

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Brighton Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1836 N. Fair Oaks Ave 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** 48903</b></p> <p>Based on observation, interview and record review, the facility failed to ensure that the call light (a device found near a patient's bed or within reach that consists of a button that, when pressed, sends a signal to the nursing station or a centralized system, alerting healthcare providers that assistance is required in the patient's room) was within the resident's reach while in bed for one out of four sampled residents (Resident 3).</p> <p>This deficient practice had the potential to cause a safety issue such as fall and prevent Resident 3 from receiving medical attention when necessary.</p> <p>Findings:</p> <p>During a review of Resident 3's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included type 2 diabetes (a disease in which your body does not produce enough insulin needed to control sugar levels in the blood) and dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life).</p> <p>During a review of Resident 3's Minimum Data Set (MDS; a care assessment and screening tool) dated 8/11/24, indicated the resident did not have intact cognition (capable of remembering, learning new things, concentrating, or making decisions that affect everyday life) and required substantial assistance (helper does more than half the effort) for toileting, dressing lower body and putting on footwear.</p> <p>During an observation in Resident 3's room on 8/21/24 at 3:21 PM Resident 3 was observed yelling out for help while in bed and his call light was on the floor away from the resident, four minutes after, LVN 5 entered the room.</p> <p>During an interview on 8/21/24 at 3:25 PM with Licensed Vocational Nurse (LVN) 5, LVN 5 stated, the call light was on the floor and the resident was not able to reach it. It can be dangerous because the resident may need medical assistance and not be able to get help.</p> <p>(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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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 8/21/24 at 4:48 PM with the Director of Nursing (DON), the facility's policy and procedure (P&amp;P) titled, Answering the Call Light, dated 9/22 was reviewed. The P&amp;P indicated, The purpose of this procedure is to ensure timely responses to the resident's requests and needs. Ensure that the call light is accessible to the resident when in bed. The DON stated, if a call light is not within the resident's reach, it can be a safety issue, and lead to a fall. The DON also stated, if the call light is not within the resident's and if residents need medical help, they will not be able to call for the facility staff and will not be able to get any help.</p>		

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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> 48903</p> <p>Based on observation, interview and record review, the facility failed to develop a comprehensive and resident-centered care plan to address the Peripherally Inserted Central Catheter (PICC; a thin, flexible tube that's inserted into a vein in the upper arm and threaded into a large vein near the heart) line for one out of four sampled residents (Resident 1).</p> <p>This deficient practice had the potential to cause inappropriate care of Resident 1's PICC line which can potentially result in PICC line infection and hospitalization .</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included sepsis (a life-threatening medical emergency that occurs when the body's immune system has an extreme response to an infection), and Coronavirus 2019 (COVID 19,a highly contagious respiratory disease caused by the SARS-CoV-2 virus).</p> <p>During a review of Resident 1's Minimum Data Set (MDS; a care assessment and screening tool) dated 8/11/24, indicated the resident had intact cognition (capable of remembering, learning new things, concentrating, or making decisions that affect everyday life) and required partial assistance (helper does less than half the effort) for toileting, showering, dressing, and putting on footwear. Resident 1 only required supervision for eating, and hygiene.</p> <p>During a review of Resident 1's Order Summary Report dated 8/5/24 indicated, Resident 1 had a PICC line and required PICC line flushes every 24 hours and PICC dressing change every Monday.