

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 03/07/2025
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48143</p> <p>Based on interview and record review the facility failed to report an allegation of alleged sexual abuse (the act of engaging in sexual activity with someone without their consent, or by using force or coercion) for one (1) of three 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 went to the facility to investigate the allegation of sexual abuse made by Resident 1 on 3/5/2025.</p> <p>This deficient practice had the potential to compromise or impede the protection of Resident 1, which could affect resident's physical, emotional, and mental wellbeing.</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 on [DATE] 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 1's Minimum Data Set (MDS - resident assessment tool), dated 2/28/2024, the MDS indicated Resident 1 had modified independence (some difficulty in new situations only) of cognitive skills (ability to understand and make decisions) for daily decision making. The MDS also indicated Resident 1 needed 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) in 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>During an interview with Licensed Vocational Nurse (LVN) on 3/7/2025 at 10:33 AM, LVN stated she is a mandated reporter, she must report any abuse incident or allegation of abuse to the ADM as soon as possible, she can also call police, ombudsman to report the abuse. LVN stated there is a form of 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.</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 the Director of Nursing (DON) on 3/7/2025 at 10:43 AM, The DON stated facility staff need to report to the Administrator (ADM) for any abuse or allegation of abuse within two- hour time frame.</p> <p>During an interview with the Administrator (ADM) on 3/7/2025 at 12:28 PM, ADM stated sexual abuse allegation happened to Resident 1 according to the resident back in December 2024 when Resident 1 is still residing at Facility 2. ADM stated OMB came to the facility on [DATE] and OMB called the police for Resident 1 after OMB listened to Resident 1's story and the resident made the sexual abuse allegation. ADM stated, police came to the facility for Resident 1 on 3/5/2025 to investigate the allegation of sexual abuse and the police also went to Facility 2 and did the investigation over at Facility 2 with the OMB. ADM stated she did not start any investigation and reported to SA when the facility was made aware that Resident 1 made an allegation for sexual abuse 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>During an interview with Director of Staff Development (DSD) on 3/7/2025 at 12:48 PM, DSD stated staffs are mandated reporters and the facility need to report any abuse incident or allegation of abuse within two hours to SA, ombudsman and local law enforcement.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Abuse Investigation and Reporting, undated, the P&P indicated</p> <p>all alleged violations involving abuse will be reported by the facility administrator, or his/her designee, to the following persons or agencies:</p> <ol style="list-style-type: none"> a. The State licensing/certification agency (SA) responsible for surveying/licensing the facility b. The local/State Ombudsman c. The Resident's Representative (Sponsor) of Record d. Adult Protective Services (where state law provides jurisdiction in long-term care) e. Law enforcement officials <p>The P&P also indicated an alleged violation of abuse 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> <p>During a review of the facility's Policy and Procedure (P&P) titled, Abuse, Neglect (fail to care for properly), 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)- Reporting and Investigating, undated, the P&P indicated if resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. The P&P indicated the Administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies:</p> <p>(continued on next page)</p>		

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