

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555908	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER South Pasadena Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 904 Mission St South Pasadena, CA 91030	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to report an injuries of unknown source for one (1) of two 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 on 8/14/2025. This deficient practice resulted in a delay of onsite inspection by the Department of Public Health and had the potential to result in inadequate care to residents, unidentified abuse/neglect and continuation of abuse/neglect to the residents in the facility. During a review of Resident 1's admission Record, the admission Record indicated the resident was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis of but not limited to dementia (a progressive state of decline in mental abilities), atrial fibrillation (an irregular and often rapid heartbeat) and anemia (a condition where the body does not have enough healthy red blood cells), Type II diabetes (body cannot use insulin effectively or does not produce enough insulin to regulate blood sugar level) and repeated falls. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 6/27/2025, indicated Resident 1's cognitive (ability to think, reason and problem solving) skills for daily decision making were modified independence (some difficulty in situations only). The MDS indicated Resident 1 required partial/moderate assistance (helper does less than half the effort) with eating, oral hygiene, upper body dressing and personal hygiene. The MDS indicated Resident 1 required setup or clean-up assistance (helper sets up or cleans up) with eating. The MDS indicated Resident 1 required supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) with oral hygiene, upper body dressing and personal hygiene. The MDS indicated Resident 1 required partial/moderate assistance (helper does less than half the effort) with toileting hygiene, shower, lower body dressing and putting on/taking off footwear. The MDS indicated Resident 1 is not taking anticoagulant (medicines that prevent blood clots [a clump of blood that has thickened from a liquid to a solid gel] from forming in the bloodstream). During a review of Resident 1's care plan, initiated on 8/14/2025 by the Director of Nursing, the care plan indicated that Resident 1's has skin discoloration, swelling, and pain to left hand and arm of unknown origin. Resident 1 is on aspirin (medication used to relieve pain, reduce fever, and decrease inflammation), which may contribute to bruising. The care plan interventions included the following: Monitor left arm and hand for changes in color, swelling, pain, and skin integrity every shift and PRN. Elevate affected extremity as tolerated to help reduce swelling. Administer pain medication as ordered and monitor effectiveness. Follow Doctor's order for STAT (immediately) X-ray (a diagnostic imaging procedure that uses high-energy radiation to create black-and-white pictures of the inside of the body) and implement subsequent treatment plan. Avoid unnecessary handling or pressure to affected extremity. Document all findings, interventions, and resident's response. During a review of Resident 1's situation, background, assessment, recommendation (SBAR, a communication tool used by healthcare workers when there is a change of condition among the residents) communication form and progress note, dated 8/14/2025, timed at 5:54 PM, the change of condition indicated Resident 1 has swelling and multiple skin discoloration on the left hand and arm, with open ecchymosis (refers to a discoloration of the skin caused by the leakage of blood) on left forearm and left dorsal hand (back of the hand) related to long term anticoagulant use. The SBAR indicated the condition, symptom or sign has not occurred before. The nursing notes part of SBAR indicated Resident 1 is unable to tell what happened, but claimed there is pain. During a review of Resident 1's skin evaluation dated 8/14/2025, timed at 5:59 PM, it indicated Resident 1 has left forearm skin discoloration with open ecchymosis, measured 0.5 centimeters (cm, unit of measurement) in length, 0.5 cm in width, and 0.1 cm in depth. The skin evaluation indicated Resident 1 left dorsal hand skin discoloration with open ecchymosis, measured 0.5 cm in length, 0.5 cm in width, and 0.1 cm in depth. The skin evaluation also indicated Resident 1 has left arm multiple skin discoloration. During a review of Resident 1's order summary report dated 8/26/2025, it indicated the following orders: Treatment: Left dorsal hand skin discoloration with open ecchymosis. Cleanse with normal saline (solution used to clean wounds), pat dry, apply xeroform (a non-stick wound dressing) and cover with dry dressing every day, for 14 days, with order date of 8/14/2025. Treatment: Left forearm skin discoloration with open ecchymosis. Cleanse with normal saline (solution used to clean wounds) pat dry, apply xeroform (a non-stick wound dressing) and cover with dry dressing every</p>		