</p> <p>During a concurrent interview and record review on 8/21/24 at 10:24 AM with Licensed Vocational Nurse (LVN) 1, Resident 1's Care Plan History (CPH; all care plans created for resident since admission) dated from 8/5/24 to 8/21/2024 were reviewed. CPH did not indicated any care plan that addressed Resident 1's PICC line care. LVN 1 stated, Resident 1 does not have a care plan for PICC. He (Resident 1) should have a care plan so that staff know what the care interventions and goals are. The resident can get inappropriate treatment and staff may be unaware he has a PICC line if he does not have a care plan.</p> <p>During a concurrent interview and record review on 8/21/24 at 4:48 PM with the Director of Nursing (DON), the facility's policy and procedure (P&amp;P) titled, Goals and Objectives, Care Plans, dated 4/09 was reviewed. The P&amp;P indicated, Care plans shall incorporate goals and objectives that lead to the resident's highest obtainable level of independence. Care plan goals and objectives are derived from resident's needs in accordance with comprehensive assessment. The DON stated, Resident 1 should have a care plan that includes monitoring and care for the resident's PICC line. The DON also stated, It (PICC line) is a port that can cause infection, staff should have goals and interventions to properly care for it and staff should be aware of the care needs of residents. Residents with a PICC can get fever, complications and go to the hospital.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>46919</p> <p>Based on interview and record review, the facility failed to ensure that three (3) of 4 sampled licensed nursing staff were competent to provide the necessary nursing services and care for the residents in accordance with the facility ' s policy and procedure (P&amp;P) by:</p> <ol style="list-style-type: none"> <li>1. Failing to evaluate and ensure that Registered Nurse 1 (RN 1) was competent and had the skill sets necessary before providing care to the residents in the facility.</li> <li>2. Failing to evaluate and ensure that Licensed Vocational Nurse 1 (LVN 1) and LVN 2 were competent and had the skills sets necessary before providing care to residents in the facility.</li> </ol> <p>These deficient practices had the potential for residents not to receive appropriate and safe nursing care and services from facility licensed nurses, placing the residents at risk for injury or harm.</p> <p>Findings:</p> <p>During an interview with the Infection Preventionist Nurse (IPN), on 8/21/24, at 2:10 PM, IPN stated the facility used the Competency Training Validation (the process of assessing, verifying, and documenting an individual's competencies in a specific area) form to document and evaluate the skills of licensed nurses.</p> <p>During an interview with the Administrator (ADM), on 8/21/24, at 4:38 PM, the ADM stated licensed nurses must have their skills evaluated upon hire to show evidence of knowledge and ability to perform the skills and tasks at hand. The ADM stated it was the responsibility of the Director of Staff Development (DSD) and the Director of Nursing (DON) to orient and assess the licensed nurse ' s skilled competency (a combination of knowledge, skills, attitudes, and behaviors that allow someone to perform a task efficiently or successfully) upon hire and annually.</p> <p>During an interview with the Director of Nursing (DON), on 8/21/24, at 5:04 PM, the DON stated a skilled competency evaluation was done upon hire to determine the licensed nurses ' skills. The DON stated it was not expected for a licensed nurse to be familiar or know a specific nursing skill since not all nursing skills are utilized at work. The DON stated upon hire, licensed nurses were trained and presented an in-service by the DON or DSD during the skills competency evaluation if the licensed nurse required additional training. The DON stated a resident could become sick or admitted to the hospital if the resident was provided incorrect care by a licensed nurse whose skill was not assessed upon hire. The DON stated it was important to evaluate the skills of a licensed nurse upon hire to ensure the safety of the residents in the facility.</p> <p>During a concurrent interview and record review with the DON and IPN on 8/21/24, at 5:30 PM, the employee records of Registered Nurse 2 (RN 2), Licensed Vocational Nurse 3 (LVN 3) and LVN 4 were reviewed. The DON and IPN stated the following:</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. RN 2 did not have a Competency Training Validation Worksheet completed and filed in the employee record upon hire. The IPN stated RN 2 was hired 3/27/23 and began providing resident care in the facility on 4/4/23.</p> <p>2. LVN 3 did not have a Competency Training Validation Worksheet completed and filed in the employee record upon hire. The IPN stated LVN 3 was hired on 8/2/2024 and began providing resident care in the facility on 8/10/24.