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	09/23/2024

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45456 Based on observation, interview, and record review, the facility failed to initiate an individualized resident-centered care plan (a care plan that prioritizes the unique health needs and desired outcomes of the resident)for one (1) of two (2) sampled residents (Residents 1) to address the resident's need to have abduction pillow (stabilizes the legs and helps maintain proper leg positioning while recovering after surgery) in between his bilateral legs to prevent hip dislocation (medical emergency that occurs when the head of the thighbone separates from the hip socket) after a surgery. Resident 1 was observed not wearing the abduction pillow in between his bilateral legs on 9/23/2024. This deficient practice has the potential to result to Resident 1's delay in recovery and/ or having complication after a surgery. Findings: During a review of Resident 1's Admission Record, the Admission Record indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1 's diagnoses included a right hip hemiarthroplasty (a surgical procedure that replaces the femoral head of the hip with a prosthetic component), right hip fracture (a partial or complete break in the upper part of the thigh bone [femur] where it meets the pelvic bone), and End-stage renal disease (ESRD, irreversible decline in a person's own kidney function). During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 8/16/2024, indicated Resident 1 had moderate impairment in cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision making. Resident 1 needs supervision or touching assistance (helper provides verbal cues, touching and contact guard assistance as resident completes the activity) in oral hygiene, toileting hygiene, upper and lower body dressing, putting on / taking off footwear, personal hygiene, roll left and right, sit to lying, lying to sitting on side of the bed, sit to stand, chair/bed-to-chair transfer, and walk 10 feet. During a review of Resident 1's History and Physical, dated 9/19/2024, it indicated Resident 1 was alert and oriented two (2) to 3 and has the capacity to understand and make decisions. H&P indicated Resident 1's back and extremities did not have edema. H&P indicated Resident 1's diagnoses included were right hip pain, ESRD, history of falls, and hypertension. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1's Physician's Order Sheet dated 9/11/2024, abductor pillow three times daily (AM, PM, NOC Treatments) for right hip Hemiarthroplasty. During a review of Resident 1's Care Plan (CP): Potential for Fall- New admitted d 9/11/2024 indicated, Resident 1 is at risk for a fall due to recent surgical procedure. CP indicated staff interventions are the following: o Treatment as ordered. o Utilize information from discharging facility to formulate care plans. During an interview with Licensed Vocational Nurse 1 (LVN 1) on 9/23/2024 at 12:02 PM, LVN 1 stated, I did not check if Resident 1 has the abduction pillow this morning. Resident 1's right leg was a little internally rotated when I gave him his morning medications at 9:30 AM. There was no abduction pillow that I have observed between his bilateral lower extremities. During a concurrent record review of the Care Plan (CP) for Potential for Fall - New admitted d 9/11/2024 and interview with the Director of Staff Development (DSD) on 9/23/2024, at 2:05PM, CP Intervention indicated Treatment as ordered. DSD stated, Resident 1's CP was incomplete there was no initiated care plan with interventions to address the needs of Reisdent 1 to have abductor pillow in between the resident's legs. DSD also stated, Resident 1's CP should have been updated to specify the abduction pillow use after the surgery. and the abduction pillow should be specifically listed in the CP interventions because it is included in the physician's order. DSD added, the abduction pillow is important for the resident's post hip surgery, and it is used to keep and maintain the proper alignment to prevent complication after surgery, promote healing and avoid hip dislocation. During a concurrent record review of the (CP for Potential for Fall - New admitted d 9/11/2024 and interview with Registered Nurse Supervisor (RNS) on 9/23/2024 at 2:15 PM, CP Intervention indicated treatment as ordered. RNS stated, Abduction pillow three times should be specifically indicated in the CP interventions. CP is important to be specific to make sure nurses are aware to put the abduction pillow on Resident 1 so, everybody knows when to remove and able to provide proper nursing care to the resident and when to put it back on the resident. During a review of the facility's Policy and Procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, revised 3/2022, the P&P indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Assessment of residents are ongoing and care plans are revised as information about the residents and the resident's condition change. The interdisciplinary team reviews and updates the care plan when the resident has been readmitted to the facility from a hospital stay.

