

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555894	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2024
NAME OF PROVIDER OR SUPPLIER  Foothill Heights Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1515 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48152</p> <p>Based on interview and record review, the facility failed to report an alleged violation of abuse within two hours AND to California Department of Public Health (CDPH) for one of one resident (Resident 1) as indicated in the facility's policy and procedure (P&amp;P).</p> <p>This failure resulted in the facility not reporting the occurrence of alleged abuse to all entities indicated in facility policy.</p> <p>Findings</p> <p>During a review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that include legal blindness, anxiety disorder (mental disorder involves persistent and excessive worry that can interfere with daily activities) and type 2 diabetes mellitus (DM2 - condition that results in too much sugar circulating in the blood).</p> <p>During a review of Resident 1's Minimum Data Sheet (MDS, a standardized assessment and screening tool) dated 5/7/2024, indicated Resident 1 has an intact ability to think, remember and reason and is supervision or touching assistance (staff provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) for eating, dressing, oral and personal hygiene.</p> <p>During an interview with Resident 1 on 5/30/2024 at 2:58 PM with Resident 1, Resident 1 stated earlier that day Social Services (SS) screamed, yelled, and made hurtful and insulting statements to him, and that he reported this to the Director of Staff Development (DSD) after it happened.</p> <p>During an interview with DSD on 5/30/2024 at 3:23 PM, DSD stated that around 10:30 AM when she went to speak with Resident 1 [regarding the alleged incident], Resident 1 was upset and told her that he was insulted by SS.</p> <p>During a record review of Resident 1's Nursing Progress Notes, dated 5/30/2024, the note indicated Resident 1 told DSD he felt insulted by SS after their conversation [SS making insulting statements to him].</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with DSD on 5/30/2024 at 4:30 PM, DSD stated If a resident complains he was insulted by staff, that is emotional abuse. DSD stated after becoming aware of the alleged violation of abuse to Resident 1, she did not report to Administrator (ADMIN), the facility abuse coordinator, because she was busy with work throughout the day, and the facility policy is to report to ADMIN Right away, within two hours. DSD also stated the importance of reporting the alleged abuse is to prevent further aggravation of the resident and to minimize the effect of the kind of abuse the resident in alleging .</p> <p>During an interview with ADMIN on 5/30/2024 at 4:58PM, ADMIN stated she will not report alleged violation of abuse [to CDPH] as indicated in the facility policy, stating This is not abuse but a grievance.</p> <p>During an interview on 5/30/2024 at 5:18PM with SS, SS stated she and Resident 1 were having a conversation regarding a concern of Resident 1's and it appeared Resident 1 was getting agitated with her responses and turning the conversation around, and in response she stated to Resident 1, if the facility is not meeting his needs, facility can find somewhere else that meets his needs. SS stated Resident 1 then felt that was a threat to him, so SS left room and told DSD to speak to Resident 1.</p> <p>During a record review of facility's P&amp;P titled, Abuse Investigating and Reporting, revised 7/2017, indicated:</p> <p>1. All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property will be reported by the facility administrator, or his/her designee, to the following persons or agencies:</p> <ul style="list-style-type: none"> <li>a. The State licensing/certification agency responsible for surveying/licensing the facility;</li> <li>b. The local/State Ombudsman;</li> <li>c. The Resident's Representative (Sponsor) of Record;</li> <li>d. Adult Protective Services (where state law provides jurisdiction in long term care);</li> <li>e. Law enforcement officials;</li> <li>f. The resident's attending physician; and</li> <li>g. The facility medical director.</li> </ul> <p>2. An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than two (2) hours if the alleged violation involves abuse.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48152</b></p> <p>Based on interview and record review, the facility failed to prevent further allegations of abuse against the Social Services (SS) by failing to suspend SS after initial alleged violation and failing to submit the 5 day follow up investigation report to California Department of Public Health (CDPH) for one of one sampled resident (Resident 1) as indicated in facility's policy &amp; Procedure (P&amp;P).</p> <p>This deficient practice resulted in the facility's failure to provide evidence that the alleged violation of abuse was thoroughly investigated and had the potential risk of failure to protect Resident 1 from abuse.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that include legal blindness, anxiety disorder (mental disorder involves persistent and excessive worry that can interfere with daily activities) and type 2 diabetes mellitus (DM2 - condition that results in too much sugar circulating in the blood).</p> <p>During a review of Resident 1's Minimum Data Sheet (MDS, a standardized assessment and screening tool) dated 5/7/2024, indicated Resident 1 has an intact ability to think, remember and reason and is supervision or touching assistance (staff provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) for eating, dressing, oral and personal hygiene.</p> <p>During an interview with Resident 1 on 5/30/2024 at 2:58 PM with Resident 1, Resident 1 stated earlier that day Social Services (SS) screamed, yelled and made hurtful and insulting statements to him, and that he told the Staff Development (DSD) what happened.</p> <p>During an interview with ADMIN on 5/30/2024 at 4:58PM, ADMIN stated she was just made aware of allegation from Resident 1 that SS insulted him. ADMIN stated she will do an investigation of the alleged incident, but she will not suspend Social Services (SS).</p> <p>During an interview with ADMIN on 5/30/2024 at 6:39 PM, ADMIN stated I am not sending you [CDPH] my investigation report and I am not suspending my staff [SS].</p> <p>During a review of CDPH records for facility, facility failed to send a 5 day follow up investigation report for the alleged incident regarding Resident 1 and SS, as indicated in their policy.</p> <p>During a record review of facility's P&amp;P titled, Abuse Investigating and Reporting, revised 7/2017, indicated the administrator will suspend immediately any employee who has been accused of resident abuse, pending the outcome of the investigation and the administrator, or his/her designee, will provide the appropriate agencies (including CDPH) with a written report of the findings of the investigation within five (5) working days of the occurrence of the incident.</p>		