

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  09/02/2025
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)
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to secure privacy for three (3) of three (3) residents (Residents 1, 2 and 3) as indicated on the facility's policy Resident Dignity and Personal Privacy. This deficient practice had the potential to violate the residents' right to confidentiality (safeguarding the content of information including video, audio, or other computer stored information from unauthorized disclosure without the consent of the resident and/or the resident's representative) and privacy. Findings:1. During a review of Resident 1's admission Record, the admission record indicated Resident 1 was admitted to the facility on [DATE]and re-admit 7/17/2025. Resident 1's diagnoses included chronic obstructive pulmonary disease (COPD, is a chronic inflammatory disease that causes obstructed airflow from the lungs), Alzheimer's Disease (a disease characterized by a progressive decline in mental abilities), and dementia (a progressive state of decline in mental abilities) During a review of Resident 1's Minimum Data Set (MDS, resident assessment tool), dated 7/19/2025, the MDS indicated Resident 1 has severely impaired cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS indicated Resident 1 needed substantial/ maximal assistance (helper does more than half the effort. helper lifts, holds trunk or limbs, and provides more than half the effort) in toileting hygiene, shower/ bathe self, lower body dressing, putting on/ taking off footwear, sit to lying, lying to sitting on side of bed, sit to stand, chair/ bed-to-chair transfer, toilet transfer, and walk 10 feet. During an interview on 9/2/2025 at 9:50 AM, with MDS Nurse (MDSN), MDSN stated that Responsible Party 1 (RP 1) was the one who controls the tablet (is a portable touchscreen electronic device, smaller and lighter than a laptop [a personal computer that can be easily moved and used in a variety of locations] but with a larger screen than a smartphone, primarily used for media consumption, web browsing, and running mobile applications) remotely to play videos for Resident 1. RP 1 monitors his mom on the tablet's camera throughout the day. There was no privacy for Resident 1. RP 1 watched Resident 1 while she was sleeping. RP 1 also watches on the camera when staff were performing ADL's (Activities of Daily Living, are activities related to personal care including bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating) on Resident 1. RP 1 can see Resident 1's private parts and that was an invasion of Resident 1's privacy. RP 1 can hear the conversations between the staff and Resident 1's roommates (Resident 2 and 3) regarding their care if RP 1 can remotely operate the tablet, the facility cannot protect other residents' privacy. During an interview on 9/2/2025 at 11:34 AM with the Certified Nurse Assistant 1 (CNA 1), CNA 1 saw a reflection of her hair on the tablet. CNA 1 saw herself in the tablet's camera multiple times when doing ADLs for Resident 1. CNA 1 stated It was a HIPAA (Health Insurance Portability and Accountability Act (HIPAA, is a federal law that protects the privacy and security of health information) concerns for other residents (Resident 2 and 3) because RP 1 can be listening to other medical information of the other residents in the tablet. During an interview on 9/2/2025 at 11:44AM with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated RP 1 watches constantly in the tablet's camera, He was checking Resident 1's room even if the resident was not inside the room. RP 1 wants to open all the curtains to see the entire room. RP 1 randomly calls the facility and will ask the staff to turn on Resident 1's television, he checks it through the tablet's camera. During a concurrent interview and record review on 9/2/2025 at 3:09PM with the Director of Nursing (DON), Resident 1's Care Plans (CP) were reviewed. There was no CP for Resident 1's electronic device or tablet use in the room. DON stated that they should have a CP for the tablet use in the room to make sure the facility promoted dignity, privacy should be provided and ensure to respect residents' rights for Resident 1 and her roommates. During an interview on 9/2/2025 at 3:10PM with DON, DON stated RP 1 wanted to completely open all the curtains in the room and wanted to see the whole room. The other residents were upset because of that. RP 1 wanted to see Resident 1 in the camera, 24 hours a day/7 day a week. RP 1 was mad when the staff covered the camera and closed the curtain when providing care for his family member. It is an awkward situation when the camera was uncovered, and staff was providing care for Resident 1. The facility informed RP 1 that he was not respecting Residents 1' dignity and privacy. During a concurrent interview and record review on 9/2/2025 at 3:15PM with the DON, the facility's Policy and Procedure (P&amp;P) titled, Resident Use of iPad and Tablet Devices in Rooms, dated 1/2025, was reviewed. The P&amp;P indicated the staff must protect resident privacy; headphones encouraged for video calls. DON stated RP 1 never uses headphones during video calls. RP 1 can see the staff but the staff were not able to see the screen. RP 1 calls to reposition</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure one (1) of three (3) residents (Residents 3) received treatment and care as indicated on the facility's Policy and Procedure (P&amp;P) titled, Changes in Resident Condition when, 1. Licensed Vocational Nurse 2 (LVN 2) did not inform physician immediately and assessed Resident 3's complaint for generalized itching on 9/2/2025. 