

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 02/26/2026
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)		
F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) and resident's responsible party (RP) were notified and given an opportunity to participate in the care planning process for the development and implementation of the resident's person-centered plan of care. This deficient practice had the potential to prevent Resident 1 and the RP from exercising their right to participate in care planning and informed decision making to support the resident's goals, choices, and preferences. Findings: During a record review of Resident 1's admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE], with the diagnoses including but not limited to paranoid schizophrenia (characterized by predominately positive symptoms of schizophrenia including delusions and hallucinations), bipolar disorder (mental disorder characterized by episodes of mania [extreme highs] and depression [extreme lows]), and generalized anxiety disorder (a type of anxiety disorder feeling extremely worried or nervous about everyday things for no obvious reason). The admission Record also indicated Resident 1 had a responsible party. During a record review of Resident 1's Multidisciplinary Care Conference (MCC, group of healthcare professionals from diverse fields who work in a coordinated manner toward a common goal for the resident), dated 10/27/2025, the MCC did not indicate Resident 1 and Resident 1's RP attended the meeting. During a record review of Resident 1's MCC, dated 1/16/2026, the MCC did not indicate Resident 1 and Resident 1's RP attended the meeting. During a record review of Resident 1's Minimum Data Set (MDS, a resident assessment and tool), dated 1/16/2026, the MDS indicated the resident's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making was moderately impaired. The MDS indicated Resident 1 was independent (resident completes the activity by themselves with no assistance from a helper) by rolling left and right, lying to sitting on side of bed, and chair/bed-to-chair transfer. The MDS also indicated participation in assessment and goal setting was the resident and legal guardian. During a concurrent interview and record review on 2/26/2026 at 10:46 AM with the Interim Director of Nursing (IDON) of Resident 1's MCC, the IDON stated there was a place to document the RP was notified of the MCC. The IDON stated Resident 1's RP was not notified of Resident 1's MCC on 10/27/2025 for readmission and was not notified of the quarterly MCC on 1/16/2026. During an interview on 2/26/2026 at 1:15 PM with the IDON, the IDON stated the MCC meeting was to discuss the different areas of resident needs, changes, and if there were any recommendations to the plan of care. The IDON stated the resident's RP needed to be included in the MCC, so that they would be aware of the residents' status and condition in order to contribute to the residents' plan of care for the resident's condition. During a record review of the facility's policy and procedure titled, Care Planning - Interdisciplinary Team, dated 6/2/2025, the policy indicated the resident, the resident's family and/or the resident's legal representative/guardian or surrogate are encouraged to participate in the development of and revisions to the</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555893
		If continuation sheet Page 1 of 2

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>resident's care plan.</p>