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 03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pasadena Nursing Center	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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse (the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish) for one of two sampled Residents (Resident 1) when Resident 2 punched Resident 1's face on 3/9/2026. This failure resulted in Resident 1 having a skin tear to the left upper lip and possible psychosocial harm.Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses that included but not limited to other encephalopathy (damage or disease that affects the brain), anxiety disorder (fear characterized by behavioral disturbances), and schizoaffective disorder (a mental health problem were a person experiences loss of contact with reality as well as mood symptoms). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 3/4/2026, the MDS indicated Resident 1 was assessed having moderately impaired (decisions poor; cues/supervision required) cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort) with lower body dressing, putting on/taking off footwear, rolling left and right, and sit to lying. The MDS indicated Resident 1 was dependent (helper does all of the effort) with toileting hygiene, shower/bathe self, and sit to stand. During a review of Resident 1's INC (incident)- Behavior Related Incidents form, dated 3/9/2026, the INC-Behavior Related Incidents form indicated the following:Under Brief Summary of Incident: At 8 AM, a commotion was heard by the Charge Nurse (CN) around the patio area were both Resident 1 and Resident 2 were. Certified Nursing Assistant 1 (CNA 1) explained that there were words exchanged (unknown what was said) and Resident 2 threw a punch that landed on Resident 1's left lip. Resident's 1 was noted with a superficial (situated or occurring on the skin or immediately beneath it) skin tear to the left upper lipUnder Skin Assessment: Resident 1's skin tear measured 0.4 centimeter (cm- unit of measurement in length) skin tear with slight bleedingUnder Assessment/Evaluation (other): Resident 1 threw a verbal comment to Resident 2. During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included but not limited to iron deficiency anemia (when the body doesn't get enough iron causing fatigue, pale skin, and dizziness), paranoid schizophrenia (a mental health disorder where a person experiences intense, irrational suspicion, paranoia, and hearing voices), and vascular dementia (a decline in mental abilities caused by damaged blood vessels reducing blood flow and oxygen to the brain, damaging brain tissue). During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 was assessed having moderately impaired cognitive skills for daily decision making. The MDS indicated Resident 2 required supervision or touching assistance with oral hygiene, upper body dressing, rolling left and right, sit to lying, sit to stand, and toilet transfer. The MDS indicated Resident 2 required partially/moderate assistance (helper does less than half the effort) with toileting hygiene, lower body dressing, putting on/taking off footwear, and walking 10 feet (ft- unit of measurement for (continued on next page)

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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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	distance). During a review of Resident 1's Physician's Order, dated 2/17/2026, the Physician's Order indicated one on one monitoring (a high-level safety intervention in healthcare settings where a single, trained staff member is assigned to directly observe and supervise one specific resident at all times). During a review of Resident 2's Care Plan (a document that outlines the facility's plan to provide personalized care to a resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs), revised on 2/25/2026, the Care Plan indicated Resident 2 was at risk for transient, stress-related suicidal ideation, related to history of mental illness manifested we will move him closer to the nurse's station and put him on one-on-one sitter. During a review of Resident 2's Care plan, revised on 2/25/2026, the Care Plan indicated Resident 2 had an episode of physical interaction with another Resident. The Care Plan intervention indicated to anticipate care needs and make provisions prior to resident becoming overly stressed, intervene as needed to protect the rights and safety of others, provide close monitoring while resident is in aggressive posture, and to restrict resident access to other residents for safety. During a review of the facility's Interview Record form, dated 3/8/2026, the Interview Record form indicated CNA 1 was looking on the rack and choosing the clothes near the elevator. Resident 1 was sitting in his wheelchair at CNA 1's left side when Resident 1 wheeled in the hallway near Resident 2. Resident 1 said to move and said excuse me and Resident 2 moved a little bit. Resident 1 made a comment, and Resident extended his hand up in the air and hit the lip of Resident 1 in a split second. During an interview with Resident 1 on 3/18/2026, at 11:50 AM, Resident 1 stated she sustained a cut inside her mouth after she was hit with a fist by another resident. Resident 1 stated she did not know the name of the resident who hit her. During an interview on 3/18/2026, at 12:30 PM, with CNA 1, CNA 1 stated on 3/9/2026 she was assigned to Resident 2 for one on one monitoring. CNA 1 stated she was assigned to supervise and monitor Resident 2's behavior and make sure he was safe. CNA 1 stated Resident 2 has a history of mood swings and aggressive behavior. CNA 1 stated Resident 2 was sitting in his wheelchair next to her while she looked for clothes for Resident 2 in the clothes rack. CNA 1 stated Resident 1 approached her and Resident 2 in her wheelchair and said, Excuse me. CNA 1 stated Resident 2 moved his wheelchair a little bit and Resident 1 said, Fuck you! to Resident 2. CNA 1 stated Resident 2 turned towards Resident 1 and punched her. CNA 1 stated she could not prevent the incident from happening because she was facing the clothes rack and had clothes in her hands. CNA 1 stated Resident 2 had already punched Resident 1 in the mouth by the time she turned towards Resident 2. During an interview on 3/18/2026, at 1:26 PM, with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated on 3/9/2026, during morning medication administration, LVN 1 observed Resident 2 in the hallway by the clothes rack with CNA 1. LVN 1 stated Resident 1 turned the corner and was going towards the patio when Resident 2 moved his arm and hit Resident 1's mouth. LVN 1 stated Resident 1 stated, Ow, you hit me [NAME]! LVN 1 stated she did not hear the conversation that transpired between Resident 1 and Resident 2 in the hallway. During an interview on 3/18/2026, at 1:41 PM, with the Director of Nursing (DON), the DON stated Resident 2 was on one on one monitoring because of his history of aggressive behavior towards another resident in the facility. DON stated CNA 1 was choosing Resident 2's clothes when Resident 1 passed by and said something bad to Resident 2. DON stated Resident 2 hit Resident 1 after Resident 1 said something bad to Resident 2. DON stated Resident 1 sustained a small cut on her upper lip. During an interview on 3/18/2026, at 3:15 PM, with CNA 2, CNA 2 stated she was sometimes assigned to Resident 2 for one on one monitoring. CNA 2 stated the responsibility of facility staff assigned to Resident 2 for one on one monitoring was to supervise Resident 2 and provide redirection when he got aggressive. CNA 2 stated Resident 2 was easily triggered and aggravated by other residents. CNA 2 stated Resident 2 had psych issues and needed to be watched at all times to prevent altercations with other residents. CNA 2 stated residents on one on one monitoring should not be left alone and unsupervised. CNA 2 stated CNA 1 should not have kept her eyes away from Resident 2. During an interview on 3/18/2026, at 3:40 PM, with the Director of Staffing Development (DSD), DSD stated a one on one sitter's task was to stay and pay (continued on next page)

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