

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555893	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/10/2024
NAME OF PROVIDER OR SUPPLIER Pasadena Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1570 North 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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45099</p> <p>Based on observation, interview, and record review, the facility failed to notify the physician and the responsible party for one (1) of two (2) sampled resident (Resident 3) regarding the resident's bruises on the right flank (the side of a person between the ribs and hip) area as indicated in the facility policy.</p> <p>This deficient practice could potentially result in a delay in treatment for Resident 3 affecting the health and well-being of the resident and had violated Resident 3's right to be informed of the care and services provided.</p> <p>Findings:</p> <p>A review of Resident 3's Admission Record indicated the resident was admitted to the facility on [DATE] and was readmitted on [DATE] with diagnosis of abnormalities in gait and mobility and chronic obstructive pulmonary disease (COPD, a constriction of the airway making it hard and uncomfortable to breathe).</p> <p>A review of Resident 3's Minimum Data Set (MDS, standardized assessment and care screening tool), dated 4/3/24, indicated Resident 3 had severe impairment in cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 3 required partial assistance (helper does less than half the effort) with lower body dressing and putting on/taking off footwear and required supervision (helper provides verbal cues) with toileting, shower, and upper body dressing.</p> <p>During a concurrent observation and interview on 5/10/24 at 11: 40 AM, Resident 3 was seen with 4.5x1.5-inch bruises on the right flank area. Licensed Vocational Nurse (LVN 1) stated he saw the bruises before but unable to recall the exact day. LVN 1 also stated there was a change of condition (COC, sudden change in the resident's usual physical, cognitive, behavioral, or functional status) on Resident 3's recent fall (unable to recall when) that was why the physician and residents responsible party was not notified when the bruises on Resident 3's right flank area was noted. LVN further stated the bruises should have been investigated to find out what happened to ensure it was not related to abuse and should have reported to the Administrator (ADM) and the physician should have been notified.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/10/24 at 11:45 AM, Resident 3 stated he did not know what happened why he had a bruise on his right flank and did not remember falling nor being hit by someone.</p> <p>During an interview on 5/10/24 at 12: 02 PM, LVN 2 stated she saw the bruises prior to the 5/5/2024 fall incident, when Resident 3 was out of the room without his shirt on. LVN 2 stated she notified LVN 1 of her observation on the same day. LVN 2 further stated that whenever the staff saw bruises like what Resident 3 had prior to 5/5/2024, they had to notify the physician and the ADM.</p> <p>During an interview on 5/10/24 at 12:59 PM, the Certified Nursing Assistant 1 (CNA 1) stated she saw Resident 3's big bruise on the flank area when she took him for a shower a week and a half ago and notified LVN 1 of her observation. CNA 1 also stated, Resident 3's bruises should have been reported because it was something the staff did not know how the resident got the bruise so that the facility would be able to investigate what happened.</p> <p>A review of Resident 3's medical records did not indicate any documented evidence that the resident's representative and the resident's physician was notified of the Resident 3's right flank bruises that was noted by CNA 1 and LVN 2.</p> <p>During an interview on 5/10/24 at 3:25 PM, the ADM stated, Resident 3's physician and responsible party was not notified because everyone thought Resident 3's right flank bruises was related to the previous fall on April 26, 2024. ADM also stated Resident 3's right flank bruises was also not reported as an unusual occurrence.</p> <p>A review of the facility's policy and procedure titled, Unusual Occurrence Reporting, revised December 2007, indicated that as required by Federal or state regulations, the facility reports unusual occurrences or other reportable events which affects the health, safety, or welfare of their residents.</p> <p>A review of the facility's policy and procedure titled, Change in a Resident's Condition or Status, revised February 2021, indicated the facility promptly notifies the resident, his attending physician, and the resident representative of changes in the residents medical/mental condition and/or status. The policy also indicated, the nurse would notify the residents attending physician or physician on call when there has been a discovery of injuries of an unknown source.</p>		