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	08/21/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48152 Based on observation, interview and record review, the facility failed to implement Coronavirus disease 2019 (COVID-19 - a highly contagious infectious disease caused by severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2]) infection control according to the facility ' s policy and procedure. 1. The facility failed to ensure a COVID-19 designated room had appropriate signage indicating droplet isolation (measures to prevent transmission when infection can be spread to others by speaking, sneezing, or coughing) 2. Facility staff did not wear all required personal protective equipment (PPE - worn to prevent or minimize exposure to hazards) while assisting Resident 2 who was COVID-19 positive. 3. There were no face shields (aims to protect the wearer's entire face) readily available in Resident 2 ' s isolation cart (store and transport your facility's personal protective equipment). 4. Ensure Resident 2 ' s door remained closed according to the facility ' s policy and procedure. These failures had the potential to increase the risk of COVID-19 transmission (spread of a disease or infection from person to person) throughout the facility including residents, visitors and staff. Findings: During a review of Resident 2 ' s Face Sheet, indicated Resident 2 was readmitted to the facility on [DATE] with diagnoses that included dementia (a condition characterized by progressive or persistent loss of intellectual functioning), essential primary hypertension (abnormal high blood pressure that is not the result of a medical condition), ataxic gait (poor muscle control that causes clumsy movements), muscle wasting (deterioration of muscle tissue) and atrophy (deterioration of a part of the body). During a review of Resident 2 ' s Minimum Data Set (MDS - a standardized resident assessment care screening tool), dated 7/26/2024, indicated Resident 2 had severely impaired cognitive skills (ability to think, remember and reason). The MDS also indicated Resident 2 was dependent (staff does all effort needed to complete activity) assistance with eating, oral and personal hygiene, toileting, and bathing. (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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 2 ' s Provider Report of COVID-19, dated 8/20/2024, the report indicated Resident 2 had a positive result of her COVID-19 antigen test (detects proteins called antigens from a virus). During a review of Resident 2 ' s Physician Order Sheet, indicated an order dated 8/19/2024 for Resident 2 to be placed on droplet per public health guidelines as needed. A review of Resident 2 ' s Droplet Precautions/PUI for COVID-19 care plan (a document that outlines the facility ' s plan to provide personalized care to a resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs), dated 8/19/2024, indicated Resident 2 was on Novel Respiratory Precaution (droplet) and the facility would maintain droplet precautions for ten (10) days [until 8/29/2024]. During an observation on 8/20/2024 at 8:50 AM, outside of Resident 2 ' s room, a contact precaution (measures taken to prevent the spread of germs that are transmitted through touch) sign was observed posted on the wall by the door indicating required protective personal equipment (PPE) of gown and gloves while inside the room. The isolation cart with PPE for Resident 2 was also observed without any face shields for staff to use. Resident 2 ' s room door was observed fully opened. During a concurrent observation and interview on 8/20/2024 at 10:42 AM, certified nurse assistant (CNA) 1 was observed [from hallway] inside of Resident 2 ' s room, with the door wide opened and assisting Resident 2 without a face shield or goggles. CNA 1 was also observed exiting Resident 2 ' s room and disposing Resident 2 ' s soiled linens into a soiled linen cart located in the hallway. CNA stated Resident 2 was on droplet isolation due to COVID-19, CNA1 stated while providing care to Resident 2 she did not have a face shield or goggles on, but stated she should have worn one while inside Resident 2 ' s room per facility protocol. During an interview on 8/20/2024 at 2:05 PM with Infection Prevention Nurse (IPN), IPN stated Resident 2 ' s room was a COVID-19 positive room and should have a signage posted indicating novel respiratory (droplet) precaution outside of Resident 2 ' s door and not a signage indicating contact precaution. The IPN stated the required PPE for Resident 2 was face shield, n95 mask (a respiratory protective that filters at least 95% of airborne particles), gloves, and gown. IPN stated the importance of using the correct PPE and correct isolation signage was to ensure safety and protection from potential transmission of COVID to the healthcare workers and other residents. IPN also stated the isolation cart for Resident 2 should be stocked with face shields and could be restocked by any facility staff. During an interview on 8/21/2024 at 8:55 AM with the Director of Staff Development (DSD), DSD stated per facility protocol, COVID-19 positive rooms were to be on Novel Respiratory precautions and not Contact precautions because contact precautions does not require PPE use of a n95 mask and face shield or goggles. The DSD stated it was important to wear the correct PPE to prevent spreading COVID-19 to other residents in the facility. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility ' s Policy & Procedure (P&P) titled, Coronavirus Disease (COVID-19) - Identification and Management of Ill Residents, revised 5/2023, indicated Strategies for the management of SARS-CoV-2 (a contagious virus that causes COVID-19) infected residents are consistent with current recommendations from the Centers for Disease Control and Prevention (CDC). The policy indicated residents with suspected or confirmed SARS-CoV-2 infection are placed in a single room and the door will be kept closed (when safe to do so). The policy further indicated staff who enter the room of a resident with suspected or confirmed SARS-CoV-2 will use a particulate respirator with N95 filter or higher, gown, gloves and eye protection (goggles or a face shield that covers the front and sides of the face).