

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555213	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2025
NAME OF PROVIDER OR SUPPLIER Cedar Pine Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate administering of all drugs and biologicals) to meet the needs for two (2) of 2 sampled residents (Resident 1 and Resident 2) in accordance with the facility policy by failing to:1. Administer Resident 1's morning medications timely on 12/23/25.2. Administer Resident 2's morning medications timely on 12/23/25.This deficient practice had the potential to result in ineffectively managing Resident 1 and Resident 2's medical condition, which could result to harm, hospitalization and death.3. Leaving Resident 2's Medication unattended at bedside.This deficient practice had the potential for other residents to take the medications, which could result in harm to the other residents if ingested.Findings:1. 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 schizoaffective disorder (a mental illness that is characterized by disturbances in thought), hyperlipidemia (having to many fats in the blood which raises risk for heart attack, stroke and heart disease), major depressive disorder (a serious, common mood disorder that causes persistent feelings of sadness, loss of interest, and changes in thinking, feeling, and behavior, affecting daily life, work, sleep, and eating) and gastroesophageal reflux disease (GERD - digestive disorder where the stomach acid frequently flows back into the esophagus [food pipe]).During a review of Resident 1's Care Plan with focus on anti-coagulant (blood thinner), revised 2/5/2025, the Care Plan indicated to administer medication as physician ordered. During a review of Resident 1's Care Plan with focus on Resident 1's on antidepressants (prescription drugs that treat depression, anxiety [fear characterized by behavioral disturbances], and other conditions by altering brain chemistry), revised 2/5/2025, the Care Plan indicated medication as ordered: Paroxetine (medication for depression) 20 milligrams (mg - unit of measure).During a review of Resident 1's Care Plan with focus on antipsychotics (prescription psychiatric drugs that manage psychosis symptoms like hallucinations [sensory experiences {seeing, hearing, smelling, tasting, or feeling things} that seem real but are not] and delusions[fixed, false beliefs held with strong conviction despite evidence to the contrary]), revised 2/5/2025, the Care Plan indicated medication as ordered: Abilify (antipsychotic-psychiatric medications used mainly to treat psychosis [hallucinations, delusions]) 10 mg.During a review of Resident 1's Physician Orders, dated 4/30/2025, the Physician Orders indicated Eliquis (Apixaban [blood thinner]) oral tablet 5 mg. Give 1 tablet by mouth two times a day for cerebrovascular accident (CVA-stroke, loss of blood flow to a part of the brain) prophylaxis (action to prevent disease).During a review of Resident 1's Care Plan with focus on at risk for constipation (difficulty emptying the bowels), revised 5/18/2025, the Care Plan indicated to administer medications per physician's order and monitor effectiveness and side effects.During a review of Resident 1's Care Plan with focus on nutritional problems related to the following but not limited to hyperlipidemia, GERD, major depressive disorder, and schizoaffective disorder, revised 5/20/2025, the Care Plan indicated to administer medications as ordered and monitor/document for side effects and effectiveness. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 11/17/2025, 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 required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) with oral hygiene, upper body dressing and personal hygiene but was dependent (helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of two (2) or more helper is required for the resident to complete the activity) with toileting hygiene, shower/bath self, lower body dressing and putting on/taking off footwear.During a review of Resident 1's Physician Orders, dated 2/1/2025, the Physician Orders indicated the following:1. Baclofen (medication for skeletal muscle relaxants and antispasmodic agent) oral tablet 10 mg. Give 1 tablet by mouth two times a day for back pain.2. Clopidogrel Bisulfate (a prescription antiplatelet medication used to prevent the formation of blood clots) oral tablet 75 mg. Give 1 tablet by mouth one time a day for coronary artery disease (CAD - when plaque builds up in the heart arteries, narrowing them and reducing blood flow and oxygen to the body)3. Docusate Sodium (stool softener) oral tablet 100 mg. Give 2 tablets by mouth one time a day for bowel management. Hold for loose stool. 2 tabs = 200mg4. Famotidine (medication that decreases the amount of stomach acid) oral tablet 20 mg. Give 1 tablet by mouth one time a day for GERD 5. Methocarbamol (skeletal muscle</p>		