STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555894	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Foothill Heights Care Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure standard infection prevention control practices (a set of practices that prevent or stop the spread of infections or diseases in the healthcare setting) were followed for one of two sampled residents (Resident 1) when staff did not sanitize the hoyer lift (a mechanical device used by caregivers to safely transfer individuals with limited mobility from one surface to another, such as from bed to wheelchair or the toilet) after use to transfer Resident 1, as indicated in the facility's policy and procedure. This deficient practice had the potential to result in resident developing infections and spreading infection among staff and other residents.Findings:During a review of Resident 1's admission Record, the admission Record indicated the facility initially admitted Resident 1 on 1/18/2024 and readmitted on [DATE] with diagnoses including but not limited to, disorder involving the immune mechanism (any condition where the body's defense mechanism malfunctions). During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 4/20/2026, the MDS indicated Resident 1 had severely impaired cognitive (ability to think, learn, remember, use judgment and making decisions) skills for daily decision making. The MDS indicated Resident 1 required partial/moderate assistance (Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) with oral and personal hygiene. The MDS indicated Resident 1 required substantial/maximal assistance (Helper lifts or holds trunk or limbs and provides more than half the effort) with eating, upper body dressing, and rolling left to right. The MDS further indicated Resident 1 was dependent (Helper does all the effort or the assistance of two or more helpers is required for the resident to complete the activity) with toileting hygiene, shower/bathing self, lower body dressing, sit to lying, lying to sitting, chair/bed-to-chair transfer, and tub/shower transfer.During an observation on 6/4/2026 at 12:20 PM inside Resident 1's room, Certified Nurse Assistant (CNA) 1 and 2 were observed transferring Resident 1 from the geri chair (geriatric chair, a specialized, multiposition reclining chair with wheels) back to bed using a hoyer lift. Observed a signage by the resident's door indicating Resident 1 was on Enhanced Barrier Precautions (EBP-infection control strategy used in nursing homes and skilled nursing facilities to prevent the spread of multidrug resistant organisms [MDROs-germs that has adapted to survive against multiple types of antibiotic {medicines that fight infections by killing bacteria or stopping them from growing and reproducing} medications]). During a concurrent observation and interview on 6/4/2026 at 12:35 PM inside Resident 1's room, CNA 1 was observed taking the used hoyer lift out of the room to the hallway and plugged the hoyer lift to charge it into a power outlet without sanitizing the hoyer lift. CNA 1 stated he did not wipe the hoyer lift with sani wipes (powerful, disposable wipes designed to clean and disinfect hard, nonporous surfaces to prevent spread of bacteria, viruses, and pathogens [commonly referred to as germs]) because he did not find sani wipes on the PPE cart outside of Resident 1's room. During an interview on 6/4/2026 at 2:50 PM with CNA 1, CNA 1 confirmed that he did not sanitize the hoyer lift after using it to transfer Resident 1. CNA 1 stated he was aware that he needed to sanitize the hoyer lift before and after each resident use. CNA 1 stated not sanitizing the hoyer lift, especially before and after use can cause risk for spread of infection to residents or staff. During a concurrent interview and record review on 6/4/2026 at 3:55 PM with (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Infection Prevention Nurse (IPN), the facility's policy and procedure (P&P) titled Lifting Machine, Use of Mechanical, review date of 1/29/2026, was reviewed. IPN Nurse stated the P&P indicated to disinfect lift surfaces (hoyer lift). IPN stated sani wipes were to be used to disinfect the hoyer lift. IPN stated if hoyer lift was not sanitized or disinfected after each reisdent use, it can result in the spread of germs and infections to other residents who also needed the hoyer lift during care. IPN stated this can potentially result in illness and hospitalization of the residents. During a concurrent interview and record review on 6/4/2026 at 4:10 PM with the Administrator (ADM), the facility's P&P titled Lifting Machine, Use of Mechanical, review date of 1/29/2026, was reviewed. The ADM stated the P&P indicated to disinfect lift surfaces. The ADM stated the P&P did not indicate to disinfect before and after use. The ADM stated that the policy needed to specify when hoyer lift needed to be disinfected or sanitized.