</p> <p>3. LVN 4 did not have a Competency Training Validation Worksheet completed and filed in the employee record upon hire. The IPN stated LVN 4 was hired on 7/3/2024 and began providing resident care in the facility on 7/11/24.</p> <p>A review of the facility ' s P&amp;P, titled, Competency of Nursing Staff, revised on 5/2019, indicated the following:</p> <p>All nursing staff must meet the specific competency requirement of their respective licensure and certification requirements defined by State law.</p> <p>Licensed nurses employed by the facility will demonstrate specific competencies and skill sets deemed necessary to care for the needs of residents, as identified through resident assessments and described in the plans of care.</p> <p>Facility and resident-specific competency evaluation will be conducted upon hire, annually, and as deemed necessary based on the facility assessment.</p> <p>A review of the facility ' s Facility Assessment, from 5/1/22 to 10/1/23 for RN under Competency Criteria, indicated completion of orientation and competency skills list (RN Specific). The Facility Assessment for LVN under Competency Criteria indicated completion of orientation and competency skills (LVN specific).</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48903</p> <p>Based on observation, interview, and record review, the facility failed to observe infection control measures for 2 of 4 sampled residents (Residents 1 and 2) by failing to:</p> <ol style="list-style-type: none"> <li>1. Ensure that trash can was emptied when full in a Coronavirus 2019 (COVID 19; a highly contagious respiratory disease caused by the SARS-CoV-2 virus) isolation room (hospital room that keep patients separate from others to prevent the spread of infections) for Resident 1.</li> <li>2. Ensure that Intravenous (IV) tubing (a flexible plastic tube that delivers fluids, medications, and other therapies into the body through a vein) was dated and labeled for Resident 2.</li> </ol> <p>These deficient practices had the potential to cause and spread infection within the facility among staff and residents.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a review of Resident 1's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included sepsis (a life-threatening medical emergency that occurs when the body's immune system has an extreme response to an infection), and COVID 19.</li> </ol> <p>During a review of Resident 1's Minimum Data Set (MDS; a care assessment and screening tool) dated 8/11/24, indicated the resident had intact cognition (capable of remembering, learning new things, concentrating, or making decisions that affect everyday life) and required partial assistance (helper does less than half the effort) for toileting, showering, dressing, and putting on footwear. Resident 1 only required supervision for eating, and hygiene.</p> <p>During a concurrent observation and interview on 8/21/24 at 9:33 AM with Licensed Vocational Nurse (LVN) 2, a sign was observed on Resident 1's door indicating that Resident 1 was on COVID 19 isolation and Resident 1's trash can inside of his room was observed to be overflowing with used gowns, trash, and gloves. LVN 2 stated, the consequences of having the trash can overflowing in a COVID 19 room are that: it is an infection control problem, and infectious diseases can spread more easily.</p> <ol style="list-style-type: none"> <li>2. During a review of Resident 2's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included sepsis (a life-threatening medical emergency that occurs when the body's immune system has an extreme response to an infection), and urinary tract infection (UTI; an infection in the urinary system, which includes the kidneys, ureters, bladder, and urethra).</li> </ol> <p>During a review of Resident 2's History and Physical Examination dated 8/16/24 indicated, Resident 2 has the capacity to understand and make decisions.</p> <p>During a review of Resident 2's MDS dated [DATE], indicated the resident had intact cognition and required partial assistance for dressing, toileting and putting on footwear. Resident 2 only required supervision for oral hygiene.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 2's Order Summary Report (OSR) dated 8/21/24, OSR indicated Resident 2 was ordered Vancomycin (medication to treat infections caused by bacteria) 500 milligrams (mg, unit of measurement for weight)/100 milliliter (ml, unit of measurement) to be administered via IV every eight hours.