

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 10/03/2024
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47362</p> <p>Based on interview, and record review, facility failed to prevent a fall (move downward, typically rapidly and freely without control, from a higher to a lower level) of one of two sampled residents (Resident 1) by:</p> <ol style="list-style-type: none"> 1. Failing to revise Resident 1's care plan for moderate risk for fall related to gait/ balance problems after the resident's Minimum Data Set (MDS, standardized care and screening tool) and Physical Therapy Treatment Encounter Notes (PT Note - documents sequential implementation (executing one task at a time, in order) of the plan of care established by the physical therapist, including changes in patient/client status and variations and progressions of specific interventions used) were completed on 7/15/2024 and 7/16/2024 to reflect the resident's, need for partial moderate assistance (helper does less than half the effort. Helper lifts, holds or support trunk or limbs. But provides less than half the effort) and contact guard assist (CGA, maintaining close contact with the resident to provide immediate support and prevent falls without fully taking over their movements) when ambulating. 2. Failing to provide partial moderate assistance and/ or CGA to Resident 1 when the resident was ambulating on 9/22/2024 in the dining/ activity room in accordance with the resident's MDS and PT note. <p>These deficient practices resulted in Resident 1 falling on 9/22/2024 at 3:20 PM. On 9/23/2024 at 9 AM, Resident 1 complained of left hip pain and was sent to general acute care hospital (GACH) 1 at 6:12 PM and was found to have sustained left sub capital fracture (these fractures occur in the neck of the thighbone). On 9/24/2024 at 5:07 PM, Resident 1 had surgery of left total hip arthroplasty (the surgical reconstruction or replacement of a joint).</p> <p>Findings:</p> <p>During a review of Resident 1's admission record indicated the facility admitted Resident 1 on 4/8/2024 with diagnosis which include lack of coordination, anxiety (a feeling of fear, dread, and uneasiness), 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 1's History and Physical (H&P) dated 4/9/2024 indicated Resident 1 is not competent to understand his medical condition.</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 2's Minimum Data Set (MDS, standardized care and screening tool), dated 7/16/2024, indicated Resident 1 was assessed to be cognitively impaired (process of thinking and reasoning). The MDS also indicated Resident 1 was assessed to need partial moderate assistance (helper does less than half the effort. Helper lifts, holds or support trunk or limbs. But provides less than half the effort) on walk 10 feet ([ft., a unit to measure the length or distance] once standing, the ability to walk at least 10 ft. in a room, corridor, or similar space) and walk 50 ft. with two turns (once standing, the ability to walk at least 50 ft. and make 2 turns).</p> <p>During a concurrent interview and record review on 10/2/2024 at 11:33 AM with the License Vocational Nurse (LVN 1), Resident 1's Fall Risk Assessment (checks to see how likely it is that you will fall) dated 4/8/2024 and timed at 4:09PM was reviewed. LVN 1 stated the Fall Risk Assessment score was nine (9) which means the resident is at moderate risk for fall.</p> <p>During a concurrent interview and record review on 10/2/2024 at 11:40 AM with LVN 1, Resident 1's Situation, Background, Assessment, and Recommendation (SBAR- is a structured communication framework that can help teams share information about the condition of a patient or team member or about another issue your team needs to address) dated 9/22/2024 and timed at 9:28 PM was reviewed. The SBAR indicated Resident 1 had a fall in the afternoon, resident lost his balance in the dining room/activity room.</p> <p>During a concurrent interview and record review on 10/2/2024 at 11:45 AM with LVN 1, Resident 1's SBAR dated 9/23/2024 and timed at 9 AM was reviewed. The SBAR indicated Resident 1 was complaining of pain on his left hip and primary physician (PMD) ordered STAT (without delay) X-ray (imaging creates pictures of the inside of your body) of the left hip. The SBAR indicated X-ray result indicated acute left sub capital fracture. PMD ordered to transfer Resident 1 to GACH 1.</p> <p>During a review of Resident 1's Radiology (a branch of medicine that uses imaging technology to diagnose and treat disease) Result Report (done in the facility) examination date 9/23/2024 timed at 12:15 PM, the radiology result report indicated the resident have a left sub capital fracture with 2.3- centimeter (cm, unit of measure in the metric system) displacement and with history of falling.