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	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gem Transitional	716 South Fair Oaks Ave Pasadena, CA 91105

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 47362 Based on observation, interview and record review, the facility failed to provide care in a manner that maintained or enhanced a resident's dignity and respect for one (1) of one sampled resident (Resident 20). The facility staff was observed standing over the resident while assisting the resident during a meal. This deficient practice had the potential to affect Resident 20's self-esteem and self-worth. Findings: During a review of Resident 20's Admission Record, the Admission Record indicated the facility admitted Resident 20 on 8/10/2024 with the diagnoses that included lack of coordination, hyperlipidemia (excess of lipids or fats in your blood), chronic kidney disease (a long-term condition where the kidneys do not work as well as they should). During a review of Resident 20's History and Physical Examination (H&P), dated 8/23/2024, the H&P indicated Resident 20 does not have the capacity to understand and make decisions. During a review of Resident 20's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 6/7/2024, the MDS indicated Resident 20 was dependent (helper does all the effort, resident does none of the effort to complete the activity) with eating, oral hygiene, toileting hygiene, personal hygiene. During observation on 10/29/2024 at 12:59 PM in Resident 20's room, Resident 20 was on the bed with the head of bed elevated. Certified Nursing Assistant 6 (CNA) 6 was standing above the Resident 20's eye level while feeding the resident. CNA 6 stated no chairs in the room. During a concurrent interview and record review on 11/1/2024 at 4:48 PM with Registered Nurse Supervisor 1 (RNS 1), Resident 20's Care Plan titled, Functional Abilities / Rehabilitation Potentials, dated 6/8/2024 was reviewed. RNS1 stated the care plan indicated Resident 1 needs assistance with eating. RNS 1 also stated when feeding the resident, the staff will sit down to eye level of the resident to provide respect and dignity to the resident. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/1/2024 at 4:53 PM with CNA 7, CNA 7 stated when feeding resident, staff must sit down or maintain eye level of the resident to show respect to the resident and to avoid residents to feel scared or intimidated. During a review of facility's Policy and Procedure (P&P) titled, Dignity, revised 2/2021, indicated each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life and feeling of self-worth and self-esteem. The P&P also indicated residents are treated with dignity and respect all the times. During a review of facility's P&P titled, Assistance With Meals, revised 3/2022, indicated residents shall receive assistance with meals in manner that meets the individual needs of each resident. The P&P also indicated the residents who cannot feed themselves will be fed with attention to safety, comfort, and dignity, for example: not standing over resident while assisting them with meals.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47362 Based on observation, interview, and record review, the facility failed to ensure the call pad/ call light (a device used by residents to call staff) was within reach for four of 17 sampled residents (Residents 6, 20, 171, and 34) in accordance with the facility policy. This failure had the potential for Residents 6, 20, 171, and 34 not to be able to call for help or assistance which could result to delay in the delivery of care and services, especially during an emergency, which could lead to illness and harm to the residents. Findings: 1. During a review of Resident 6's Admission Record, the Admission Record indicated the facility admitted Resident 6 on 11/13/2023 with diagnoses which included hyperlipidemia (an excess of lipids or fats in your blood), anemia (when you have low levels of healthy red blood cells to carry oxygen throughout your body), muscle atrophy (wasting or thinning of muscle mass). During a review of Resident 6's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 8/8/2024, the MDS indicated Resident 6 was moderately impaired with cognitive (processes of thinking and reasoning) skills for daily decision making. The MDS indicated Resident 6 required substantial maximal assistance (helper does more than half the effort) with oral hygiene, toileting hygiene, and personal hygiene. During a review of Resident 6's Care Plan titled, Functional Abilities, initiated 8/9/2024, the Care Plan indicated approach /intervention was for the staff to keep call light within easy reach. During a concurrent observation and interview on 10/29/2024 at 10:11 AM in Resident 6's room with the Social Service Director (SSD), Resident 6's call light was observed wrapped around the side rails (are adjustable metal or rigid plastic bars that attach to the bed) and was not within resident's reach. SSD verified the observation and stated the call light should have been within Resident 6's reach. During a concurrent observation and interview on 10/29/2024 at 11:50 AM in Resident 6's room with the Activity Director (AD), AD verified resident's call light was on the floor. AD stated the call light should have been within Resident 6's reach. 2. During a review of Resident 20's Admission Record, the Admission Record indicated the facility admitted Resident 20 on 8/10/2024 with the diagnoses that included lack of coordination, hyperlipidemia, chronic kidney disease (a long-term condition where the kidneys do not work as well as they should). During a review of Resident 20's H&P, dated 8/23/2024, the H&P indicated Resident 20 does not have the capacity to understand and make decisions. (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 20's MDS, dated [DATE], the MDS indicated Resident 20 was dependent (helper does all the effort, resident does none of the effort to complete the activity) on eating, oral hygiene, toileting hygiene, personal hygiene. During a review of Resident 20's Care Plan titled, Functional Abilities/ Rehabilitation Potential, initiated 6/8/2024, the Care Plan indicated approach /intervention indicated approach /intervention was for the staff to keep call light within easy reach. During a concurrent observation and interview on 10/31/2024 at 7:34 AM in Resident 20's room, observed resident's call light on the floor. The Director of Nursing (DON) verified that Resident 20's call light was on the floor and stated the call light should have been within Resident 20's reach. 3. During a review of Resident 171's Admission Record indicated the facility admitted Resident 171 on 10/1/2024 with the diagnoses that included type 2 diabetes (when your blood sugar is too high), hypertension (when the pressure in your blood vessels is too high), failure to thrive (a decline seen in older adults). During a review of Resident 171's MDS, dated [DATE], the MDS indicated Resident 171's cognitive skills for daily decision making was intact. The MDS indicated Resident 171 required supervision or touching assistance (helper provides verbal cues and or touching steadying) with oral hygiene, personal hygiene. Resident 171 required partial moderate assistance (helper does more than half the effort) with toilet hygiene and shower/ bathe self. During a review of Resident 171's Care Plan titled, Functional Abilities/ Rehabilitation Potential, initiated 11/1/2024, the Care Plan indicated approach /intervention was for the staff to keep call light within easy reach. During a concurrent interview and observation on 10/29/2024 at 10:11 AM in Resident 171's room with SSD, Resident 171's call light was observed on the floor. SSD verified the observation and stated the call light should have been within Resident 's 171's reach. During an observation on 10/31/2024 at 7:26 AM, observed Resident 171's call light on the floor. During interview on 11/1/2024 at 4:10 PM with Registered Nurse Supervisor 1 (RNS1), RNS 1 stated call lights should be easily and readily accessible so residents can use it to call for help. RNS 1 further stated, this may cause possible delay of care if the call light was not within the resident's reach. RNS1 added, this also places the resident at risk for injury from falling if the resident will try to get up or reach for the call light. During a review of the facility's policy and procedure (P&P) titled, Answering the Call Light, revised date 9/2022, indicated the purpose of this procedure is to ensure timely response to the resident request and needs. General guidelines indicated to ensure that the call light is accessible to the resident when in bed, from the toilet, from the shower or bathing facility and from the floor. 45099 (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. During a review of Resident 34's Admission Record, the Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included aphasia (a language disorder caused by damage to in specific area of the brain that controls language expression and comprehension), generalized muscle weakness, and ataxic gait (a walking pattern that is awkward, uncoordinated, and unsteady). During a review of Resident 34's Care Plan initiated on 4/11/2024 and re-evaluated on 10/2024, the Care Plan indicated Resident 34 was at risk for impaired communication related to the resident's inability to speak and was also at risk for fall related to history of fall prior to admission. The Care Plan also indicated an approach to keep Resident 34's call light within reach when in bed and to answer call light in a timely manner. During a review of Resident 34's History and Physical (H&P), dated 4/26/2024, the H&P indicated Resident 34 does not have the capacity to understand and make decisions. During a review of Resident 34's Minimum Data Set (MDS- a federally mandated assessment tool), dated 7/9/2024, the MDS indicated Resident 34 had moderately impaired cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 34 required substantial assistance (helper does more than half the effort) with putting on/taking off footwear and required partial/moderate assistance (helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) with toileting and personal hygiene, shower, lower body dressing. The MDS further indicated Resident 34 required supervision (helper provides verbal cues) with oral hygiene and upper body dressing and required setup assistance (helper sets up; resident completes activity) with eating. During a review of Resident 34's Fall Risk Assessment (a nursing tool that uses a scoring system to evaluate resident's risk of fall), dated 7/9/2024, the Fall Risk Assessment indicated Resident 34 was high risk for fall. During an observation on 10/29/2024 at 8:25 AM, Resident 34 was observed with his call pad not within arm's reach. During an interview on 10/30/2024 at 11:42 AM, Family 1 (FAM 1) stated Resident 34 does not speak or talk since birth. FAM 1 also stated Resident 34 communicated through signs and gestures and the resident would like his call pad on the side of his bed where he could reach them. During a concurrent observation in Resident 34's room and interview with Certified Nurse Assistant 9 (CNA 9) on 11/1/2024 at 10:30 AM, CNA 9 stated Resident 34's call pad should be beside the resident in case he needed to call the staff for help and assistance. CNA 9 also stated Resident 34 would not be able to call for assistance and could potentially fall if the call pad was not within his reach. During an interview on 11/1/2024 at 10:35 AM, Licensed Vocational Nurse 1 (LVN 1) stated Resident 34's call pad should be within his reach for the resident to be able to call when he needed something. (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's Policy and Procedure titled, Call System, dated September 2022, indicated that each resident is provided with a means to call staff directly for assistance from his/her bed. During a review of the facility's Policy and Procedure titled, Answering the Call Light, dated September 2022, indicated its purpose was to ensure the call light is accessible to the resident when in bed,

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. 47362 Based on interview and record review the facility failed to ensure the Advance Health Care Directive (a written statement of a person's wishes regarding medical treatment, often including a living will, made to ensure those wishes are carried out should the person be unable to communicate them) was readily retrievable by any facility staff for one (1) of two (2) sampled residents (Resident 53). This failure had the potential to result in nursing staff not knowing if Residents 53 had specific resident wishes to follow in case of an emergency. Findings: During a review of Resident 53's Admission Record, the Admission Record indicated the facility admitted Resident 53 on 10/22/2023 with diagnoses which include hypertension (when the pressure in your blood vessels is too high), Parkinson (brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance), dyskinesia (uncontrolled, involuntary muscle movements ranging from shakes, tics, and tremors to full-body movements) During a review of Resident 53's History and Physical Examination (H&P), dated 11/17/2023, the H&P indicated Resident 53 has the capacity to understand and make decisions. During a review of the Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 7/18/2024, the MDS indicated Resident 53 was moderately impaired with cognitive (ability to think, remember, and reason) skills for daily decision making. The MDS also indicated Resident 53 needed setup or clean up assistance (helper sets up or clean up; resident completes activity) with eating and partial moderate assistance (helper does less than half the effort) with toileting, shower /bath self, and upper body dressing. During a concurrent interview and record review of Resident 53's chart on 10/30/2024 at 5:31 PM with Registered Nurse Supervisor 1 (RNS 1), RNS1 stated Resident 53's Advance Directive Acknowledgement Form dated 10/23/2023 indicated Resident 53 had advance directive. RNS 1 also stated a copy of Resident 53's Advance Directive was not available in the resident's medical chart. During an interview on 11/1/2024 at 10:46 AM with Licensed Vocational Nurse 3 (LVN 3), LVN 3 stated, The advance directive should be readily available in the resident's chart, it is important to honor the wishes of the resident in case of emergency. During a review of the facility's Policies and Procedures (P&P) titled, Advanced Directives, revised 9/2022, the P&P indicated the resident has the right to formulate an advance directive, including the right to accept or refuse medical or surgical treatment. Advanced directives are honored in accordance with the state law and facility policy. The P&P also indicated if resident has an advance directive, copies of these documents are obtained and maintained in the same section of the residents medical record and are readily retrievable by any facility staff.

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45099 Based on observation and interview, the facility failed to protect the resident's right to be free from verbal abuse (a range of words or behaviors use to manipulate, intimidate, and maintain power and control over someone) by staff for one (1) of 17 sampled residents (Resident 123) when Licensed Vocational Nurse 4 (LVN 4) used inappropriate language with Resident 123. This failure resulted in Resident 123 experiencing feelings of disappointment in the facility staff caring for her and had the potential to result in mental and emotional distress. Findings: During a review of Resident 123's Admission Record, the Admission Record indicated the resident was initially admitted to the facility on [DATE] with diagnoses of spondylosis (a condition in which there is abnormal wear on the cartilage [a touch, flexible tissue that lines joints and gives structure to parts of the body] and bones of the neck [cervical vertebrae]) and anxiety disorder (a condition that causes excessive feelings of fear, dread, and uneasiness, along with other symptoms). During a review of Resident 123's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 11/1/2024, the MDS indicated the resident was cognitively intact (ability to think, remember, and reason) with skill for daily decision making. Resident 123 needed supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) with transfers (how resident moves to and from bed, chair, wheelchair, standing position), personal hygiene and upper body dressing (the ability to dress above the waist) and needed partial/moderate assistance (helper does less than half the effort) with lower body dressing (the ability to dress below the waist) and needed set up or clean up assistance (helper sets up or cleans up; resident completes activity) with eating. During an observation on 10/29/2024 at 4:09 PM in the hallway, LVN 4 was observed standing outside of Resident 123's room with the medication cart and was heard telling the resident, You don't really know me so shut up! Resident 123 was then heard yelling, Did you really