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	08/28/2025

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 0690 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. (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

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F 0690 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide the appropriate treatment and service to prevent urinary tract infection (UTI- infection of the urinary tract) to one (1) of two (2) sampled residents (Resident 1) who was admitted at the facility with indwelling urinary catheter (a thin, flexible tube inserted into the bladder to drain urine when a person is unable to urinate on their own) by failing to: 1. Monitor and document Resident 1's change of condition (COC) that was observed by facility staff on 8/14/2025 and on 8/21/2025 of dark/ brown colored urine (normal urine color is clear and yellow) in the indwelling catheter bag. 2. Notify Resident 1's physician (MD 1) of the resident's (COC) of dark/ brown colored urine noted on 8/14/2025 and 8/21/2025 in accordance with the resident's Care Plan for at risk for UTI. These failures resulted in Resident 1 to continue having dark/ brown urine color and experience shortness of breath with an oxygen saturation (O2sat- the amount of oxygen you have circulating in your blood) of 89 percent (normal value is between 95% to 100%), heart rate of 143 beats per minute (bpm- normal value is 60 to 100 bpm), and temperature of 101 Fahrenheit (temperature scale, which is used to measure body temperature. Normal value is between 97 to 99) on 8/22/2025. On 8/22/2025, Resident 1 was transferred to General Acute Care Hospital (GACH) via 911 (the number that you call to contact the emergency services) and in GACH's Emergency Department (ED- medical facility that provides immediate care for patients with serious or life-threatening conditions), Resident 1 was noted to have dark turbid urine in indwelling catheter bag, and the resident was intubated (placing a breathing tube through the mouth and down the throat into the lungs) in GACH's ED. Resident 1 was subsequently admitted to GACH's Intensive Care Unit (ICU- a specialized hospital department for patients with life-threatening illnesses or injuries requiring constant monitoring and advanced life support) with diagnosis of septic shock (a dangerously low blood pressure occurs, preventing vital organs like the heart, brain, and kidneys from receiving enough blood and oxygen, leading to potential organ failure and death) due to UTI associated with indwelling urinary catheter.Findings:During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE], with diagnosis which included UTI, dysphagia (difficulty or discomfort in swallowing), severe intellectual disability.During a review of Resident 1's admission Nursing assessment dated [DATE], it indicated Resident 1 has an indwelling urinary catheter, and with urine color of yellow and clear. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 8/11/2025, the MDS indicated Resident 1's cognitive skills (processes of thinking and reasoning) for daily decision making was severely impaired (never/rarely made decisions). The MDS also indicated Resident 1 was dependent on personal hygiene, toileting hygiene, shower bath self. The MDS also indicated, the resident is with an indwelling urinary catheter.During a review of Resident 1's Order Summary Report, indicated an order dated on 7/30/2025 for Resident 1 to have indwelling catheter French 16 (size) with 10 cubic centimeters (the volume of sterile water, expressed in cubic centimeters (cc) used to inflate the retention balloon of a indwelling catheter to hold it in place inside the bladder) attached to gravity urine drainage bag (bag attached to the indwelling urinary catheter to collect the urine) for urinary retention (not being able to urinate). During a review of Resident 1's Care Plan Report date initiated on 7/30/2025, the care plan report indicated focus is at risk for UTI related to indwelling urinary catheter use. The care plan report indicated intervention included, observe urine output for foul odor, sediments (solid particles found in urine), color, amount, abdominal pain and distention (a condition where the abdomen appears swollen or enlarged). The care plan report also indicated to notify physicians as needed for any signs and symptoms of UTI present. During a review of Resident 1's Output: Urine dated 8/14/2025 to 8/22/2025, Resident 1's output: urine indicated, on 8/14/2025 at 2:31 PM and 8/21/2025 at 6:59 AM and 8/22/2025 at 6:59 AM, Resident 1's urine characteristic was noted to be brown /dark in color.During a review of Resident 1's electronic medical charts (EMC) dated from 8/14/2025 to 8/22/2025, Resident 1's EMC did not indicate documented evidence that MD 1 was notified of Resident 1's brown/ dark urine color on 8/14/2025 and 8/21/2025 and that the COC was monitored for the urine color and for signs and symptoms of UTI. During a review of Resident 1's Progress Notes, dated 8/22/2025 at 8:57AM, the progress note indicated Resident 1 was noted with shortness of breath, with O2sat of 89 percent, with temperature of 101 Fahrenheit, and with heart rate of 143 bpm. The progress notes also indicated Resident 1 was transferred to GACH via 911. During a review of Resident 1's Order Summary Report, indicated on 8/22/2025, to transfer Resident 1 to GACH via 911. During a review of Resident 1's GACH ED Provider Note