

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603416
Report Date: 04/15/2025
Date Signed: 04/29/2025 09:15:49 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/16/2023** and conducted by Evaluator Nune Margaryan

	COMPLAINT CONTROL NUMBER: 28-AS-20230816165341
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FACILITY NAME: MORNINGSTAR OF PASADENA	FACILITY NUMBER: 198603416
ADMINISTRATOR: TALIAFERRO, KEVIN	FACILITY TYPE: 740
ADDRESS: 951 S. FAIR OAKS AVENUE	TELEPHONE: (626) 204-1700
CITY: PASADENA	STATE: CA ZIP CODE: 91105
CAPACITY: 310	CENSUS: 148 DATE: 04/15/2025
MET WITH: Kevin Taliaferro - Executive Director	UNANNOUNCED TIME BEGAN: 09:00 AM
	TIME COMPLETED: 10:10 AM

ALLEGATION(S):

1	Resident sustained a severe pressure injury due to staff neglect
2	Staff are not properly trained
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INVESTIGATION FINDINGS:

1	**This is an amended report of original report dated 04/15/25, the purpose for amendment is to remove
2	confidential information. This amended report does not change the findings. LPA Margaryan redelivered
3	report and obtained signature on 04/29/25.**
4	Licensing Program Analyst (LPA) Nune Margaryan conducted a subsequent complaint visit to deliver
5	findings for the allegations listed above. LPA met with Kevin Taliaferro, Executive Director and explained
6	the reason for the visit.
7	Investigation consist of following: At the time of Department's visits conducted on 08/17/23,
8	01/11/24,01/23/24 and 03/28/25 copies of residents and staff roster requested, Resident #1(R1's) file was
9	reviewed and the following was obtained: Identification and Emergency Information Sheet, Admission
10	Agreement, Agreements and Consent for Medical Treatment, Physician's Report, PRN Authorization
11	Letter, Agreements and Consent for Medical Treatment, Medication List, Clinical Notes, Care Plan,
12	Hospice Documents, R1's Annual Evaluation,R1's Death Certificate, Staff training materials: Certificates
13	of proper Positioning, Copies of Care Tracking Sheets. Interviews were conducted with facility staff and Family Members (FMs). At the time of visits was not observed any immediate health and/or safety concerns. Continue 9099C

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Wei Siew Ho
NAME OF LICENSING PROGRAM ANALYST: Nune Margaryan
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/15/2025

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/15/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1000 CORPORATE CNTR
DR. ST 500
MONTEREY PARK, CA 91754

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: MORNINGSTAR OF PASADENA

FACILITY NUMBER: 198603416

VISIT DATE: 04/15/2025

NARRATIVE

1 The investigation revealed the following: Allegation: Resident sustained a severe pressure injury due to
2 staff neglect. It was alleged that resident developed the bed sore due to due to staff neglect, not being
3 rotated.
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5 Per hospice and facility records obtained by the Department, it was discovered that R1 was admitted to
6 the facility under hospice care services due to R1's health condition. Prior to R1's admission to the
7 facility, she was at SNF. According to Family Member 1 (FM1) When R1 arrived at Morningstar of
8 Pasadena facility R1 had "complexity of health issues" which resulted R1 to become bedbound. FM1
9 indicated per S3, R1 developed the pressure injury due to not being rotated. Interviewed Family Member
10 2(FM2) indicated that they were not aware of R1's health conditions and stated that R1 kept it
11 confidential between themselves and their doctor. Interviewed S1 and S2 indicated that during R1's
12 admission, she had a presented pressure injury on her coccyx which would open and close through the
13 course of being alive at the facility. For a while R1 was ambulatory, but overtime while R1 was living in
14 the facility, R1's health was declining. Interviewed staff stated R1 was provided care by a hospice nurse
15 and the facility's staff. Interviewed S1 and S2 denied the allegation. They stated that facility staff did not
16 neglect R1's which resulted in a pressure wound deteriorated. They stated that R1 had a psychological
17 and eating issues. S1 and S2 stated that Facility staff encouraged R1 to dine with their family members,
18 to increase R1's mobility but R1 became uncomfortable and depressed. Facility staff ended up feeding
19 R1 in their room when R1 completely became bedbound. Interviewed staff stated that every two to three
20 hours staff were responsible for rotating and repositioning R1 as instructed by hospice. Interviewed S3
21 stated that caregivers not allowed to provide wound care. Only LVNs and Hospice nurses. S3 stated that
22 R1's wound progressed while R1 was at the facility, but not able to provide any details or verify if the
23 pressure injury was evaluated. S3 indicated that facility staff and caregivers were given instructions by
24 Hospice staff and facility LVNs to rotate and reposition R1 every 2 hours. Interviewed Staff indicated that
25 Hospice nurses came to the facility twice a week and provided comfort care and wound care to R1.
26 Hospice document review revealed that hospice staff observed R1 was well cared, and hospice staff did
27 not have concerns during visit. Due to the R1's health condition, it was hard to prevent R1 from to
28 sustaining pressure wounds, regardless of how well the wounds were being cared for and how often R1
29 was being repositioned/ rotated. Per hospice staff notes / reports, facility staff were provided good care
30 to R1 and followed all instructions from Hospice. R1 passed away at the facility on 07/22/23 while a
31 hospice care nurse and Family members were by R1's side. Death certificate notes R1 passed away
32 due to Atherosclerotic Cardiovascular disease. Therefore, this allegation is unsubstantiated. Continue
9099C

NAME OF LICENSING PROGRAM MANAGER: Wei Siew Ho
NAME OF LICENSING PROGRAM ANALYST: Nune Margaryan
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/15/2025

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/15/2025

