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| 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 07/10/2020 |
| NAME OF PROVIDER OF SUPPLIER SOUTH PASADENA CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 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 0558 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility staff failed to ensure resident's needs and/or preferences were taken into consideration for one of three sampled residents (Resident 1). Resident 1's room was sanitized (being cleaned) while the resident was in the room and staff did not ask the resident's permission to sanitize nor provide information of the procedure. This deficient had the potential for the resident to feel that his needs did not matter. Findings: A review of Resident 1's Admission Record indicated the resident admitted to the facility on [DATE]. The resident's [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS), a standardized assessment and care screening tool, dated April 30, 2020, indicated Resident 1 had no impairment in cognitive skills, made self-understood, and understood others. During an interview on June 5, 2020 at 12:55 p.m., Resident 1 stated during the month of April 2020, the facility hired a company to disinfect/sanitize the facility. Resident 1 stated a man with a suit entered his room. Resident 1 stated that the unknown man did not ask permission and started to spray some type of chemical, which caused burning to his eyes. Resident 1 stated the staff told him the chemical sprayed was hand sanitizer. Resident 1 stated no one provided him with any information of the procedure nor asked if he wanted to leave the room during this sanitation process. During an interview on June 5, 2020 at 2:11 p.m., the Maintenance Supervisor (MS) stated Resident 1 was alone in his room, sitting in a chair when his room was being sanitized. The areas sprayed with sanitizer included the doors, remote controls, and all the furniture. The MS stated that Resident 1 was not asked if he wanted to leave the room while it was being sanitized. A review of the facility's policy and procedure titled, Quality of Life - Accommodation of Needs, dated August 2019, indicated the resident's individual needs and preferences shall be accommodated to the extent possible, except when the health and safety of the individual or other residents would be endangered. In order to accommodate individual needs and preferences, staff attitudes and behaviors must be directed towards assisting the residents in maintaining independence, dignity and well-being to the extent possible and in accordance with the residents' wishes. Staff shall interact with the residents in a way that accommodates the physical or sensory limitations of residents, promotes communication, and maintains dignity. | | |
| 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.