

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 05/08/2025
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44636</p> <p>Based on interview and record review, the facility failed to implement its protocol for Antibiotic Stewardship to reduce inappropriate antibiotic (medication used to kill bacteria and to treat infections) use by not administering antibiotic drug if the antibiotic drug use criteria (McGeer criteria, a set of standardized definitions used to identify healthcare-associated infections in long-term care facilities for surveillance, tracking outbreaks, and making informed decisions about antibiotic use) was not met for two (2) of 2 sampled residents (Residents 1 and 2).</p> <p>This deficient practice had the potential for Residents 1 and 2 to develop antibiotic resistance (when bacteria, viruses, fungi, and parasites no longer respond to antimicrobial medicine and become ineffective making infections difficult or impossible to treat increasing the risk of disease spread, severe illness, disability, and death) and suffer adverse side effects from unnecessary or inappropriate antibiotic use.</p> <p>Findings:</p> <p>1. During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with the diagnoses including but not limited to cerebral infarction (a stroke, damage to tissue in the brain due to loss of oxygen to the area), epilepsy (a brain disorder that causes unprovoked, recurrent seizures), and paraplegia (partial or complete paralysis [loss of voluntary muscle function] of the lower half of the body with involvement of both legs).</p> <p>During a record review of Resident 1's Minimum Data Set (MDS, a resident assessment and tool), dated 2/26/2025, the MDS indicated the resident's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making was severely impaired. The MDS indicated Resident 1 was dependent (helper does all of the effort, resident does none of the effort to complete the activity) for toileting hygiene, shower/bathing self, upper and lower body dressing, personal hygiene, rolling left and right, and sitting to lying.</p> <p>During a record review of Resident 1's April 2025 Physician Order Sheet, dated 4/25/2025, the record indicated Keflex (an antibiotic for bacterial infections) 500 milligram (mg, unit of measurement) capsule take Keflex 500 mg via gastrostomy tube (G-Tube, a flexible tube surgically inserted through the abdomen into the stomach for feeding, fluid, and medication administration) twice a day for seven days for urinary tract infection (UTI, an infection of the bladder and urinary system).</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055341
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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 1's Urine Culture, dated 4/25/2025, the record indicated greater than 100,000 colony-forming unit per milliliter (cfu/ml, estimates the number of bacteria, fungi, virus, etc. in the sample) of Escherichia coli (type of bacteria that lives in the intestines of humans).</p> <p>During a record review of Resident 1's Medication Administration Record (MAR, a medical record used by healthcare providers to document the administration of a medication or treatment) for April 2025, the MAR indicated Keflex 500 mg capsule via G-tube two times daily for seven days starting 4/26/2025 for UTI. The MAR indicated Resident 1 received Keflex for the following days: 4/26/2025, 4/27/2025, 4/28/2025, and 4/29/2025.</p> <p>During a review of the Nurse to Physician Report (McGeer), the report indicated Urinary Tract Infections - both criteria 1 and 2 must be present:</p> <p>1. At least 1 of the following sign or symptoms sub-criteria</p> <p>a. Acute dysuria (difficulty urinating) or acute pain, swelling, or tenderness of the testes (male reproductive gland inside the scrotum), epididymis (a narrow, tightly coiled tube attached to each of the testicles), or prostate (male reproductive gland located below the bladder)</p> <p>b. Fever or leukocytosis (an abnormally high number of white blood cells in the bloodstream) and at least 1 of the following localizing urinary tract sub-criteria</p> <p>i. Acute costovertebral angle (the angle formed between the curve of the rib and spine) pain or tenderness</p> <p>ii. Suprapubic (above the pubic bone) pain</p> <p>iii. Gross hematuria (visible blood in the urine)</p> <p>iv. New or marked increase in incontinence (inability to control)</p> <p>v. New or marked increase in urgency</p> <p>vi. New or marked increase in frequency</p> <p>2. One of the following microbiologic sub-criteria</p> <p>a. At least 100,000 cfu/ml of no more than 2 species of microorganisms (a living thing that is so small it must be viewed with a microscope) in a voided urine sample</p> <p>b. At least 100 cfu/ml of any number of organisms in a specimen collected by in-and-out catheter (a flexible plastic tube inserted into the bladder to drain urine)</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent record review of Resident 1's medical records and interview on 5/7/2025 at 3:37 PM with Registered Nurse 1 (RN 1), RN 1 stated an antibiotic stewardship for Resident 1's use of Keflex was not completed. RN 1 stated an antibiotic stewardship should be completed once the licensed nurse received the order for the antibiotic. RN 1 stated Resident 1 did not meet the 2 criteria for antibiotic treatment. RN 1 stated the completion of the McGeer's form for antibiotic stewardship was important to help determine whether Resident 1 truly required antibiotic treatment for the urinary tract infection.