

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 03/07/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46087</p> <p>Based on interview and record review Facility 1 failed to report an allegation of alleged sexual abuse (non-consensual sexual contact of any type with a resident) for one (1) of two sampled residents (Residents 1) within 2-hour timeframe to the State Survey Agency (SA, where state law provides for jurisdiction in long-term care facilities), ombudsman (OMB) (advocates for residents of nursing homes, board and care homes and assisted living facilities), and local law enforcement when OMB and local law enforcement (PD) went to the Facility 1 to investigate the allegation of sexual abuse by Resident 1 to Resident 2.</p> <p>This deficient practice had the potential to result in unidentified abuse in the Facility 1 and failure to protect other residents from abuse.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the Facility 1 on 9/21/2024 with diagnoses of schizophrenia a (a mental illness that is characterized by disturbances in thought), anxiety (a group of mental health conditions that cause excessive fear and worry), and limitation of activities due to disability.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - resident assessment tool), dated 1/30/2025, the MDS indicated Resident 1 had moderately impaired (decisions poor; cues/supervision required) of cognitive skills (ability to understand and make decisions) for daily decision making. The MDS indicated Resident 1 is independent (resident completes the activity by themselves with no assistance from a helper) with eating. The MDS indicated Resident 1 required setup or clean-up assistance (helper sets up or cleans up; resident completes activity) with oral hygiene and upper body dressing. The MDS indicated Resident 1 required supervision or touching assistance (helper provides verbal cues and/or touching/steadying and /or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) with toileting hygiene, shower/ bathe self, lower body dressing, and putting on/taking off footwear, lying and sitting on the side of the bed, sit to stand position, toilet transfer and tub/shower transfer.</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
---	-------	-----------

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 03/07/2025
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 0609</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 Admission Record, the Admission Record indicated Resident 2 was admitted to the Facility 1 on 12/26/2024 with diagnoses of diabetes mellitus type 1 (DM type 1 , is a life-long autoimmune disease that prevents the pancreas from making insulin), schizoaffective disorders a mental health condition that combines symptoms of schizophrenia and a mood disorder, such as depression or bipolar disorder), and anxiety disorders (a group of mental health conditions that cause excessive fear and worry).</p> <p>During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 had intact (sufficient judgment, planning, organization, self-control, and the persistence needed to manage the normal demands of the participant's environment) cognitive skills (ability to understand and make decisions) for daily decision making. The MDS indicated Resident 2 required set up or clean-up assistance with eating. The MDS indicated Resident 2 required supervision or touching assistance with oral hygiene, shower/bathe, upper body dressing, and personal hygiene. The MDS indicated Resident 2 required partial/moderate assistance (helper does less than half the effort) with toileting hygiene, lower body dressing, and putting on/taking off footwear.</p> <p>During a review of Resident 2's discharge summary dated 2/21/2025, timed at 5:10 PM, indicated Resident 2 was transferred to Facility 2 for change of environment.</p> <p>During an interview on 3/7/2025 at 4:54 PM with Licensed Vocational Nurse (LVN), LVN stated Police Department (PD, local law enforcement) was at Facility 1 on 3/5/2025 to interview Resident 1. LVN stated she should have asked PD the nature of the PD's visit to Resident 1. LVN stated after few days (unable to recall when), she found out that Resident 1 was being accused of sexual abuse to Resident 2 (a previous resident in the facility). LVN stated Facility 1 staff need to report to the Administrator (ADM) for any abuse or allegation of abuse within two (2) hour time frame.</p> <p>During an interview on 3/7/2025 at 4:27 PM with Infection Preventionist Nurse (IPN), IPN stated staffs are mandated reporters and the Facility 1 need to report any abuse incident or allegation of abuse within two hours to SA, ombudsman and local law enforcement. IPN stated that on 3/5/2025, PD was in the Facility 1 and spoke to Resident 1. IPN stated she asked PD regarding the reason for the visit to Resident 1, IPN stated PD mention sexual encounter. IPN stated she informed ADM through telephone call. IPN stated I assumed it was the Director of Nursing (DON) who reported it to the PD, that is why PD came to interview Resident 1. IPN stated there is a form titled SOC 341 (form used by Californian to report suspected dependent adult or elder abuse) that needs to be filled out in case of any abuse and suspected abuse happened to residents. IPN stated that she did not review and should have reviewed if there is a SOC 341 completed for the allegation of sexual abuse by Resident 1 to Resident 2 when PD came to investigate the allegation of sexual abuse on 3/5/2025.</p> <p>During an interview with the ADM on 3/7/2025 at 6 PM, ADM stated OMB was in the other Facility 2 on 3/5/2025 and OMB called the police for a female resident (Resident 2) who was previously residing at the Facility 1 after OMB listened to Resident 2's story and the resident made the sexual abuse allegation by Resident 1 that happened during the time Resident 2 was still at the Facility 1. ADM stated, PD went to the Facility 1 on 3/5/2025 to investigate the allegation of sexual abuse and the police also went to Facility 2 (where Resident 2 is currently residing) and did the investigation over at Facility 2 with the OMB. ADM stated she did not start any investigation and reported to SA when Facility 2 was made aware regarding Resident 2's allegation for sexual abuse by Resident 1 on 3/5/2025. ADM also stated she will start the investigation right away and report it to the agencies only if there is a real abuse case.</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the Facility 1's Policy and Procedure (P&P) titled, Abuse Investigation and Reporting, revised July 2017, the P&P indicated all reports of resident abuse, neglect (the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress), exploitation (treating someone unfairly in order to benefit from their work) and misappropriation (unauthorized use of another's name, likeness, identity, property without permission resulting to harm to that person) of resident property, mistreatment and/or injuries of unknown source (abuse) shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations will also be reported.</p>