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	09/25/2024

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.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41379 Based on interview and record review, the facility failed to provide treatments and services to minimize decline in mobility and joint range of motion (ROM, full movement potential of a joint) for one of three sampled residents (Resident 1) who had limited range of motion and functional mobility when the facility failed to ensure Resident 1's Restorative nursing aide (RNA) program (nursing aide program to help residents maintain their function and joint mobility) treatments were not delayed after the discontinuation of physical therapy services (PT, a rehabilitation profession that restores, maintains, and promotes optimal physical function). This failure had the potential to cause further decline in Resident 1's range of motion, functional mobility, and ability to participate in activities of daily living. Findings: During a review of Resident 1's Face Sheet dated 9/25/24, the Face Sheet indicated Resident 1 initially admitted to the facility on [DATE] with diagnosis including, but not limited to lumbago (back pain) with sciatica (type of pain that radiates down both legs from the back), spinal stenosis (spaces inside bones of the spine get too small) lumbar region (lower back). During a review of Resident 1's Physical Examination dated 5/18/24, the Physical Examination indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care-screening tool) dated 7/14/24, the MDS indicated Resident 1 had no cognitive (ability to understand and make decisions) impairment, had no functional limitation in range of motion on both sides of the upper extremities (UE, shoulder, elbow, wrist, hand), and had impairment in range of motion on both sides of the lower extremities (LE, hip, knee, ankle, foot). The MDS indicated Resident 1 required setup or clean-up assistance with eating, oral hygiene, upper body, and lower body dressing, and required partial/moderate assistance (helper does less than half the effort) with sit to stand, chair to bed transfer, toilet transfer, and to walk 10 feet. During a review of Resident 1's Physical Therapy (PT) Discharge Summary (DC) dated 3/18/24, the PT DC indicated restorative ambulation program was established. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1's April 2024 Physician Order Sheet indicated an order dated 3/25/24 for RNA ambulation with front-wheeled walker (FWW, type of mobility aid with wide base of support and two wheels in the front) and gait belt with one, to two- person assistance once a day three times a week as tolerated. During a review of Resident 1's PT DC Summary indicated Resident 1 was discharged from PT services on 9/12/24. During a review of Resident 1's Restorative Nursing Treatment Care Plan dated 9/19/24, the care plan indicated Resident 1 had limitations in gait and functional mobility related to polyneuropathy (nerve problem that can cause pain, numbness, tingling) and spinal stenosis. The care plan indicated restorative nursing treatment once a day five times a week for ambulation as tolerated. During a review of Resident 1's September 2024 Physician Order Sheet indicated an order dated 9/19/24 for RNA ambulation once a day, five times a week as tolerated. During an interview on 9/25/24 at 12:55 PM, Resident 1 was laying in bed eating lunch. Resident 1 stated the facility did not start RNA services right away after they discharged her from physical therapy services. Resident 1 stated she did not walk for about a week. During an interview and record review of Resident 1's PT records, on 9/25/24 at 12:40 PM with Physical Therapist (PT 1), PT 1 stated PT discharged Resident 1 from PT on 9/12/24 and recommended RNA for continued ambulation. PT 1 stated the RNA for ambulation was ordered on 9/19/24. PT 1 also stated, PT 1 was not sure why there was a delay in initiating and writing the RNA order for ambulation. PT 1 stated usually after a resident was discharged from therapy services and RNA was recommended, then the RNA should be started within a day or two. During an interview and record review of Resident 1's PT records, on 9/25/24 at 3:52 PM, DOR stated Resident 1 was discharged from PT on 3/18/24 and RNA was not ordered and started until 3/25/24. DOR stated therapy staff was late on completing the RNA order after discharge from PT services. DOR stated staff should start RNA services timely so that there was no interruption or delay of services for the resident. During an interview on 9/25/24 at 4:10 PM, the Director of Nursing (DON) stated the purpose of RNA was restorative to help a resident walk, move, do activities of daily living and to be a continuation after therapy services to restore the resident to their usual state. The DON stated a resident should start RNA services immediately after a resident was discharged from therapy services to ensure that there was continuity of care for the resident. The DON stated Resident 1 should not have had to wait one week after PT discharged to start RNA services. During a review of the facility's policy and procedures titled, Restorative Nursing Services, revised 7/17, indicated, residents will receive restorative nursing care as needed to help promote optimal safety and independence .residents may be started on a restorative nursing program .when discharged from rehabilitative care.

