

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055862	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2020
NAME OF PROVIDER OF SUPPLIER ROSE GARDEN HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1899 N RAYMOND 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 0600 Level of harm - Immediate jeopardy Residents Affected - Many	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure 75 of 75 sampled residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, and 75) are from neglect to ensure care provided by facility staff was not disrupted and ensure residents could continue residing in the facility when an eviction notice was served to the facility by the local law enforcement on 1/31/2020. The eviction notice indicated any occupants residing within the premises would be vacated on 2/5/2020. This deficient practice resulted in placing 75 sampled residents for no pre-arranged discharge with other facilities and had a potential to result in resident's health and safety needs were not being met. Findings: On 1/29/2020, at 1:57 p.m., during a monitoring visit to the facility, an interview was conducted with the director of nursing (DON). The DON stated that they (facility staff) did not receive their paychecks for the payroll due on 1/24/2020. A review of the facility's Daily Census, dated 1/31/2020, indicated the facility had 75 residents in the facility. A review of facility's Ambulatory, Wheelchair, Bedbound Resident List indicated the following information: 1. Ten residents (Resident 3, 18, 29, 32, 56, 61, 68, 69, 70, and 73) were bed bound and required care for a gastrostomy tube feeding ([DEVICE], a tube inserted through the abdomen that delivers nutrition directly to the stomach), [MEDICAL CONDITION] (an opening in the neck in order to place a tube into a person's windpipe for breathing), and ventilator (a machine to assist for breathing thru a breathing tube). 2. Four residents (Residents 37, 40, 49, and 60) were bedbound and required care for [DEVICE] and [MEDICAL CONDITION]. 3. One resident (Resident 36) used wheelchair to propel self and required care for [DEVICE] and [MEDICAL CONDITION]. 4. One resident (Residents 64) was bedbound and required care for [DEVICE] and ventilator. 5. Six residents (Resident 2, 8, 43, 52, 55, and 59) were bedbound and required care for [DEVICE]. 6. Two residents (Resident 21 and 50) used wheelchair to propel self and required care for [DEVICE]. 7. Ten residents (Resident 1, 6, 12, 16, 27, 31, 47, 53, 65, and 71) were bedbound. 8. Six residents (Resident 10, 17, 23, 26, 28, and 38) were ambulatory. 9. Five residents (Resident 13, 15, 35, 44, and 51) were ambulatory with assistance. 10. Three residents (Resident 25, 62 and 75) were ambulatory with a walker. 11. Thirteen residents (Resident 4, 9, 11, 19, 20, 22, 33, 39, 41, 45, 54, 63, and 72) used wheelchair to propel self. 12. Fourteen residents (Resident 5, 7, 14, 24, 30, 34, 42, 46, 48, 57, 58, 66, 67, and 74) used wheelchair and not able to propel self. A review of the local law enforcement agency's Notice to Vacate (Eviction Notice) that was served to the facility, on 1/31/2020, indicated the judgment was for the debtor (Licensee), members of the judgement debtor's household, and any occupants residing with the judgement debtor. The order to vacate the premises was on 2/5/2020. On 1/31/2020, at 9:47 a.m., during an interview, the facility's Property Owner verified that the eviction notice was provided by the County Sheriff Department. The Property Owner stated the facility's Licensee (facility's owner) had not paid fees for the property for four months and had obtained a court order for Licensee to pay. The Property Owner stated the eviction notice was a court order. During an interview on 1/31/2020, at 10:17 a.m. the facility's Administrator stated if the facility's Licensee did not pay the rent, the residents would have to be evicted by 2/5/2020. On 1/31/2020, at 11 a.m., a telephone conference was conducted with the facility's Property Owner, the facility's Licensee, the facility's Administrator, the administration personnel of [ST] Department of Public Health (CDPH) and [OFFICERS]. The eviction notice issue provided by the facility was discussed. The facility's Property Owner and the facility's Licensee did not reach an agreement to solve the eviction notice issue. On 2/3/2020 at 8:10 p.m., during an interview, the Administrator stated they did not develop written plans to discharge the residents to appropriate setting to meet their health and safety needs, after the notice of eviction was served to the facility on [DATE]. On 2/3/2020, at 8:10 p.m., p.m., the Department called an Immediate Jeopardy (IJ, a situation in which the provider's non-compliance with one or more requirements of participation has caused or is likely to cause serious injury, harm, impairment, or death of a resident) in the presence of the administrator and the director of nursing (DON). The facility failed to ensure 75 of 75 residents had the right to be free from neglect. The facility's Licensee did not meet payroll for 1/24/2020 (non-payment for nursing services). The facility's Licensee failed to maintain control of the property over which the residents resided due to nonpayment of rent for four months. The facility had no written plans to transfer residents safely to other facilities should it become necessary to make an emergency transfer or discharge. As a result, the 75 residents are at risk to be discharged to inappropriate setting (e.g. lower level of care, shelter) and not to receive necessary care, treatment and services, medication, food, and water