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45456 Based on observation, interview, and record review, the facility failed to follow physician orders for the use of an abduction pillow (stabilizes the legs and helps maintain proper leg positioning while recovering after surgery) for one of two residents (Resident 1). Resident 1 underwent a right hip hemiarthroplasty on 9/1/2024 (a surgical procedure that replaces the femoral head of the hip with a prosthetic component) due to a left hip fracture (a partial or complete break in the upper part of the thigh bone [femur] where it meets the pelvic bone) This deficient practice had the potential to result in right hip dislocation (an injury in which the hipbone is moved out of place) to Resident 1. Findings: During a review of Resident 1's Admission Record, the Admission Record indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1's diagnoses included a right hip hemiarthroplasty (a surgical procedure that replaces the femoral head of the hip with a prosthetic component), right hip fracture, and End-stage renal disease (ESRD, irreversible decline in a person's own kidney function). During a review of Resident 1's History and Physical (H&P), dated 9/19/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions. H&P indicated Resident 1's back and extremities did not have edema. H&P indicated Resident 1's diagnoses included right hip pain, and history of falls. During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 8/16/2024, indicated Resident 1 had moderate impairment in cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision making. Resident 1 needs supervision or touching assistance (helper provides verbal cues, touching and contact guard assistance as resident completes the activity) in oral hygiene, toileting hygiene, upper and lower body dressing, putting on / taking off footwear, personal hygiene, roll left and right, sit to lying, lying to sitting on side of the bed, sit to stand, chair/bed-to-chair transfer, and walk 10 feet. During a review of Resident 1's Physician's Order Sheet dated 9/11/2024, Abductor pillow three times daily (AM, PM, NOC Treatments) for right hip Hemiarthroplasty. During a review of Resident 1's Care Plan (CP): Potential for Fall- New Admission, dated 9/11/2024 indicated, Resident 1 was at risk for fall due to a recent surgical procedure. The CP Goal indicated Resident 1 would not sustain injuries from avoidable falls. The CP interventions included treatment as ordered. During a concurrent observation and interview with Resident 1 on 9/23/2024 at 8:50 AM, Resident 1's right leg was observed internally rotated. Resident 1stated his legs were not supposed to be internally rotated, and that Resident 1 should be utilizing a foam in between his legs. Resident 1 stated not utilizing the abduction pillow and used the pillow last on 9/20/24. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview with Resident 1's on 9/23/24 at 9:04 AM, The abduction pillow was inside Resident 1's closet. Resident 1 stated, I'm supposed to wear it in between my legs. I do not know why it was there and why they stopped using it on me. I'm supposed to wear it to prevent the internal rotation of my right leg. During a concurrent observation and interview on 9/23/2024 at 9:15 AM, in Resident 1's room with Certified Nursing Assistant 1 (CNA 1), CNA 1 was observed obtaining Resident 1's abduction pillow from Resident 1's closet. CNA 1 stated the abduction pillow was used to support Resident 1's leg, during the night. CNA 1 stated Resident 1 was not utilizing the abduction pillow that morning (9/23/24) when CNA 1 checked on Resident 1. CNA1 stated there was no endorsement given to CNA1 regarding the use of Resident 1's abduction pillow. During a concurrent observation and interview in Resident 1's room on 9/23/2024 at 9:21 AM, with Registered Nurse Supervisor (RNS), RNS stated, The abduction pillow was missing in between Resident 1's legs. RNS stated, Resident 1's abduction pillow should be used to maintain proper alignment and to prevent internal rotation of the right leg and for immobilization. RNS stated when an abduction pillow was not placed in between Resident 1's legs, there was a possibility of dislocation and internal rotation of the leg. During a concurrent interview and record review with RNS on 9/23/2024 at 9:28 AM, Resident 1's physician's order, dated 9/11/2024 was reviewed. The order indicated, Abductor pillow three times daily (AM, PM, NOC Treatments) for right hip Hemiarthroplasty. RNS stated, The abduction pillow should be on Resident 1's bilateral lower extremities all the time, to maintain proper alignment of the leg and prevent dislocation of the hip. During a concurrent interview and record review with Licensed Vocational Nurse 1 (LVN 1) on 9/23/2024 at 12:02 PM, Resident 1's physician's order dated 9/11/2024 was reviewed. LVN 1 stated, the order for Resident 1's abduction pillow indicated the pillow should be used on Resident 1 every shift. LVN1 stated the abduction pillow should be always used to make sure the right leg does not rotate inward. LVN1 stated it was important for Resident 1 to use the abduction pillow to prevent complication of possible hip dislocation and resulting in another surgery. During a concurrent interview and record review on 9/23/2024 at 1:01 PM, with Director of Staff Development (DSD) the facility's Policy and Procedure (P&P) titled, Admission, Assessment and follow up: Role of the Nurse /Medication and Treatment orders dated 2001 was reviewed. The DSD stated the policies were incomplete since the policy did not indicate to have the licensed staff document and implement the treatment as ordered by the physician. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's P&P titled, Surgery- Related (Pre-and Postoperative) Management - Clinical Protocol), revised 10/2010, indicated in Monitoring: The staff and physician will review the continuing relevance of the preoperative medications and treatments, along with those added postoperatively, and adjust them accordingly. The staff and physician will monitor for, and address, post operatively risk and complications such as infection, deep vein thrombosis (a blood clot in a vein located deep within your body, usually in your leg), cardiac arrhythmia (an irregular heartbeat that can cause the heart to beat too fast, too slow, or in an irregular rhythm), bleeding, failure of surgical wounds to heal, urosepsis (a type of sepsis that begins in your urinary tract) from indwelling catheters (a thin, hollow tube that's inserted into the bladder through the urethra to drain urine) inserted in the hospital, delirium (a mental state that causes confusion, disorientation, and a reduced ability to think and remember clearly), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest) etc. During a review of an undated article from University of Florida Health titled, Hip Replacement Surgery Patient Information Manual, indicated, do not turn involved leg towards good leg. Rolling your leg inward towards your other leg is not allowed. Your knee should be pointing straight up, and your toes should not be [NAME] toed (having the toes and forefoot turned inward). If an abduction pillow is ordered, use your abduction pillow every night until your surgeon releases you. https://ufhealth.org/sites/default/files/media/PDF/Hip-Replacement.pdf