STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055617	A. BUILDING _____ B. WING _____	**08/31/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PASADENA GROVE HEALTH CENTER	**1470 N 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 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 accommodate residents' needs for one of two sampled residents (Resident 1). The facility did not all Resident 1 access to her electric wheelchair. This failure had the potential to decrease the resident's mobility. Findings: A review of Resident 1's Admission Record indicated the resident admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS, a comprehensive standardized assessment and care screening tool), dated 7/27/20, indicated the resident made self-understood and usually understood others. Resident 1 required extensive assistance (resident involved in activity, staff provided weight-bearing support) for transfers with one-person assist from staff to or from bed, chair, wheelchair and/or to standing position. A review of an untitled care plan dated 11/20/19, indicated Resident 1 uses the electric wheelchair and is at risk for injury to self and others. Resident 1 leaves the facility via her wheelchair. Nursing interventions included to remind the resident of safety precautions and explain the risks and benefits of use. During an interview on 8/25/20, at 11:40 a.m., Resident 1 stated the facility's staff is not allowing her to use her electric wheelchair. Resident 1 stated the electric wheelchair was specially made for her because she suffers from chronic pain and it is more comfortable than a regular wheelchair. During an interview on 8/26/20 at 10:01 a.m., the Director of Nursing (DON) stated the facility's policy allows for residents to be able to use electric wheelchairs, however, Resident 1 is not allowed to use her electric wheelchair because she leaves the facility. A review of the facility's policy and procedure titled, Use of Power Wheelchair or Scooter, dated 10/10/17, indicated it is the policy of this facility to allow the use of power wheelchairs or scooters within the facility when it has been determined the resident can safely operate the power wheelchair or scooter.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE