

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/18/2026
NAME OF PROVIDER OR SUPPLIER Gem Tcu		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)		
F 0675 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor each resident's preferences, choices, values and beliefs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure resident rooms were at a comfortable temperature for three (3) of 3 sampled residents (Resident 1, Resident 2 and Resident 3) by failing to ensure the facility's Heating, Ventilation and Air Conditioning (HVAC, a climate control system that keeps indoor areas at a comfortable temperature) was in good repair. This deficient practice had the potential to result in Residents 1, 2 and 3 feeling uncomfortably hot and negatively affect their quality of life. Findings: a). During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included end stage renal failure (ESRD; irreversible kidney failure) which required dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed), type 2 diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and cellulitis (a skin infection that causes swelling and redness) of both legs. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 4/15/2026, the MDS indicated Resident 1 had intact cognitive (ability to think and process information) skills for daily decision making ability. The MDS indicated Resident 73 was dependent (helper does all the effort) for toileting hygiene, lower body dressing and putting on/taking off footwear. The MDS indicated Resident 1 required supervision (helper provides verbal cues) for eating. The MDS indicated Resident 1 required substantial assistance (helper does more than half the effort) for upper body dressing. The MDS indicated Resident 1 required moderate assistance (helper does less than half the effort) for oral hygiene and personal hygiene. b). During a review of Resident 2's admission Record, the admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included heart failure and dementia (a progressive state of decline in mental abilities). During a review of Resident 2's Minimum Data Set (MDS- a resident assessment tool), dated 5/7/2026, the MDS indicated Resident 1 had moderately impaired cognitive (ability to think and process information) skills for daily decision making ability. The MDS indicated Resident 73 was dependent (helper does all the effort) with toileting hygiene, showering, lower body dressing and putting on and taking off footwear. The MDS indicated Resident 2 required supervision (helper provides verbal cues) with eating. The MDS indicated Resident 2 required substantial assistance (helper does more than half the effort) for upper body dressing. The MDS indicated Resident 2 required moderate assistance (helper does less than half the effort) in oral hygiene and personal hygiene. c). During a review of Resident 3's admission Record, the admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included stage four (4) pressure ulcer (Full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone) of the sacrum (lower back area), DM and generalized muscle weakness. During a review of Resident 3's Minimum Data Set (MDS- a resident assessment tool), dated 6/5/2026, the MDS was yet to be (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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F 0675 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	fully completed. During an interview on 7/17/2026 at 7:29 PM with Certified Nursing Assistant (CNA) 1, CNA 1 stated that CNA 1 has heard Resident 1, Resident 2 and Resident 3 complain that their rooms are hot. CNA 1 stated that a hot room can make residents feel stressed and can negatively affect their health conditions. During an interview on 7/17/2026 with Resident 3 at 7:37 PM in Resident 3's room, Resident 3 stated that her room feels hot and very uncomfortable. Resident 3 stated she gets sweaty in bed and feels like the facility does not care about her. During an interview on 7/17/2026 at 7:46 PM with Resident 2, in Resident 2's room, Resident 2 stated that she feels hot and very uncomfortable in her room. Resident 2 stated that this makes her feel less energy and sweaty. During an interview on 7/17/2026 at 7:51 PM with Resident 1, in Resident 1's room, Resident 1 stated that the HVAC is not working and it is hot and very uncomfortable in her room. Resident 1 stated that she feels helpless because she cannot do anything about it even though she has reported it to the facility. Resident 1 stated she feels like the facility is not listening to her and cannot sleep well sometimes because the room is hot. During an interview on 7/17/2026 at 7:56 PM with Licensed Vocational Nurse (LVN) 1, in Resident 1's room, LVN 1 stated that the room feels warmer than other rooms and today is a hot day. LVN 1 stated that the HVAC is not cooling the room well. LVN 1 stated that residents can feel uncomfortable and it can aggravate the health conditions of residents if the room is hot on a hot day. During a concurrent interview and observation on 7/18/2026 at 3:39 PM with the Regional Maintenance Director (RMD) Resident 1 and Resident 2's room temperature was taken with a digital laser thermometer (device used to measure temperatures) by the RMD and observed to be 80.9 degrees Fahrenheit (F, unit of measure for temperature). RMD stated Resident 1 and Resident 2's room temperature was 80.9 and is more hot than other rooms. During a concurrent interview and observation on 7/18/2026 at 3:43 PM with RMD, Resident 3's room temperature was taken with a digital laser thermometer by the RMD and observed to be 81.3 degrees F. RMD stated Resident 3's room temperature is 81.3 and is hotter than other rooms. During a concurrent interview and observation on 7/18/2026 at 3:49 PM with RMD, the facility's room [ROOM NUMBER] 's temperature was taken with a digital laser thermometer by the RMD and observed to be 74.6 degrees F. RMD stated room [ROOM NUMBER]'s temperature is 74.6 degrees F. During a concurrent interview and observation on 7/18/2026 at 3:52 PM with RMD, the facility's room [ROOM NUMBER] temperature was taken with a digital laser thermometer by the RMD and measured to be 73 degrees F. RMD stated room [ROOM NUMBER]'s temperature is 73 degrees F. During a concurrent interview and record review on 7/18/2026 at 4:06 PM with RMD, the facility's P&P titled, Maintenance Service dated 2001 was reviewed. The P&P indicated:Maintenance service shall be provided to all areas of the building.Functions of maintenance personnel include maintaining the heat/cooling system.RMD stated that the policy indicated the cooling system is to be maintained in good working order. RMD stated the HVAC is not in proper working condition since it is only properly cooling some rooms. RMD stated he will call a technician to fix the HVAC. During a concurrent interview and record review on 7/18/2026 at 4:47 PM with Director of Nursing (DON), the facility's P&P titled, Homelike Environment dated 2001 and the facility's P&P titled Quality of Life dated 8/2011 were reviewed.The Homelike Environment P&P indicated:Staff provides person centered care that emphasizes the resident's comfort and preferences.The facility staff and management maximizes the characteristics of the facility that reflect a personalized, homelike setting including comfortable temperature.The Quality of Life P&P indicated:A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.The facility's responsibilities toward creating and sustaining an environment that humanizes and individualizes each resident.The DON stated the Homelike Environment policy indicated residents are provided a comfortable and homelike (continued on next page)		

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F 0675 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	environment with comfortable temperatures. The DON stated that some rooms were not as cool as others and they are working on repairing the HVAC. The DON stated the Quality of Life policy states that the facility will promote maintenance or enhancement of each resident's quality of life and stated that she is aware that some rooms are not being cooled adequately and does not feel that it affects the resident's quality of life or health conditions.		