

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 05/07/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48143</p> <p>Based on interview and record review, the facility failed to report to State Survey Agency (SA, where state law provides for jurisdiction in long-term care facilities), ombudsman (OMB) (advocates for residents of nursing homes, board and care homes and assisted living facilities) and local law enforcement within the two (2) hour time frame and thoroughly investigate an allegation of physical abuse (intentional act causing injury or trauma to another person or animal by way of bodily contact) of one (1) of two (2) sampled residents (Resident 1) that happened on 2/17/2025 [NAME] accordance with the facility policy.</p> <p>This failure may result in psychosocial harm (pertaining to the influence of social factors on an individual's mind or behavior, and to the interrelation of behavioral and social factors) to Resident 1 such as experiencing fear retaliation (an unpleasant emotion or thought that you have when you are frightened or worried by something dangerous, painful, or bad that is happening) and/ or anxiety retaliation (a feeling of fear, dread, and uneasiness to get revenge).</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record indicated Resident 1 was initially admitted to the facility on [DATE], with diagnoses that included rheumatoid arthritis (a chronic progressive disease causing inflammation in the joints and resulting in painful deformity and immobility, especially in the fingers, wrists, feet, and ankles), borderline personality disorder (BPD- a mental health condition characterized by significant emotional instability, unstable relationships, and impulsivity. People with BPD often struggle with regulating their emotions, maintaining stable relationships, and maintaining a stable self-image), and anxiety disorder (mental disorder that involves persistent and excessive worry that can interfere with daily activities).</p> <p>During a review of the Minimum Data Set, (MDS a mandated resident assessment tool) dated 2/1/2025, indicated Resident 1 had no impairment for cognitive skills (the mental processes that allow people to think, learn, and solve problems) for daily decision making. Resident 1 is independent, (resident completes the activity by themselves with no assistance from a helper) with eating, oral hygiene, personal hygiene, toileting, upper and lower body dressing, change of position, and transfer. Resident 1 is independent, (resident completes the activity by themselves with no assistance from a helper) for shower/bathe self.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/6/2025 at 3:25 PM with Resident 1 in Resident 1's room, Resident 1 stated, Resident 2 kicked her leg at the nursing station 2 a few months ago (unable to recall what month). Resident 1 also stated that Resident 1 reported the incident to the Assistant Director of Nurses (ADON) immediately after it happened.</p> <p>During an interview on 5/6/2025 at 3:35 PM with ADON, ADON stated she did not report the allegation of physical abuse by Resident 2 kicking Resident 1 at the nursing station back on 2/17/2025 due to the reason that she thought it was just a kick, and it was not an allegation of physical abuse.</p> <p>During a concurrent interview and record review on 5/7/2025 at 9:13 AM with Medical Record Nurse (MDN), MDN stated there were incident reports filed for both incidents of Resident 2 kicked Resident 1 back in 2/17/2025 and the second report was regarding Resident 2 went into Resident 1's room on 4/24/2025. But the facility did not report anything to the SA, Ombudsman and local law enforcement regarding this resident-to-resident altercation between Resident 1 and 2 on 2/17/2025. MDN stated she did not know that it needed to be reported to SA, Ombudsman and local law enforcement.</p> <p>During an interview on 5/7/2025 at 10:25 AM with SSW social worker, SSW stated the abuse incident between Resident 1 and 2 on 2/17/2025 was not reported SA, ombudsman and local law enforcement in accordance with the facility's policy. SSW stated she should have reported the abuse within 2 hours from when the allegation as made.</p> <p>During an interview on 5/7/2025 at 3:25 PM with Assistant Director of Nurses (ADON), ADON stated she did file an incident report with Resident 1 a few months ago, she did not remember the exact day and time, but she did separate both residents right away at the nursing station 2 and she did assess both parties for wound assessment. ADON stated she did not report the allegation of physical abuse by Resident 2 to Resident 1 to Administrator, SA, and law enforcement. ADON stated she should have reported the allegation of physical abuse made by Resident 1 on 2/17/2025 within 2 hour from the allegation was made to SA, ombudsman and law enforcement in accordance with the facility's policy to prevent any negative impact to both residents' psychosocial wellbeing.</p> <p>During an interview on 5/7/2025 at 3:50 PM with the Administrator (ADM), ADM stated she should have reported the allegation of physical abuse by Resident 2 to Resident 1 on 2/17/2025 and should have investigated the allegation of physical abuse prevent other incidents for these two residents.</p> <p>During a record review of the facility's policy and procedure titled, Abuse, Neglect, Exploitation or Misappropriation, and Investigating, revision date, September 2021 indicated:</p> <p>All reports of resident abuse (including injuries of unknown origin) and thoroughly investigated by facility management.</p> <p>Findings of all investigations are documented and reported.</p> <p>Policy Interpretation and Implementation Reporting Allegations to the Administrator and Authorities</p> <p>1. If resident abuse, the suspicion must be reported immediately to the administrator and to other officials according to state law.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies:</p> <ul style="list-style-type: none"> a. The state licensing/certification agency responsible for surveying/licensing the facility; b. The local/state ombudsman; c. The resident's representative; d. Adult protective services (where state law provides jurisdiction in long-term care); e. Law enforcement officials; f. The resident's attending physician; and g. The facility medical director. <p>3. immediately is defined as:</p> <ul style="list-style-type: none"> a. within two hours of an allegation involving abuse or resulting in serious bodily injury; or b. within 24 hours of an allegation that do not involve abuse or result in serious bodily injury. <p>4. Verbal/written notices to agencies are submitted via special carrier, fax, e-mail, or by telephone.</p>