</p> <p>During a concurrent observation and interview on 8/21/24 at 1:33 PM with Registered Nurse (RN) 1, Resident 2's IV tubing was observed to be not labeled with a date and time it was started/ hanged. RN 1 stated the IV tubing should have been labeled with the date and time it was started or hanged but it is not.</p> <p>During an interview on 8/21/24 at 1:57 PM with RN 1, RN 1 stated, the IV tubing should be dated and labeled. If it is not labeled, we do not know how old it is and it can cause an infection to the pt.</p> <p>During a concurrent interview and record review on 8/21/24 at 4:48 PM with the Director of Nursing (DON), the facility's policy and procedure (P&amp;P) titled, Infection Prevention and Control, dated 12/23 was reviewed. The P&amp;P indicated, The facility adopted infection prevention and control policies and procedures are intended to help maintain a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. The objectives of the infection prevention and control policies are to:</p> <ol style="list-style-type: none"> <li>1. Monitor, prevent, detect, and control infections in the facility.</li> <li>2. Maintain a safe, sanitary environment.</li> </ol> <p>The DON stated, An overflowing trash can create a viral infection hazard. The trash stacked so high is unsafe and it is not appropriate. It is a safety hazard because it can spread disease. The DON also stated, IV tubing should be labeled because we would not know how old an IV tubing is if it was not labeled and we would not know when we need to replace/ change it with a new one. It can be an infection prevention issue and it puts the resident at risk of getting sick with an infection.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>48903</p> <p>Based on interview and document review, the facility failed to ensure a safe environment for residents, staff, and the public by failing to provide:</p> <ol style="list-style-type: none"> <li>1. Documented evidence of HCAI permit and approvals for roofing work.</li> <li>2. Documented evidence of HCAI permit and approvals for installation of one of six Heating, Ventilation, and Air Conditioning (HVAC) units (HVAC unit #3).</li> </ol> <p>The California Department of Healthcare Access and Information (HCAI) monitors the construction, renovation, and seismic safety of California ' s skilled nursing facilities.</p> <p>Findings:</p> <p>During an interview on 8/21/2024 at 9:35 a.m., the Facility Administrator (FA) stated the facility had almost an entirely new roof about one year before he work at the facility. The FA stated he didn ' t know how much of the roof was replaced. The FA also stated that the roof work was done because it was raining around two years ago January of 2023. The FA further stated he believes the facility went through HCAI for the roof replacement project.</p> <p>The FA stated during the year 2022 rainstorm season, 3/4 of the roof was affected with leaks.</p> <p>A record review of work invoices from the roofing company revealed the following:</p> <ol style="list-style-type: none"> <li>1. Invoice #2502 dated 04/20/2023 for roof contract #23093.</li> <li>2. Invoice #2503 dated 04/20/2023 for roof contract #23093.</li> <li>3. Invoice #2504 dated 07/04/2023 for roof contract #23093.</li> </ol> <p>A record review of payment records for roofing work revealed the following:</p> <ol style="list-style-type: none"> <li>1. Payment record #13103 dated 05/21/2023 to roofing company for 04/20/2023 bill reference 2502.</li> <li>2. Payment record #13128 dated 05/23/2023 to roofing company for 04/20/2023 bill reference 2502-2.</li> <li>3. Payment record #13404 dated 08/30/2023 to roofing company for 08/17/2024 bill reference 2504.</li> </ol> <p>The FA was unable to provide documented evidence of HCAI permits and approvals for roofing work at the time of investigation.</p> <p>During an interview on 8/21/2024 at 9:50 a.m., the Facility Administrator (FA) stated one month ago, HVAC unit #3 was replaced and it ' s all fully documented with permits.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of documents from various agencies revealed the following:</p> <ol style="list-style-type: none"> <li>1. City of Pasadena Building &amp; Safety approval dated 06/24/2024 for HVAC change out. Proposal for HVAC change out, dated 07/20/2024 and signed 07/25/2024.</li> <li>2. State of California Energy Commission Alteration to Space Conditioning Systems documentation.</li> <li>3. Payment record #14544 dated 07/31/2024 to a HVAC company for 07/31/2024 bill reference 07/31/2024.</li> </ol> <p>The FA was unable to provide documented evidence of HCAI permits and approvals for HVAC Unit #3 replacement change out at the time of investigation.</p>		