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F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that the resident and his/her doctor meet face-to-face at all required visits. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44636 Based on interview and record review, the facility failed to ensure the physician visited residents at least once every thirty days for the first ninety days after admission, and at least once every sixty days thereafter for two (2) of 2 sampled residents (Residents 1 & 4). This deficient practice had the potential to negatively affect the residents' quality of care and delay of treatment. Findings: 1. During a review of Resident 1's Admission Record, the record indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE], with diagnosis of muscle wasting and atrophy (muscle shrinking), polyneuropathy (damage or disease affecting multiple nerves of the body, causing weakness, numbness, and burning pain), and anxiety disorder (persistent and excessive worry that interferes with daily activities). During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 8/5/2024, the record indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making were intact. The MDS indicated Resident 2 required partial/moderate assistance (helper does less than half the effort) for oral hygiene, toileting hygiene, shower/bathe self, upper and lower body dressing. During a review of Resident 1's History and Physical (H&P, the initial clinical evaluation and examination of the resident), dated 6/10/2023, the record indicated the physician last examined Resident 1 on 6/10/2023. Resident 1's H&P, dated 5/18/2024, indicated the physician examined Resident 1 when Resident 1 was readmitted to the facility on [DATE]. During a review of Resident 1's Physician Progress Notes, the physician visited and examined Resident 1 on the following days: a. 8/4/2023 (53 days from 6/10/2023) b. 10/4/2023 and 12/24/2023 (81 days from 10/4/2023), c. There were no documented evidence in Resident 1's medical records and no Progress notes indicating the physician visited and examined Resident from 12/25/2023 to 4/11/2024. d. 7/28/2024 (71 days from 5/18/2024) and 8/11/2024. During an interview on 9/25/2024 at 11:51 PM with Resident 1 in Resident 1's room, Resident 1 stated the physician had come to see her a total of five times within the two years of her stay at the facility. (continued on next page)

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F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. During a review of Resident 4's Admission Record, the record indicated Resident 4 was admitted to the facility on [DATE], with diagnosis of cerebral infarction (a stroke, damage to tissue in the brain due to loss of oxygen to the area), end stage renal disease (advanced stage kidney failure), and type 2 diabetes mellitus (a disease that occurs when there is a problem in the way the body regulates and uses sugar as fuel). During a review of Resident 4's H&P, dated 7/17/2024, the record indicated the physician examined Resident 2. During a review of Resident 4's MDS, dated [DATE], the record indicated Resident 2's cognitive skills for daily decision making were moderately impaired. The MDS indicated Resident 2 required partial/moderate assistance for sit to lying, sit to stand, chair/bed-to-chair transfer and toilet transfer. During a review of Resident 4's Physician Progress Notes, there were no Physician Progress Notes in Resident 2's medical records dated from 7/18/2024 to 9/25/2024. During an interview on 9/25/2024 at 12:13 PM with Resident 2 in Resident 4's room, Resident 2 stated, I have not met the doctor yet. I have been here in the facility for two months, going on three months. During a concurrent record review of Resident 1's H&P, dated 6/10/2023 and 5/18/2024, and Physician Progress Notes, dated 8/4/2023, 10/4/2023, 12/24/2023, 7/28/2024, and 8/11/2024, with the Director of Nursing (DON) on 9/25/2024 at 1:41 PM, the DON stated the first physician visit should be within 72 hours when a resident was initially admitted and once a month (every 30 days) thereafter. The DON stated Resident 1 was admitted to the facility on [DATE] and was seen by the physician on 6/10/2023 (38 days from 5/3/2023), 8/4/2023 (53 days from 6/10/2023), 10/4/2024, and 12/24/2024 (81 days from 10/4/2023). The DON stated the physician visited Resident 1 three times this year (2024) on 5/18/2024, 7/28/2024 (71 days from 5/18/2024), and 8/11/2024. The DON also stated, there were no documented evidence in Reisdent 1's medical records that the physician