

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 09/03/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48903</p> <p>Based on interview and record review the facility failed to ensure the Notice of Transfer/Discharge was completed in its entirety for one of three sampled residents (Resident 1).</p> <p>This deficient practice resulted in an incomplete documentation of Resident 1 ' s transfer/discharge notice which was necessary to communicate information to receiving providers to prevent inappropriate, unnecessary, and untimely transfers and discharges.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life) and chronic obstructive pulmonary disease (COPD; a chronic inflammatory lung disease that causes obstructed airflow from the lungs).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS; a care assessment and screening tool) dated 5/6/24, indicated the resident was assessed to have 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 hygiene. MDS indicated, Resident 1 required supervision for eating, oral hygiene, showering, dressing, putting on footwear and personal hygiene.</p> <p>During a review of Resident 1 ' s Physician Orders, dated 8/26/24, the orders indicated, May discharge to assisted living facility.</p> <p>During an interview on 9/3/24 at 10:00 AM with the Ombudsman (OMB), OMB stated, the notice of Transfer/Discharge that was faxed to the state long term ombudsman was not completed in its entirety since the notice was missing the ombudsman ' s contact information, which included the ombusmans office address, telephone nummber, facimile (fax) number and electronic mail (email) address.</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 0623</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 9/3/24 at 11:56 AM with Resident 1 ' s Conservator (RC), Resident 1 ' s Notice of Transfer/discharge date d 8/26/24 was reviewed. The Notice of Transfer/Discharge indicated that there was no documented evidence of the Ombudsman ' s Address, Phone Number, fax or email address. RC stated, there ' s no ombudsman contact information in the ombudsman section in the copy of the discharge notice I received.</p> <p>During a concurrent interview and record review on 9/3/24 at 3:00 PM with the Administrator (ADM), the facility ' s policy and procedure (P & P) titled, Transfer and Discharge Rights dated 7/15/22 was reviewed. The P & P indicated, before transferring or discharging a resident the facility must provide a written notice which contains the following information. If any of the following items are missing, the notice is not valid: the name, mailing address and phone number of the l</p> <p>ong-term Ombudsman. The AMD stated, the copy that was given to RC did not include the Ombudsman ' s contact information.</p>