</p> <p>2. During a review of Resident 2's Admission Record, the Admission Record indicated Resident 2 admitted to the facility on [DATE] with the diagnoses including but not limited to atherosclerotic (fatty deposits build up in the arteries) heart disease (various conditions that affect the heart or blood vessels), hyperlipidemia (a condition in which there are high levels of fat particles in the blood), and dementia (progressive brain disorder that slowly destroys memory and thinking skills).</p> <p>During a record review of Resident 2's General Acute Care Hospital (GACH) Microbiology Results record, dated 4/23/2025, the record indicated greater than 100,000 cfu/mL of Klebsiella pneumoniae (a common type of bacteria found in the intestines).</p> <p>During a record review of Resident 2's May 2025 Physician Order Sheet, dated 4/25/2025, the record indicated Bactrim DS (a combination of two antibiotics used to treat a wide variety of bacterial infections) 800 mg-160 mg tablet take 1 tablet oral two times daily for three days more for UTI (take with plenty of water) starting 4/26/2025.</p> <p>During a record review of Resident 2's MDS, dated [DATE], the MDS indicated the resident's cognitive skills for daily decision making were moderately impaired. The MDS indicated Resident 2 was dependent for toileting hygiene, lower body dressing, sitting to standing, and chair/bed-to-chair transfer.</p> <p>During a record review of Resident 2's care plan, dated 4/30/2025, the care plan indicated potential for occurrence/recurrence of urinary tract infection risk for UTI secondary to recurrent UTI (previous history), immobility/reduced mobility, bowel incontinence, bladder incontinence, require assistance with toileting, and required assistance with pad changes. The care plan interventions for staff were to assess/monitor labs as ordered; monitor for sign and symptoms of urosepsis (a serious infection caused by a UTI that spread to the bloodstream, triggering a body-wide inflammatory response): i.e. pain, abdominal distention, fever, increased heart rate, discomfort during urination, odor, drainage, change in urine color and consistency, and change in level of consciousness; and medicate with antibiotic therapy as ordered.</p> <p>During a concurrent record review of Resident 2's medical records and interview on 5/7/2025 at 5:14 PM with RN 1), RN 1 stated the physician had ordered Bactrim DS for Resident 2 on 4/25/2025. RN 1 stated an antibiotic stewardship for Resident 2's use of Bactrim DS was not completed. RN 1 stated Resident 2 did not meet both criteria to continue taking the antibiotic. RN 1 stated there should have been and there was no Nurse to Physician Report done for the antibiotic.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/7/2025 at 5:42 PM with RN 2, RN 2 stated antibiotic stewardship was conducted to determine whether the residents met the criteria to continue antibiotic treatment. RN 2 stated the purpose of conducting antibiotic stewardship was to ensure residents exhibited symptoms that met the required clinical criteria before taking the antibiotic. RN 2 stated if the criteria were not met, the physician should be made aware and consulted for further evaluation. RN 2 stated the continued use of antibiotics unnecessarily may lead to complications such as Clostridioides difficile (C. diff, a type of bacteria that can cause diarrhea, sometimes severe inflammation of the colon, and other serious bowel problems often triggered by antibiotic use) infections and the development of antibiotic resistance.</p> <p>During a review of the facility's policy and procedure titled, Antibiotic Stewardship, dated 2001, the policy indicated the purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents.</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>44636</p> <p>Based on interview and record review, the facility failed to ensure the facility employed a designated Infection Preventionist (IP) with specialized training.</p> <p>This failure had the potential to result in the prevention and control of infections among the residents and staff.</p> <p>Findings:</p> <p>During an interview on 5/6/2025 at 3:55 PM with Registered Nurse 1 (RN 1), RN 1 stated the facility had been without a designated IP for almost a month now. RN 1 stated RN 1 and the licensed nurses were covering the IP position. RN 1 stated RN 1 and licensed nurses were doing the IP job duties such as antibiotic stewardship for the residents.</p> <p>During an interview on 5/7/2025 at 5:20 PM with RN 1, RN 1 stated the staff covering the IP position did not and should have an IP certification.</p> <p>During a concurrent interview and record review on 5/7/2025 at 5:35 PM with Medical Records (MR) of the previous IP nurse's Notice to Employee as to Change in Relationship, MR stated the previous IP's last day worked was on 2/6/2025.</p> <p>During a record review of the facility's policy and procedure titled, Infection Preventionist, revised 7/2016, the policy indicated the infection preventionist is responsible for coordinating the implementation and updating of our established infection prevention and control policies and practices.</p>