STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555729	A. Building B. Wing	03/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Center	1601 S Baldwin Ave. Arcadia, CA 91007

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility's interdisciplinary team (IDT- a group of health care professionals who work together toward the goals of their residents) failed to ensure that a resident would not be allowed to keep medication at the bedside without being assessed to determine the resident's capability to self-administer medications in accordance with the facility's policies and procedures (P&P) for Resident Rights, Administering Medications, Safety and Supervision of Residents and Self-Administration of Medications, for one of four sampled residents (Resident 2). This deficient practice placed Resident 2 at risk of self-medicating inaccurately and had the potential to result in adverse consequences for Resident 2.Findings: During a review of Resident 2's admission Record (AR), the AR indicated the facility admitted Resident 2 on 11/25/25 and readmitted on [DATE] with diagnoses that included acute respiratory failure with hypoxia (respiratory system fails to oxygenate blood) and asthma (chronic respiratory condition causing inflamed, narrowed airways and excess mucus, resulting in wheezing, coughing, and breathing difficulties). During a review of Resident 2's Physician Orders (PO) for December 2025, the POs indicated Resident 2 was prescribed Fluticasone Furoate-Vilanterol Inhalation Aerosol Powder Breath Activated 100-25 MCG/ACT (inhaler treatment to help control the symptoms of asthma and improve lung function), 1 puff inhaled orally one time a day for Asthma unsupervised self-administration. The order was dated 12/8/25 with start date of 12/9/25. During a review of Resident's Medication Administration Record (MAR) for December 2025, the MAR indicated Resident 2 was unsupervised and self-administering Fluticasone-Vilanterol inhaler for the following dates: 12/9/25 - 12/22/25 and 12/24/25-12/31/25. During a review of Resident 2's IDT Care Conference (IDTCC) dated 12/12/25, the IDTCC indicated the care conference was for Resident 2's 12/8/25 admission to the facility. The IDTCC indicated Resident 2's medication list was reconciled and risks and benefits were discussed, but the self-medication administration portion was unmarked (not checked, not discussed) under the items listed as reviewed. Under the IDTCC's Summary of Discussion/Change in Plan of Care, there was no mention of an assessment by the interdisciplinary team to determine if Resident 2 was a candidate to self-administer medication. During a review of January 2026 and February 2026 POs, the POs indicated Resident 2 was prescribed Fluticasone Furoate-Vilanterol inhaler, 1 puff inhale orally one time a day for Asthma unsupervised self-administration. During a review of Resident's Medication Administration Record (MAR) for January 2026 and February 2026, the MAR indicated Resident 2 was unsupervised and self-administering Fluticasone-Vilanterol inhaler for the following dates: 1/1/26 - 1/31/26 and 2/1/26 - 2/28/26. During a review of Resident 2's Minimum Data Set (MDS, a standardized assessment and care planning tool) dated 2/27/26, the MDS indicated Resident 2 had intact cognition (mental action or process of acquiring knowledge and understanding) for daily decision making. The MDS indicated Resident 2 was dependent on staff with toileting hygiene, lower body dressing, putting on/taking off footwear; partial/moderate assistance for upper body dressing and personal hygiene, and required substantial/maximal assistance from staff for showering/bathing self. During a review of Resident 2's Nursing Progress Note (NPN) dated 3/2/26 at 8:10 p.m., the NPN indicated, Resident stated the resident has been taking medication on an as needed basis. Informed resident that the current (continued on next page)

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

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	physician order indicates daily administration. Reviewed proper inhaler technique. Resident was instructed to hold breath for a few seconds after inhalation and then exhale slowly. Endorsed to Charge Nurse and RN supervisor to clarify with MD whether medication should be administered daily as ordered or change to PRN as what resident mentioned. During a review of Resident 2's NPN dated 3/2/26 at 10:42 p.m., the NPN indicated, Per MDS endorsement to clarify with MD whether medication should be administered daily as ordered or change to PRN as what resident mentioned. MD clarified it should be once daily routine. Keep current order. Fluticasone Furoate-Vilanterol Inhalation Aerosol Powder Breath Activated 100-25 MCG/ACT (Fluticasone Furoate-Vilanterol) 1 puff inhale orally one time a day for Asthma. During a review Resident 2's Care Plan (CP) for Self-Administration of Medication, initiated and revised on 3/2/26, the CP indicated the resident self-administers Fluticasone Furoate-Vilanterol Inhalation Aerosol Powder Breath Activated 100-25 MCG/ACT. The CP interventions included the following: Physician order for self-administration of medication in place; Resident will be reassessed for ability to self-administer medications quarterly, annually and for significant change of condition. During an interview with Resident 2 and Family Member 1 (FM 1) at bedside on 3/18/2026 at 1:35 p.m., FM 1 stated Resident 2 did not receive Resident 2's inhaler for approximately 2 1/2 months starting on 12/8/25. During an interview with License Vocation Nurse 2 (LVN 2) on 3/23/26 at 11:04 a.m., LVN 2 stated LVN 2 previously monitored Resident 2 when Resident 2 self-administered the Furoate-Vilanterol inhaler. LVN 2 stated, Resident 2 has been self-administering from December 2025 until now [3/23/26]. LVN 2 stated, In PCC (electronic medical record) there should be an assessment for self-medication administration for Resident 2 by the RN supervisor or charge nurse. LVN 2 stated she had not completed a self-medication assessment for Resident 2. During an interview with the Minimum Data Set Nurse (MDSN) on 3/23/26 at 2:20 p.m., the MDSN stated a resident who self-administers medication should have a physician's order and assessment completed by IDT to evaluate the resident's ability to self-medicate. The MDSN stated the MDSN did not have any knowledge that Resident 2 was self-administering medication and only became aware because the MDSN had to do the Quarterly (2/27/26) MDS for Resident 2. During a review of the facility's P&P titled, Resident Rights, revised December 2016, the P&P indicated federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to self-administer medication, if the interdisciplinary care planning team determines it is safe. During a review of the facility's P&P titled, Administering Medications, revised April 2019, the P&P indicated medications are administered in accordance with prescriber orders, including any required time frame. Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely. During a review of the facility's P&P titled, Safety and Supervision of Residents, revised July 2017, the P&P indicated the interdisciplinary care team shall analyze information obtained from assessments and observations to identify any specific accident hazards or risks for individual residents. During a review of the facility's P&P titled, Self-Administration of Medications, revised December 2016, the P&P indicated residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so. The P& P further indicated as part of their overall evaluation, the staff and practitioner will assess each resident's mental and physical abilities to determine whether self-administering medications is clinically appropriate for the resident. In addition to general evaluation of decision-making capacity, the staff and practitioner will perform a more specific skill assessment including (but not limited to) the resident's:a. Ability to read and understand medication labels.b. Comprehension of the purpose and proper dosage and administration time for his or her medications.c. Ability to remove medications from a container and to ingest and swallow (or otherwise administer) the medication: andd. Ability to recognize risks and major adverse consequences of his or her medications.If the team determines that a resident cannot safely self-administer medications, the nursing staff will administer the resident's medications.