visited and examined Resident 1 between 12/25/2023 to 4/11/2024. During a concurrent record review of Resident 4's H&P, dated 7/17/2024, the DON stated Resident 4 was admitted on [DATE] and according to Resident 4 H&P and progress notes, Resident 4 had one physician visit on 7/17/2024. The DON stated the physician needed to visit the residents every 30 days from the admitted and every 60 days thereafter since they had certain medical responsibilities. The DON stated the physician should be aware of the residents' current conditions, plan of care, and if there was a need to change medication or treatment plans. The DON stated the physician's inhouse facility visits were necessary so they could over the residents plans for continuity of care and their prognosis. During the same interview on 9/25/2024 at 1:41 PM with the DON, the DON stated the facility's policy and procedure did not include the written specific frequency of physician visits. The DON stated the policy should be modified since it was written in 2001 to include the physician frequency of visits to the residents for every 30 days from the admitted and every 60 days thereafter. The DON stated the policy was not revised for the past [AGE] years should be modified since the facility's goal was to improve the quality of care and services for the residents. (continued on next page)

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F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's policy and procedure titled, Physician Services, dated 2001, the record indicated physician visits, frequency of visits, emergency care of residents, etc., are provided in accordance with current Omnibus Budget Reconciliation Act (OBRA, Nursing Home Reform Act of 1987) regulations and facility policy.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 41379 Based on observation, interview, and record review, the facility failed to implement appropriate infection control when facility failed to ensure they have process in place and followed by facility staff on how to properly disinfect cloth gait belts (safety device worn around the waist that can be used help safely transfer a person from one surface to another) after each resident use. This deficient practice had the potential to transmit infections among residents and staff. Findings: During an observation on 9/25/24 at 11:32 AM, Restorative Nursing Aide (RNA 1) was walking with a resident down the hallway with a walker. The resident had a cloth gait belt around the waist. During an interview on 9/25/24 at 12:05 PM, the Director of Rehabilitation (DOR) stated, all therapy and RNA staff used cloth gait belts when working with residents. DOR stated staff used disinfectant wipes to wipe the cloth gait belts after each resident use. DOR stated cloth gait belts were a porous surface. DOR stated staff did not launder the cloth gait belts in between resident use and used the cloth gait belts for all residents on therapy and the gait belts were not assigned to one resident. During an interview on 9/25/24 at 2:29 PM, Infection Prevention Nurse (IPN) stated cloth gait belts were porous surfaces and the method to clean and disinfect after each use was to launder each cloth gait belt. IPN stated disinfectant wipes could not be used to properly disinfect and clean used cloth gait belts, because the disinfectant wipes were to be only used with non-porous surfaces such as plastic gait belts. IPN stated staff should launder the cloth gait belt after each use and before using it again with another resident. IPN stated reusing cloth gait belts with multiple residents without properly disinfecting the gait belts was a risk for transmission of infection to residents and staff, because the cloth gait belts could be contaminated. During an interview on 9/25/24 at 4:10 PM, the Director of Nursing (DON) stated all gait belts and any other shared resident equipment need to be disinfected before and after each use for infection control. The DON stated cloth gait belts should be laundered after each use or have one cloth gait belt assigned to each resident. The DON stated disinfectant wipes could be used to disinfect plastic gait belts, but not cloth gait belts because they are cloth and porous material and cannot properly be cleaned. The DON stated if staff did not properly disinfect gait belts that are used between residents, then it could spread infection between residents and staff. During a review of the facility's policy and procedure titled, Cleaning and Maintenance of Gait Belts, dated 10/2022 indicated gait belts should be cleaned after each use.