</p> <p>During a review of Resident 1's Order Summary Report for the month of September 2024, indicated an order dated 9/23/2024 to transfer Resident 1 to GACH 1 for further evaluation, due to status post fall and fracture of left hip X-ray result.</p> <p>During a review of Resident 1's progress notes dated 9/23/2024 timed at 3:45 PM, the progress notes indicated, Resident 1 was sent to GACH 1.</p> <p>During an interview on 10/2/2024 at 11:55 AM, with the Certified Nursing Assistant (CNA 1), CNA 1 stated Resident 1 ambulates and used wheelchair as a walker with no assistance or supervision by staff on 9/22/2024. CNA 1 also stated on 9/22/2024 at around 3 to 4 PM, in the activity room, CNA 1 saw Resident 1 on the floor laying flat on his left side and called the charge nurse for help.</p> <p>During an interview on 10/2/2024 at 1:49 PM with Registered Nurse (RN 1), RN1 stated on 9/22/2024 prior to Resident 1's fall incident in the activity room, RN 1 saw Resident 1 walking using the back of the wheelchair and no facility staff was assisting the resident at the hallway. RN 1 stated, RN 1 was not aware that Resident 1 needs partial moderate assistance or contact guard assist while walking.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 10/2/2024 at 1:55 PM with RN 1, Resident 1's GACH 1's record was reviewed. RN1 stated the GACH 1 record indicated under MD (medical doctor) Progress notes entered on 9/24/2024 timed at 5:07 PM, Resident 1 had left hip arthroplasty. RN1 also stated, Resident 1 had left total hip arthroplasty with 10 cm incision.</p> <p>During a concurrent interview and record review on 10/2/2024 at 2:30 PM with the RN 1, Resident 1's MDS dated [DATE] was reviewed. RN 1 stated Resident 1's MDS indicated partial/moderate assistance on walk 10 ft. and walk 50 ft. with 2 turns. RN 1 stated this means Resident 1 needs assistance while the facility staff holds the resident's back when walking. RN 1 also stated if somebody was there to provide partial moderate assistance while Resident 1 was ambulating/ walking, we could have prevented Resident 1 from falling on 9/22/2024 which caused the resident to have left hip fracture and surgical procedure. Resident 1 stayed at GACH 1 for 5 days from 9/23/2024 to 9/27/2024.</p> <p>During an interview on 10/2/2024 at 2:54 PM with Activity Coordinator (AC), AC stated on 9/22/2024 between 3:30 PM to 4 PM while AC was in the activity room and giving snacks to the other residents, Resident 1 went to activity to get his snacks. Resident 1 walked to the activity room by walking behind the wheelchair and pushing on the handles to walk by himself with no assistance by the facility staff. AC also stated, AC heard the thud sound and when she turned around to check, Resident 1 was on the floor lying flat on his left side. AC also stated if facility staff was with Resident 1 at that time to provide moderate assistance while Resident 1 was walking, the fall could have been prevented.</p> <p>During a concurrent interview and record review on 10/2/2024 at 4PM with LVN 2, Resident 1's MDS dated [DATE] and the PT notes dated 7/15/2024 timed at 8:59AM was reviewed. LVN 2 stated, Resident 1's MDS and PT note indicated the resident needed assistance when walking and it was not implemented on 9/22/2024. LVN 2 stated, it was important to follow the MDS and PT note recommendation to give the resident the care they needed.</p> <p>During a concurrent interview and record review on 10/3/2024 at 3:56 PM with LVN 1, Resident 1's Care Plan for moderate risk for fall dated 5/1/2024 was reviewed. LVN 1 stated the care plan indicated Resident 1 is at moderate risk for fall related to gait/ balance problem. LVN 1 stated Resident 1's care plan was not person- centered (focusing care on the needs of the individual) and it should be indicated in the care plan that Resident 1 should be assisted during ambulation/ when walking. LVN 1 also stated, there should be a care plan to address Resident 1's need for partial moderate assistance in accordance with the resident's MDS completed on 7/16/2024. LVN 1 also stated, Resident 1's care plan should have reflected the resident's need for CGA with gait/ when walking in accordance with Resident 1's PT note that was completed on 7/15/2024.</p> <p>During a concurrent interview and record review on 10/3/2024 at 9:40 PM with the Physical Therapy Assistant (PTA), Resident 1's PT note dated 7/15/2024 entered at 8:59 AM was reviewed. The PT note indicated for Resident 1's gait the resident needed CGA x 225 ft with four-wheel walker (FWW). PTA stated CGA means to hold and guide the resident while walking. PTA also stated, a facility staff needs to be with the resident when ambulating to assist the resident while holding the resident's back area when walking for safety and to prevent the resident from falling.</p> <p>(continued on next page)</p>		

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