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. Based on interview and record review, the facility failed to ensure:1.Two of four Certified Nurse Assistants (CNA) met the annual performance evaluation requirements (CNA 2 and CNA 4).2.One of four CNAs met the requirement of full background check before hiring (CNA 4).These deficient practices had the potential to result in lack of knowledge and training among the CNAs, leading to inadequate resident care and the risk for abuse, neglect, and/or exploitation from inadequate background check.Findings: During a review of personnel files (PF) for Certified Nursing Assistant 1 (CNA 1), Certified Nursing Assistant 2 (CNA 2), Certified Nursing Assistant 3 (CNA 3), and Certified Nursing Assistant 4 (CNA 4), the following were identified:CNA 2 did not have a performance evaluation (PE) for 2025. CNA 2's PF indicated CNA 2 was hired on 9/28/23 and the latest PE was dated 9/28/24 signed by CNA 2's supervisor and CNA 2. The PE did not have any comments from CNA 2's supervisor about new goals, objectives, and commitments.CNA 4's PE was dated 7/20/25, signed by CNA 4's supervisor and CNA 4. The PE did not have any comments from CNA 4's supervisor about new goals, objectives, and commitments. CNA 4's date of hire was 6/1/19, which indicated the annual PE was due on 6/1/25 and not 7/20/25.CNA 4's PF did not contain a full background check. The background check was incomplete with only a 7-year criminal court record search for Los Angeles County. CNA 4's PF did not contain an abuse registry check and exclusion list database: Office of Inspection General (OIG) List of Excluded Individuals/Entities (LEIE). During an interview with the Director of Staff Development (DSD) on 3/23/26 at 10:45 a.m., the DSD stated the DSD could only find the PE for 2024 in CNA 2's PF and there was no PE for 2025. The DSD stated PE should be completed annually and the DSD stated annual reviews of CNAs' skills were important to ensure the facility staff provided safe care to the residents. During a review of the facility's undated Policy & Procedure (P&P) titled, Background Screening Investigations, the P&P indicated the facility conducts employment background screening checks, reference checks and criminal conviction investigation checks on all applicants for positions with direct access to residents (direct access employees). The P&P further indicated background and criminal checks are initiated within two days of an offer of employment or contract agreement and completed prior to employment. For any individual applying for a position as a Certified Nursing Assistant, the state nurse aide registry is contacted to determine if any findings of abuse, neglect, mistreatment of individuals, and/or theft of property have been entered into the applicant's file. For any licensed professional applying for a position that may involve direct contact with residents, his/her respective licensing board is contacted to determine if any sanctions have been assessed against the applicant's license. Should the background investigation disclose any misrepresentation on the application form or information indicating that the individual has been convicted of abuse, neglect, mistreatment of individuals, and/or misappropriation of property, the applicant is not employed or contracted. During a review of the facility's Policy & Procedure (P&P) titled, Hiring revised January 2008, the P&P indicated the HR director will then conduct any applicable investigations and determine whether the applicant is legally eligible to work in the United States; and an offer of employment may be revoked and employment may be terminated if an investigation reveals that an applicant made misrepresentations about or failed to disclose any fact which might indicate that the applicant is not qualified for the position in question. During a review of the facility's Policy & Procedure (P&P) titled, Staff Development Program revised May 2019, the P&P indicated the primary objective of the facility's Staff Development Program is to ensure that staff have the knowledge, skills and critical thinking necessary to provide excellent resident care. The P&P further indicated, In addition to the in-service training requirements, nurse aides (CNAs) are required to complete no less than 12 hours annually of in-service training that is sufficient to ensure the continuing competency of nurse aides and address any specific areas of weakness identified in performance evaluations and through the facility assessment. During a review of the facility's Policy & Procedure (P&P) titled, Performance Evaluations revised June 2010, the P&P indicated the job performance of each employee shall be reviewed and evaluated at least annually.