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	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Pine Post Acute	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 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. (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	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Pine Post Acute	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility staff failed to implement fall interventions in accordance with the care plan to frequently observe and place one of two Residents (Resident 1) who was assessed as high risk for fall in a supervised area while out of bed. This deficient practice resulted in a fall (unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of an overwhelming external force) on 5/10/2025, which placed Resident 1 at risk for serious injury like fractures (break in the bone) and head injury (injury that damages your head, including the skull [bony framework of the head, enclosing the brain and supporting the face] and brain), hospitalization and even death.Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 10/25/2024 and readmitted on [DATE], with diagnoses including, but not limited to left sided hemiplegia (complete or severe paralysis of one side of the body) and hemiparesis (weakness or partial paralysis on one side of the body) following nontraumatic (without traumatic cause) intracerebral hemorrhage (bleeding within the brain tissue that extends into the ventricular system), epilepsy (a brain condition that causes recurring seizures), paroxysmal atrial fibrillation (type of irregular heartbeat where episodes of atrial fibrillation start and stop on their own), muscle weakness (actual decrease in muscle strength of one or more muscles, making it difficult to perform tasks that would normally be easy), and difficulty walking (abnormal walking pattern, often caused by an underlying medical issue, injury, or physical limitation). During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool) dated 5/8/2025, the MDS indicated Resident 1 had modified independence (some difficulty in new situations only) with cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision making. The MDS indicated Resident 1 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 eating. The MDS indicated Resident 1 required substantial/maximal assistance (Helper does more than half the effort. Helper lifts of holds trunks or limbs and provide more than half the effort) with upper body dressing and was dependent (Helper does all of the effort. Resident does none of the effort to complete the activity or the assistance of two or more helpers is required for the resident to complete the activity) with showering /bathing self, lower body dressing, putting on /taking off footwear, oral, toileting, and personal hygiene. The MDS indicated Resident 1 was also dependent with sit to lying (ability to move from sitting to lying flat on the bed), lying to sitting on the side of the bed (ability to move from lying on the back to sitting on the side of the bed), chair/bed to chair transfer (ability to transfer from a bed to a chair, and tub/shower transfer (the ability to get in and out of a tub/shower. The MDS indicated Resident 1 had three falls since admission on [DATE]. During a concurrent interview and record review on 8/13/2025 at 9:50 AM with Registered Nurse Supervisor (RN 1), the fall risk assessments for Resident 1, dated 10/25/2024, 12/16/2024, 2/15/2025, 4/25/2025, and 5/10/2025 were reviewed. Resident 1 was assessed as high risk for fall as indicated on the following scores (The fall risk assessment score of 10 or higher was high risk and 0-9 was low risk):1. 10/25/2024 was 12. 2. 12/16/2024 was 16. 3. 2/15/2025 was 17.4. 4/25/2025 was 16.5. 5/10/2025 was 16. A review of Resident 1's Care Plan, initiated on 10/28/2024 and revised on 1/14/2025, the Care Plan indicated Resident 1 was at risk for fall/recurrent fall. Resident 1 had episodes of attempting to get up from bed/wheelchair unassisted. Resident 1 had history of falls dated 12/16/2024, 2/15/2025, 4/24/2025, and 5/10/2025. The staff interventions included were: May use floor mats on both sides of the bed for resident's safety Staff will observe frequently and place Resident 1 in a supervised area when out of bed such as in activity or close to nursing station. Provide resident with safety device/appliance for fall prevention program: low bed, wheelchair, according to physician (MD-Doctor of Medicine) order. Refer to the rehabilitation department for evaluation and possible treatment according to MD order. During a concurrent interview and record review on 8/13/2025 at 10:15 AM with RN 1, Resident 1's nurses' progress notes were reviewed, which indicated: On 12/16/2025 at 9:26 AM, Resident 1 was found on the floor in a sitting position. RN 1 confirmed that according to the progress notes dated 12/16/2025 at 10:35 PM, this was a witnessed fall. On 2/15/2025 at 5:15 PM, Resident 1 was heard yelling. Resident 1 was found lying on his back, on the floor. RN 1 confirmed that according to the progress notes dated 2/16/2025 at 4:52 AM, this was an unwitnessed fall. On 4/24/2025 at around 6:10 AM, Certified Nurse Assistant (CNA 1) found Resident 1 sitting on the floor when the bed alarm went off. According to the progress notes, Resident 1 stated he slid on the mat. RN 1 confirmed that this was an unwitnessed fall as documented on the notes