

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555893	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2020
NAME OF PROVIDER OF SUPPLIER LEGACY HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1570 NORTH 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 0745 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility staff failed to provide supportive services to one of two sampled residents (Resident 1) reviewed for personal belongings. For Resident 1, the documented personal belongings on the inventory list for six (6) boxes were lost and not replaced. This deficient practice had the potential to affect the resident's psychosocial well being. 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 standardized assessment and care-planning tool) dated [DATE], indicated Resident 1 had the ability to express her thoughts with no difficulties. A review of Resident 1's Resident's Clothing and Possessions List, dated 8/18/17, indicated Resident 1 had 6 boxes and reduced to four (4) boxes. The list indicated boxes and did not identification of the items inside the boxes. On [DATE] at 1 p.m., during an interview with Resident 1, the resident reported on 2/20/20 she requested to remove a personal item from a box the facility had stored for her, however, upon the inspection of the boxes she noticed many of her personal belongings were missing. Resident 1 further stated the facility failed to inventory the items that were inside the boxes. On [DATE] at 1:56 p.m., during an interview and concurrent record review of Resident 1's Resident's Clothing and Possessions List, the Social Service Director (SSD) stated that the inventory list failed to indicate a detailed list of the items inside Resident 1's boxes. The SSD stated personal items were required to be listed in the inventory list due to the facility's responsibility for the loss of any personal item. A review of the undated facility policy and procedure titled, Personal Belongings, indicated the facility staff will inventory and document all personal items brought their attention.		
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.