that could lead to life threatening health complications and eventually death (Cross Refer to F 624). On 2/5/2020, at 11:56 a.m., the [ST] Department Public Health (CDPH) appointed Temporary Management (TM) team and the Health Facility Inspection Division (HFID) team and the Temporary Manager entered the facility and served the documents, Notification of Temporary Management Appointment, to the Administrator. The document indicated the immediate need for a TM was to ensure sufficient staffing to maintain residents due to Licensee's inability to pay staff and the landlord has served the Licensee with an eviction notice, which was due to be enforced on 2/5/2020. On 2/20/2020, at 12:06 p.m. a.m., after the facility submitted an acceptable plan of action (POA), the survey team verified and confirmed on-site the implementation of the POA by record review and interview and confirmed the removal of the immediate jeopardy in the presence of the Administrator. The Administrator provided an acceptable POA as follows: 1. To utilize 8 Skilled Nursing and 4 Sub-Acute Care Facilities within a 30-mile radius to safely accommodate all resident needs, the facility plan, if needed, was to evacuate the residents to an appropriate level of care in a safe and orderly fashion. 2. The facility had made arrangement with transportation companies who agreed to transfer residents should evacuation be necessary. Any resident who could not be placed in an appropriate level of care in an emergency, 911 would be called to transfer to Acute Care Hospitals in the area. 3. The Facility Ombudsman is working with the facility to assist with the discharge of the residents and has been appraised of all recent occurrences. 4. A list was prepared of responsible parties and the status of ambulation for each resident to assist with any transfer in a safe and orderly fashion. 5. The facility Admissions will be responsible to contact the transportation company. 6. Medical Records will be responsible to hand out the prepared envelopes, which include the Face Sheet, History & Physical (H&P), and Physician orders. 7. LVN will prepare and distribute the medication for each resident as they go into the ambulance. 8. Dietary will hand out water and snacks to residents. 9. The Minimum Data Set (MDS - a care area assessment and screening tool) nurse will document where each resident transfer to. 10. The Social Service Director (SSD) will contact families and responsible parties to update them on situation and to which facility the resident was transferred. A review of the facility's Abuse Prevention Program policy and procedure, revised date 12/2016, indicated the facility residents had the rights to be free from abuse, neglect, misappropriation of resident property and exploitation. As part of the resident abuse prevention, the administrator will develop and implement</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055862	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2020
NAME OF PROVIDER OF SUPPLIER ROSE GARDEN HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1899 N RAYMOND 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 0600 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 1) policies and procedure to aid the facility in preventing abuse, neglect, exploitation, mistreatment of [REDACTED]. A review of the facility's Staffing policy and procedure, revised date 10/2017, indicated the facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment.</p>		
F 0624 Level of harm - Immediate jeopardy Residents Affected - Many	<p>Prepare residents for a safe transfer or discharge from the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop discharge plans for 75 of 75 sampled residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 67, 68, 69, 70, 71, 72, 73, 74, and 75) when an eviction notice was served to the facility by the local law enforcement on 1/31/2020. The eviction notice indicated any occupants residing within the premises to be vacated on 2/5/2020. This deficient practice resulted in placing 75 sampled residents with no pre-arranged discharge to other facilities and at risk for discharging to facilities that do not meet the health and safety needs of residents. Findings: A review of the local law enforcement agency's Notice to Vacate (Eviction Notice) dated 1/31/2020 that was served to the facility, on 1/31/2020, indicated the judgment was for the debtor (Licensee), members of the judgement debtor's household, and any occupants residing with the judgement debtor. The order to vacate the premises was on 2/5/2020. On 1/31/2020, at 9:47 a.m., during an interview, the facility's Property Owner verified that the eviction notice was provided by the County Sheriff Department. The Property Owner stated the facility's Licensee (facility's management operator) had not paid fees for the property for four months and the Property Owner had obtained a court order for Licensee to pay. The Property Owner stated the eviction notice was a court order. During an interview with the facility's Administrator on 1/31/2020, at 10:17 a.m., the facility's Administrator stated a Notice to Vacate was served to the facility by the local law enforcement on 1/31/2020. The facility's Administrator stated if the facility's Licensee did not pay the rent, the residents would have to be evicted by 2/5/2020. On 1/31/2020, at 11 a.m., a telephone conference was conducted with the facility's Property Owner, the facility's Licensee, the facility's Administrator, the administration personnel of [ST] Department of Public Health (CDPH) and [OFFICERS]. The eviction notice issue provided by the facility was discussed. The facility's Property Owner and the facility's Licensee did not reach an agreement to solve the eviction notice issue. On 2/3/2020 at 8:10 p.m., during an interview, the Administrator did not provide a written plan to safely discharge all residents to a destination that is safe and able to meet their individual health and safety needs, after the notice of eviction was served to the facility on [DATE]. A review of facility's Ambulatory, Wheelchair, Bedbound Resident List indicated the following information: 1. Ten residents (Resident 3, 18, 29, 32, 56, 61, 68, 69, 70, and 73) were bed bound and required care for a gastrostomy tube feeding ([DEVICE], a tube inserted through the abdomen that delivers nutrition directly to the stomach), [MEDICAL CONDITION] (an opening in the neck in order to place a tube into a person's windpipe for breathing), and ventilator (a machine to assist for breathing thru a breathing tube). 2. Four residents (Residents 37, 40, 49, and 60) were bedbound and required care for [DEVICE] and [MEDICAL CONDITION]. 3. One resident (Resident 36) used wheelchair to propel self and required care for [DEVICE] and [MEDICAL CONDITION]. 4. One resident (Residents 64) was bedbound and required care for [DEVICE] and ventilator. 5. Six residents (Resident 2, 8, 43, 52, 55, and 59) were bedbound and required care for [DEVICE]. 6. Two residents (Resident 21 and 50) used wheelchair to propel self and required care for [DEVICE]. 7. Ten residents (Resident 1, 6, 12, 16, 27, 31, 47, 53, 65, and 71) were bedbound. 8. Six residents (Resident 10, 17, 23, 26, 28, and 38) were ambulatory. 9. Five residents (Resident 13, 15, 35, 44, and 51) were ambulatory with assistance. 10. Three residents (Resident 25, 62 and 75) were ambulatory with a walker. 11. Thirteen residents (Resident 4, 9, 11, 19, 20, 22, 33, 39, 41, 45, 54, 63, and 72) used wheelchair to propel self. 12. Fourteen residents (Resident 5, 7, 14, 24, 30, 34, 42, 46, 48, 57, 58, 66, 67, and 74) used wheelchair and not able to propel self. On 2/3/2020, at 8:10 p.m., the Department called an Immediate Jeopardy (IJ), a situation in which the provider's non-compliance with one or more requirements of participation has caused or is likely to cause serious injury, harm, impairment, or death of a resident) in the presence of the administrator and the director of nursing (DON). The facility failed to develop a written plan to safely transfer/discharge all residents to a destination that is safe and able to meet their individual health and safety needs after the notice of eviction was served to the facility on [DATE]. The facility's Licensee failed to maintain control of the property over which the residents resided due to nonpayment of rent for four months. On 2/5/2020, at 11:56 a.m., the [ST] Department Public Health (CDPH) appointed Temporary Management (TM) team and the Health Facility Inspection Division (HFID) team and the Temporary Manager entered the facility and served the documents, Notification of Temporary Management Appointment, to the Administrator. The document indicated the immediate need for a TM was to ensure sufficient staffing to maintain residents due to Licensee's inability to pay staff and the landlord has served the Licensee with an eviction notice, which was due to be enforced on 2/5/2020. On 2/20/2020, at 12:06 p.m., after the facility submitted an acceptable plan of action (POA), the survey team verified and confirmed on-site the implementation of the POA by record review and interview and confirmed the removal of the immediate jeopardy in the presence of the Administrator. The Administrator provided an acceptable POA as follows: 1. To utilize 8 Skilled Nursing and 4 Sub-Acute Care Facilities within a 30-mile radius to safely accommodate all resident needs. Our plan, if needed, is to evacuate the residents to an appropriate level of care in a safe and orderly fashion. 2. The facility had made arrangement with transportation companies who agreed to transfer residents should evacuation be necessary. Any resident who could not be placed in an appropriate level of care in an emergency, 911 would be called to transfer to Acute Care Hospitals in the area. 3. The Facility Ombudsman is working with the facility to assist with the discharge of the residents and has been appraised of all recent occurrences. 4. A list was prepared of responsible parties and the status of ambulation for each resident to assist with any transfer in a safe and orderly fashion. 5. The facility Admissions will be responsible to contact the transportation company. 6. Medical Records will be responsible to hand out the prepared envelopes, which include the Face Sheet, History & Physical (H&P), and Physician orders. 7. LVN will prepare and distribute the medication for each resident as they go into the ambulance. 8. Dietary will hand out water and snacks to residents. 9. The Minimum Data Set (MDS - a care area assessment and screening tool) nurse will document where each resident transfer to. 10. The Social Service Director (SSD) will contact families and responsible parties to update them on situation and to which facility the resident was transferred. A review of the facility's policy and procedure for Emergency Transfer or Discharge, revised date 2016, indicated should it become necessary to make an emergency transfer or discharge to a hospital or other related institution that included notifying the receiving facility, preparing the resident for transfer, prepare a transfer form to send with the residents, notifying the representative or other family members, and assist in obtaining transportation.</p>		