STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055341	A. Building B. Wing	07/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gem Transitional	716 South Fair Oaks Ave Pasadena, CA 91105

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42223 Based on observation, interview and record review, the facility failed to follow the diet order for one of two sampled residents (Resident 2) in accordance with their policy. This deficient practice had the potential for Resident 2 not to receive his nutritional requirements which can lead to medical complications. Findings: A review of Resident 2's Face Sheet (Admission Record) indicated resident was originally admitted on [DATE] and was readmitted on [DATE] with the following diagnoses of diabetes (a group of diseases that result in too much sugar in the blood) and hyperlipidemia (an elevated level of lipids - like cholesterol and triglycerides- in the blood). A review of Resident 2's History and Physical, dated 7/13/2024, indicated the resident does not have the capacity to understand and make decisions. A review of Resident 2's Minimum Data Set (MDS; a standardized care screening and assessment tool), dated 7/8/2024, indicated the resident is independent in cognitive (the functions your brain uses to think, pay attention, process information, and remember things) skills for daily decision making. MDS also indicated Resident 2 required partial/moderate assistance (Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) with oral hygiene. The MDS also indicated resident required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) with toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene. A review of Resident 2's Physician Orders, dated 7/26/2023, indicated a low sodium (salt) and carbohydrate-controlled (carb- controlled diet, meals contain carbohydrate rich foods in fairly equal amounts to help control blood sugar levels) diet with large portions times (x) three (3) and thin liquids. A review of the facility's undated Resident Diet Form, indicated Resident 2 is on a low sodium and carb-controlled diet with large portions x 3 and thin liquids. (continued on next page)

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.

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

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/23/2024 at 11:27 AM, Resident 2 stated he is diabetic, and all his food is sweet such as bread, rice, and potatoes, which would be served to him. During a concurrent observation and interview on 7/23/2024 at 1:10 PM of Resident 2's lunch tray with Registered Nurse (RN) Supervisor, observed bread, stuffing and apple crumble. RN supervisor stated it is not okay and it should have been a carb-controlled diet because that can increase Resident 2's blood sugar making his condition worse. During an interview on 7/24/2024 at 1:10 PM, Dietary Supervisor (DS) stated a carb-controlled diet should not have bread, stuffing, or apple crumble on their plate. DS also stated she would need to have an in-service for the dietary staff to make sure meal tickets are checked and followed. A review of the facility's Policy and Procedure titled Nutrition Care, dated 2011, indicated the facility will serve diets as ordered by the physician.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42223 Based on observation, interview and record review, the facility failed to follow proper food handling practices for one of two sampled residents (Resident 1) in accordance with its policy and procedure by: 1. Failed to ensure Resident 1's corn bread muffin was free from non-edible item such as wire (unknown what type of wire) on 5/16/2024. 2. Failed to ensure Resident 1's cup, bowls, and forks were free from residue. These deficient practices had the potential to result in residents developing foodborne illness and injury which can lead to other serious medical complications and hospitalization . Findings: 1. A review of Resident 1's Face Sheet (Admission Record) indicated the resident was originally admitted on [DATE] and was readmitted on [DATE] with the following diagnoses of anxiety (a feeling of fear, dread, and uneasiness) disorder and spinal stenosis (a narrowing of the spinal canal in the lower part of the back). A review of Resident 1's Minimum Data Set (MDS; a standardized care screening and assessment tool), dated 5/8/2024, indicated resident is independent in cognitive (the functions your brain uses to think, pay attention, process information, and remember things) skills for daily decision making. The MDS also indicated the resident required partial/moderate assistance (helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) with oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene. The MDS indicated resident required setup or clean up assistance (Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity) with eating. A review of Resident 1's History and Physical (H&P), dated 5/18/2024, indicated resident has the capacity to understand and make decisions. During an interview on 7/23/2024 at 11:16 AM, Resident 1 stated last 5/16/2024 at dinner time, she had a wire in her corn bread muffin, almost swallowed it but was able to cough it out. During an interview on 7/23/2024 at 12:20 PM, Certified Nursing Assistant 1 (CNA 1) stated on 5/16/2024 at dinner time, Resident 1 did have a wire in her muffin, and it was an inch long. During an interview on 7/23/2024 at 2:30 PM, Administrator (ADM) stated on 5/16/2024, there was a wire in Resident 1's muffin. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review of Resident 1's medical record on 7/23/2023 at 3:30 PM, Registered Nurse (RN) Supervisor and Medical Records (MR) stated there was no documented evidence of Resident 1 was assessed and monitored after Resident 1 almost choked on the wire found in the resident's muffin. RN supervisor and MR also stated it should have been done to check if there was any wound or complication of resident almost swallowing the wire. RN supervisor also stated, other residents should have been check as well to ensure there were no wires in their cord bread muffin. During an interview on 7/23/2024 at 3:50 PM, ADM stated it was unusual for the resident's food to be contaminated with a non- edible item such as wire so it should have been investigated right away or that same day (5/16/2024) of how the wire got into Resident 1's muffin. ADM stated Resident 1 should have been checked and monitored for any possible complication because of almost swallowing the wire. A review of the facility's Report of Comments and Concern, dated 5/16/2024 at 5:30 PM, indicated Resident 1 found a wire in her muffin. The report indicated the following morning (5/17/2024) ADM spoke with Resident 1 and RN Supervisor did the investigation on 5/17/2024 and asked other residents if they have complaint about their food. A review of the facility's Policy and Procedure titled Food Preparation, dated 2011, indicated employees will prepare food in a clean and safe manner to protect residents/patients and staff. 2. During an interview on 7/23/2024 at 11:16 AM, Resident 1 stated she would see residue on the bowls, utensils and cups that were served in her food tray. During an interview on 7/23/2024 at 12:20 PM, CNA 1 stated she saw residue in Resident 1's cup and bowls. During a concurrent observation and interview on 7/23/2024 at 12:45 PM with RN Supervisor, test tray was given and observed utensils with residue on it. RN supervisor stated it is not okay and the residue should have been scrubbed off prior to passing trays to the residents. During an interview on 7/24/2024 at 1:10 PM, Dietary Supervisor stated it is not okay for the utensils to have residue on it and the dietary staff would need an in-service. A review of the facility's undated P&P titled Sanitation and Infection Control- Dishwashing Procedure, indicated to check to ensure that silverware is clean and dry. The policy also indicated dirty or tarnished silverware should be resoaked and rewashed. A review of the facility's P&P titled Food Preparation, dated 2011, indicated utensils and equipment will be cleaned and sanitized after each use.