025, the Care Plan indicated provide pain med as ordered. During a review of Resident 1's Physician Orders, dated 2/23/2026, the Physician Orders indicated Tramadol hydrochloride (HCL) (a centrally acting synthetic opioid analgesic used to treat moderate to moderately severe pain in adults) Oral Tablet 50 milligrams (mg - unit of measure) Give 1 tablet via Percutaneous Endoscopic Gastrostomy (PEG) tube (a soft, flexible feeding tube inserted through the abdomen into the stomach to provide long-term nutrition, fluids, or medication for individuals with swallowing difficulties) every 6 hours as needed for moderate to severe pain. During an observation and interview on 3/4/2026 at 10:40AM in Resident 1's room, Resident 1 stated she was in a lot of pain, and her pain level is 10/10. Resident was observed looking for her call light and she stated she does not have a call light. Resident 1's call light was observed on the side rail and behind a trash bag. Resident was then observed yelling for the nurse. During an interview on 3/4/2026 at 10:50AM, Registered Nurse Supervisor (RNS) stated it is not ok for the call light to be hidden behind the trash bag because the resident would not be able to ask for assistance when needed and have proper treatment for her pain. During an interview on 3/4/2026 at 2PM, the facility's Policy and Procedure (P&amp;P) titled Answering the Call Light, revised 3/2021, was reviewed. RNS stated per policy the call light needs to (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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F 0558  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	be within resident's easy reach. During an interview on 3/4/2026 at 2:55PM, the Director of Nursing (DON) stated the call light should be within resident's easy reach and not behind a trash bag. DON also stated per policy it should be within easy reach. During a review of the facility's Policy and Procedure (P&P) titled Answering the Call Light, revised 3/2021, the P&P indicated when the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident.		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to follow an individualized resident-centered care plan (a care plan that prioritizes the unique health needs and desired outcomes of the resident) for one (1) of two (2) sampled residents (Resident 1) when Resident 1 needed a brief change. This deficient practice had the potential for Resident 1 to develop skin issues and develop complications of MASD (moisture associated skin damage caused from prolonged exposure to moisture). Findings: During a review of Resident 1'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 chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), hereditary and idiopathic neuropathy (progressive nerve damage, numbness, and muscle weakness includes pain and loss of motor function) and muscle spasms (sudden, involuntary, and often painful contraction of one or more muscles, lasting from a few seconds to several minutes) of the back. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 3/13/2026, 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 was dependent (helper does all the effort. Resident make no effort to complete the activity; Or the assistance of 2 or more helpers is required for the resident to complete the activity) with eating, oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene. During a review of Resident 1's Care Plan with focus on potential/actual impairment to skin integrity of the perineal area related to MASD, initiated 11/20/2025, the Care Plan indicated keep skin clean and dry. During a review of Resident 1's Care Plan with focus on resident has urinary tract infection (UTI- an infection in the bladder/urinary tract), revised on 2/14/2026, the Care Plan indicated checking at least every 2 hours for incontinence. The care plan also indicated wash, rinse and dry soiled areas. During an interview on 3/4/2026 at 11:45AM with Registered Nurse Supervisor (RNS) present, Certified Nursing Assistant 1 (CNA) 1 stated Resident 1's last change was at 8AM. CNA 1 also stated she checked Resident 1 and Resident 1's brief was wet, but CNA 1 stated she will change the resident after her lunch. During an interview on 3/4/2026 at 1PM, RNS stated Resident 1 was changed at 1PM. During an interview on 3/4/2026 at 2PM, Resident 1's Care Plans with focus on potential/actual impairment to skin integrity of the perineal area related to MASD, revised 11/20/2025, and Care Plan with focus resident has Urinary Tract Infection, revised on 2/14/2026, were reviewed. RNS stated according to Resident 1's Care Plans, the facility needs to ensure the resident is kept clean and dry and to ensure Resident 1 is checked every 2 hours for incontinence and the care plan was not being followed. RNS also stated Resident 1 can develop skin issues. During a concurrent interview and record review on 3/4/2026 at 2PM, the facility's Policy and Procedure (P&amp;P) titled Comprehensive Person-Centered Care Plans, revised 3/2022, was reviewed. RNS stated the policy indicated the need to follow the residents care plan to maintain the highest practicable physical, mental and psychosocial well-being for residents. During an interview on 3/4/2026 at 2:55PM, the Director of Nursing (DON) stated the residents should be changed every 2 hours. The DON also stated it is not in the policy, but it should be in the policy. The DON also stated if the care plan indicated to keep the residents clean and dry and to check every 2 hours for incontinence then it should be implemented by staff. During a review of the facility's P&amp;P titled Comprehensive Person-Centered Care Plans, revised 3/2022, the P&amp;P indicated the comprehensive person-centered care plan describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p>		