2. Licensed Staff has no documented evidence that Resident 3 was assessed for Skin Evaluation and formulated a Care Plan (CP) specific for generalized itching from 6/6/2025-9/2/2025. These deficient practices had the potential to result in delays in the necessary care and treatment of Resident 3 which could affect the residents' overall wellbeing. Findings: During a review of Resident 3's admission Record, the admission record indicated Resident 3 was admitted to the facility on [DATE] Resident 3's diagnoses included Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination), chronic kidney disease (CKD, is a condition in which the kidneys are damaged and cannot filter blood as well as they should), type II diabetes mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing) and anxiety disorder (a disorder characterized by nervousness characterized by a state of excessive uneasiness and apprehension, typically with compulsive behavior [repetitive, persistent, and often uncontrollable actions that a person feels driven to perform] or panic attacks) During a review of Resident 3's Minimum Data Set (MDS, resident assessment tool), dated 8/20/2025, the MDS indicated Resident 3 has severely impaired cognitive (mental action or process of acquiring knowledge and understanding) for daily decision making. The MDS indicated Resident 3 needed substantial/ maximal assistance (helper does more than half the effort. helper lifts, holds trunk or limbs, and provides more than half the effort) in toileting hygiene, lower body dressing, putting on/ taking off footwear, sit to stand, chair/ bed-to-chair transfer, and tub/shower transfer. During a record review of Resident 3's SBAR (situation, background, assessment, recommendation -a communication tool used by healthcare workers when there is a change of condition among the residents) indicated, 1. On 6/5/2025, Resident 3 had lower body generalized rash. During rounds CNA reported that Resident 3 complained of itching of the lower body, lower back, glutes, thighs and legs. Resident 3's skin was red, flaky, with scratches from resident itching affected areas. Resident 3 stated she was very itchy and had been scratching her body. 2. On 8/23/2025, Resident 3 had itchiness on the frontal torso. The licensed staff observed Resident 3 scratching her abdomen. Resident 3 had patchy redness on the frontal torso and scalp. During a concurrent observation and interview on 9/2/2025 at 10:52 AM with Resident 3, Resident 3 stated her whole body was itchy during the night. There were scratch marks observed on Resident 1's left chest. Resident 3 also stated she has scratch marks on her bilateral thighs and lower legs. Resident 3 told Licensed Vocational Nurse 2 (LVN 2) this morning, but nothing was done. The staff did not give her any medications or treatment. LVN 2 did not come back to her room. Resident 3 also stated her legs were itchy at night and all day. Resident stated, I feel so itchy, I feel bad, because nobody looked at my body to check. I did not know what to do. LVN 2 did not do anything, I told the nurse to put cream, he said he does not know what to put. I am tired and could not sleep well. During an interview on 9/2/2025 at 11:13 AM with the Certified Nurse Assistant 1 (CNA 1), CNA 1 stated she did provide ADLs (Activities of Daily Living, are activities related to personal care including bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating) to Resident 3 this morning. CNA 1 stated Resident 3 has scratch marks all over her body and reminded Resident 3 not to scratch herself, but the resident kept scratching her thighs. CNA 1 stated she changed Resident 3's briefs and put lotion on her arms, legs and back. CNA 1 stated the staff knew that Resident 3 had been itching and scratching herself. During an interview and record review on 9/2/2025 at 12:01 PM with LVN 1, Resident 3's current order summary was reviewed. LVN 1 stated Resident 3 has been itching occasionally. Resident 3 has no medications for itching. If there was no medication for itching. Resident 3 will continue to scratch her skin, and it can get worse. During a concurrent interview and record review on 9/2/2025 at 12:19 PM with LVN 2, Resident 3's current order summary was reviewed. There was no medication or treatment for Resident 3's generalized itching. LVN 2 stated Resident 3 has been itching for 2 weeks now since 8/23/2025. The staff should have follow-up with the physician. The staff should have called the physician for a follow up treatment for Resident 3's skin issue. LVN 1 also stated Resident 3 has no medication for itching. Resident 3 will still experience itching and possibly have a skin breakdown. During</p>		