

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055341	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2025
NAME OF PROVIDER OR SUPPLIER Gem Transitional		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48903</p> <p>Based on interview and record review, the facility failed to report an allegation of sexual abuse (any act of sexual contact that a person suffers, submits to, participates in, or performs as a result of force or violence, threats, fear, or deception or without having legally consented to the act) for one (1) of two (2) sampled residents (Resident 1) within 2-hour timeframe to the State Survey Agency (SA, where state law provides for jurisdiction in long-term care facilities) and the state ombudsman (advocates for residents of nursing homes, board and care homes and assisted living facilities), in accordance with the facility's abuse policy.</p> <p>This deficient practice had the potential to compromise or impede the protection of Resident 1 from further abuse, which could result in emotional distress.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included spondylosis (gradual breakdown of the spine and related structures), anxiety disorder (persistent and excessive worry that interferes with daily activities), depression (a common mental health condition characterized by a persistent low mood, loss of interest or pleasure in activities, and other symptoms that can significantly interfere with daily life) and borderline personality disorder (a personality disorder characterized by severe mood swings, impulsive behavior, and difficulty forming stable personal relationships).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS, resident assessment screening tool), dated 2/1/2025, the MDS indicated the resident had no impairment of cognitive (capable of remembering, learning new things, concentrating, or making decisions that affect everyday life) skills for daily decision making. Resident 1 required supervision (helper provides verbal cues or touching assistance) for upper and lower body dressing and putting on/taking off footwear. Resident 1 required set up or clean up assistance (helper sets up or cleans up) for eating, oral hygiene and personal hygiene.</p> <p>During a review of Resident 1 ' s Care Plan titled, Resident 1 has episodes of false accusation as evidence by claiming a resident ' s visitor touched her arm and tried to kiss her, dated 4/28/2025, the care plan indicated staff interventions were to report to attending physician (MD) if resident exhibits behavior.</p> <p>(continued on next page)</p>

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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s Progress Notes, dated 5/2/2025 at 6:05 AM, the Progress Notes indicated Resident 1 claimed a male visitor inappropriately touched her weeks ago.</p> <p>During an interview on 5/2/2025 at 9:54 AM with Resident 1, Resident 1 stated that on 4/24/2025, a resident's husband tried to forcefully kiss her, and she reported it to Certified Nursing Assistant 1 (CNA1) and Registered Nurse 2 (RN 2) immediately after it happened.</p> <p>During an interview on 5/6/2025 at 6:45 PM with CNA 1, CNA 1 stated that on 4/24/2025, Resident 1 reported to her that a resident's husband tried to forcefully kiss her. CNA 1 stated she reported it to RN 2 and RN 2 reported it to the Administrator.</p> <p>During a concurrent interview and record review on 5/3/2025 at 1:22 PM with the Administrator, the facility ' s policy and procedure (P&P) titled, Reporting and Investigating Abuse (the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish), Neglect (the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress), Exploitation or Misappropriation unlawful or unauthorized use of another person's money for personal gain or other unauthorized purposes), dated 9/2022 was reviewed. The P&P indicated that all reports of resident abuse are reported to local, state and federal agencies and thoroughly investigated by facility management. The Administrator or the individual making the allegation immediately reports his/her suspicion to the following persons or agencies: local/state ombudsman, resident ' s representative, law enforcement, the resident's MD (Doctor of Medicine), state licensing/certification agency responsible for surveying the facility (CDPH) and the facility ' s medical director . Immediately is defined as within 2 hours of an allegation involving abuse or result in serious bodily injury. The Administrator stated the reporting policy indicated that an abuse allegation must be reported from 2 hours to 24 hours. The Administrator stated was aware of this abuse allegation on 4/24/25 but it was not reported to CDPH, and ombudsman until 5/1/25. The resident may suffer emotional distress and may continue to be abused if an abuse allegation is not reported promptly.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48903</p> <p>Based on interview, and record review, the facility failed to honor the food preferences for one (1) of two (2) sampled resident's (Resident 1) in accordance with the facility's policy and procedure (P&P) titled, Resident Food Preferences and as indicated on the physician's order.</p> <p>This deficient practice had the potential to cause Resident 1 to feel disrespected and to feel stomach discomfort.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included spondylosis (gradual breakdown of the spine and related structures), anxiety disorder (persistent and excessive worry that interferes with daily activities), depression (a common mental health condition characterized by a persistent low mood, loss of interest or pleasure in activities, and other symptoms that can significantly interfere with daily life) and borderline personality disorder (a personality disorder characterized by severe mood swings, impulsive behavior, and difficulty forming stable personal relationships).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, resident assessment screening tool), dated 2/1/2025, the MDS indicated the resident had no impairment of cognitive (capable of remembering, learning new things, concentrating, or making decisions that affect everyday life) skills for daily decision making. Resident 1 required supervision (helper provides verbal cues or touching assistance) for upper and lower body dressing and putting on/taking off footwear. Resident 1 required set up or clean up assistance (helper sets up or cleans up) for eating, oral hygiene and personal hygiene.</p> <p>During a review of Resident 1's Physician's Diet Order, dated 11/14/2025, the Diet Order indicated Resident 1's diet was vegetarian (a person who does not eat meat, and sometimes other animal products, especially for moral, religious, or health reasons).</p> <p>During a review of Resident 1's Care Plan titled, Resident was yelling in the hallway saying that there's meat in her lunch tray and she's vegetarian dated 4/14/2025, the care plan indicated that there was a piece of meat in her scooped rice and interventions included to serve diet as ordered.</p> <p>During a review of Resident 1's Progress Notes, dated 5/2/2025 at 11:47 PM, the Progress Notes indicated there was a small piece of meat on Resident 1's dinner plate.</p> <p>During an interview on 5/3/2025 at 9:54 AM with Resident 1, Resident 1 stated she was served pizza with a small piece of chicken on 5/2/2025. Resident 1 stated cook 1 (C1) and Registered Nurse 1 (RN 1) confirmed it was meat when she complained about it. Resident 1 stated, I am a lifelong vegetarian so eating meat will make me sick and is a sin.</p> <p>During an interview on 5/3/2025 at 11:54 AM with C1, C1 stated that there was a small piece of chicken on Resident 1's vegetarian pizza on 5/2/2025.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/3/2025 at 12:28 AM with RN 1, RN 1 stated that Resident 1 complained about having a small piece of meat on her pizza on 5/2/2025. RN 1 stated that it was confirmed to be chicken by C1. RN 1 stated that eating meat can make a vegetarian sick because their stomach is not used to processing meat and it may make them feel disrespected.</p> <p>During a concurrent interview and record review on 5/3/2025 at 1:22 PM with the Administrator (ADM), the facility's policy and procedure (P&P) titled, Resident Food Preferences, dated 7/2017 was reviewed. The P&P indicated: Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team. Nursing staff will document the resident's food and eating preferences in the care plan. If the resident is unhappy with the diet, the staff will create a care plan that the resident is satisfied with. The ADM stated, the resident's food preferences were not honored since she received meat and she's vegetarian.</p>		