STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555213	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pasadena Care Center, LLC	1640 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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48678 Based on observation, interview, and record review, the facility failed to report an allegation of abuse (any intentional or unintentional actions that cause harm or distress to a patient or person in their care) within two hours to local police department, state survey agency and ombudsman (an advocate for residents of nursing homes, board and care centers, and assisted living facilities) after the allegation of physical abuse (inflicting physical injury such as hitting and slapping) was made by one of one sampled resident (Resident 1). This deficient practice resulted in delayed reporting which could have resulted in ongoing abuse, leading to worsening physical, emotional, or psychological (mental or emotional) harm for Resident 1. Findings: During a review of Resident 1's Admission Record dated 2/5/2025, indicated Resident 1, was admitted to the facility on [DATE] with diagnosis of functional quadriplegia (inability to move due to severe disability frailty caused by another medical condition without physical injury or damage to the spinal cord). During a review of Resident 1's Minimum Data Set: (MDS- resident assessment tool) dated 1/7/2025, it indicated Resident 1 had intact cognition (ability to think, remember, reason and make decisions). The MDS indicated Resident 1 was dependent (helper does all of the effort, resident does none of the effort to complete the activity) on staff for toileting, dressing, transfer to and from a bed to a chair, and required maximal assistance (helper does more than half the effort to lift or hold trunk or limbs and provides more than half the effort) to roll left and right. During a review of Resident 1's Order Summary dated 1/31/2025 at 1:35 PM, it indicated Resident 1 had a physician's order for X RAY (Radiograph - type of medical imaging that creates pictures of bones and soft tissue) of left hand for further evaluation due to complaint of pain. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555213	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pasadena Care Center, LLC	1640 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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 2/5/2025 at 10:25 AM with Resident 1, in Resident 1's room, Resident 1 stated he does not remember the incident very well because he was asleep but believes there were two males and one female who tried to pull him up in bed using the bed sheets but was done very aggressively (unable to recall date). Resident 1 stated staff (unable to recall who) told him to grab his headboard, so he complied and that was when he hurt his hand because his hand was smashed in between the wall and the headboard. Resident 1 did not have a headboard at the time of observation and interview. Resident 1 stated he refused the XRAY ordered by the physician because his left hand was feeling better, and he wanted to talk to his family and go to his primary physician to get recommendations on what to do next. During an interview on 2/5/2025 at 11:09 AM with Social Services Worker (SSW), SSW stated on 1/31/2025 at 10 AM, he received report from the charge nurse (CN) via a communication page on the electronic health system (EHS) that Resident 1 had reported an incident of alleged abuse on 1/31/2025 at around 2:30 AM against Certified Nursing Assistant 1 (CNA1). SSW stated he initiated an investigation by interviewing Resident 1 regarding the alleged abuse and reported the allegation made by Resident to the Administrator, state survey agency, police department, and Ombudsman on 1/31/2025 at 10 AM (eight hours after the alleged abuse was initially reported by Resident 1). During an interview on 2/5/2025 at 11:41 AM with CNA1, CNA1 stated Resident 1 had accused CNA1 of hurting the resident while CNA1assisted the resident in turning to the resident's left side on his bed at around 1:30 AM on 1/31/2025. During an interview with the Director of Nursing (DON) on 2/5/2025 at 12PM, the DON stated the CN has been at the facility a long time, has received in service about abuse reporting, and should have notified the Administrator immediately within two (2) from the allegation of abuse by CNA1 to Resident 1. During an interview on 2/5/2025 at 12:36 PM with the Administrator, Administrator stated she is the Abuse Coordinator for the facility and is aware that staff is to report any alleged abuse to the authorities such as local police department, state survey agency and ombudsman within two hours of the allegation of abuse was made. Administrator stated the CN should have done the SOC 341 (a form that documents the information given by the reporting party on the suspected incident of abuse or neglect of an elder or dependent adult), call Ombudsman, notify law enforcement (local police department), and state agency (state survey agency). Administrator stated the CN has worked at the facility a long time and knows what she was supposed to do but maybe was overwhelmed and forgot. Administrator stated she was notified regarding the alleged abuse on 1/31/2025 at around 10 AM by the SSW which is past the two-hour time frame mandate for reporting abuse. During a review of the facility's policy and procedure titled Abuse Policy dated October 2022, the policy indicated all alleged violations involving abuse are reported immediately to the administrator and must also be reported by the facility to officials in accordance with state law, including to the state survey agency and adult protective services immediately, but no later than two (2) hours if the alleged violation involves abuse or results in bodily injury.