

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 04/03/2026
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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an accurate assessment of the Minimum Data Set (MDS, a resident assessment tool) for one of two sampled residents (Resident 1) to reflect the resident's functional ability of walking. This deficient practice had the potential for the facility not to develop and implement an individualized care plan (a document that outlines the facility's plan to provide personalized care to a resident that includes measurable objectives, interventions and timeframes to meet a resident's medical, nursing, and mental psychosocial needs) which could negatively affect Resident 1's overall well-being. Findings: During a review of Resident 1's admission Record, the admission record indicated Resident 1 was originally admitted to the facility on [DATE], and readmitted on [DATE], with the diagnoses including but not limited to schizophrenia (a chronic and severe mental disorder that affects how a person thinks, feels, and behaves), Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements) and difficulty walking. During a record review of Resident 1's Minimum Data Set, dated [DATE], the MDS indicated the resident's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making was independent (decisions consistent/reasonable). The MDS indicated Resident 1 required setup or clean-up assistance with eating. The MDS indicated Resident 1 required supervision or touching assistance (helper provides verbal cues and/or touching/steadying assistance as resident completes activity) with oral and toileting hygiene, upper and lower body dressing, and putting on/taking off footwear. The MDS indicated Resident 1 required partial/moderate assistance (helper does less than half the effort. Helper lifts, holds, or support trunks or limbs) with shower. The MDS indicated Resident 1 required partial/moderate assistance to walk 10 feet (unit of measurement). During an interview on 4/3/2026 at 9 AM with Restorative Nurse Assistant (RNA), RNA stated Resident 1 has been walking with staff supervision and did not need a cane or walker since resident's admission on [DATE]. RNA stated there has not been any change with the residents' level of assistance with walking, for which Resident 1 only required supervision from staff. During an interview on 4/3/2026 at 10:40 AM with Certified Nurse Assistant 1 (CNA 1), CNA 1 stated Resident 1 has always been requiring supervision. Resident 1 was being supervised by staff in the hallway after Resident 1 had his smoke break on 3/29/2026. During a concurrent record review and interview on 4/3/2026 at 3:30 PM with MDS nurse (MDSN), Resident 1's MDS dated [DATE] was reviewed. MDSN stated Resident 1 requires supervision with walking. MDSN stated Resident 1's MDS dated [DATE] indicated resident required partial/moderate assistance with walking. MDSN stated he should have coded resident's MDS for functional ability for walking as supervision. The MDSN stated it was important for the MDS to be accurate to ensure the development and implementation of an individualized resident care plan. During a review of the facility's policy and procedure (P&P) titled, Certifying Accuracy of the Resident Assessment, reviewed on 2/26/2026, indicated any person completing a portion of the MDS must sign and certify the accuracy of that portion of the assessment.</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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