just tell me to shut up?! LVN 4 was then heard telling Resident 123 that she would not take that type of behavior from her and that she demanded respect. During an interview on 10/29/2024 at 4:23 PM with LVN 4, LVN 4 stated that she did tell Resident 123 to Shut up. LVN 4 stated she was introducing herself to Resident 123 since she was demanding her pain medication and as she was standing outside of her room door getting it ready, Resident 123 was disrespecting her by talking about her to Certified Nursing Assistant 10 (CNA 10) in the room. LVN 4 stated she had asked the CNA 10 to not condone Resident 123's behavior which was when Resident 123 told her to shut up, and so she told her, Shut up back. LVN 4 further stated that she knows the kind of person Resident 123 is and that Resident 123 will be okay even if she told her to shut up. During an interview on 10/29/2024 at 4:47 PM with Administrator (ADM), ADM stated that she would consider a staff member telling a resident to shut up as verbal abuse and that they would investigate the matter, send LVN 4 home, and notify the California Department of Public Health (CDPH). (continued on next page)

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	055341	A. Building B. Wing	11/01/2024

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/30/2024 at 10:23 AM with Resident 123, Resident 123 stated LVN 4 was very aggressive and confrontational. Resident 123 stated while she was talking to a CNA 10 in the room, LVN 4 asked if she was talking about her. Resident 123 replied that they weren't talking about her but LVN 4 continued to state that she does not tolerate people disrespecting her and that she would call the police if they were talking about her behind her back. Resident 123 then stated that she told LVN 4 to not bad mouth CNA 10 in the room which is when LVN 4 told her to, shut up! Resident 123 further stated she felt disappointed after hearing that. During as review of the facility's policy and procedure (P&P) titled, Abuse, Neglect, Exploitational and Misappropriation Prevention Program, revised April 2021, the P&P indicated, Residents have the right to be free from abuse, neglect, misappropriation of resident property (the willful misplacement, exploitation [the act of taking advantage of someone or something for personal gain] or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent) and exploitation. This includes but is not limited to freedom from corporal punishment (a punishment which is intended to cause physical pain to a person), involuntary seclusion (when someone is kept away from others against their will), verbal, mental, sexual or physical abuse, and physical (the use of a manual hold to restrict freedom of movement of all or part of a person's body, or to restrict normal access to the person's body) or chemical restraint (the use of a medication or chemical substance to control a person's behavior or limit their movement) not required to treat the resident's symptoms. The P&P further indicated: 1) The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: a) Protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including, but not necessarily limited to: i) Facility staff b) Develop and implement policies and protocols to prevent an identify: i) Abuse or mistreatment of residents c) Ensure adequate staffing ad oversight/support to prevent burnout, stressful working situations and high turnover rates d) Establish and maintain a culture of compassion and caring for all residents and particularly those with behavioral, cognitive or emotional problems. e) Provide staff orientation and training/orientation programs that include topics such as abuse prevention, identification and reporting of abuse, stress management, and handling verbally or physically aggressive resident behavior. f) Implement measure to address factors that may lead to abuse situations, for example: i) Adequately prepare staff for caregiving responsibilities; (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	ii) Provide staff with opportunities to express challenges relation to their job and work environment without reprimand or retaliation; iii) Instruct staff regarding appropriate ways to address interpersonal conflicts; and iv) Helps staff understand cultural, religious and ethnic differences can lead to misunderstandings and conflicts. During a review of the facility's policy and procedure (P&P) titled Abuse Prevention Program revised 1/2017, the P&P indicated: 1) It is our policy that any and all form of resident abuse are intolerable, and Preventing resident abuse is an important concern of this facility. It is our goal to achieve and maintain an abuse-free environment. 2) Verbal Abuse - Any use of oral, written or gestured language that willfully includes disparaging terms to residents or to their families or within hearing distance regardless of their age, ability to comprehend or disability. Examples are: threats to harm; saying things to frighten a resident or use of offensive language. 3) Staff Treatment of Residents a) Preventative practices are those that work to preclude, eliminate or lessen the possibility of resident abuse through development and implementation of written policies and procedures that prohibit mistreatment, neglect, abuse and misappropriation of resident property. b) Training i) Initial employee orientation that includes employee written acknowledgment of: (1) The legal responsibilities (2) Consequences for failure to report (3) Consequences for abusing residents (4) Facility abuse prevention program policies and procedures (5) Residents' Rights ii) On-going timely in-service that includes education to: (1) Understanding abuse prohibition practices and issues; (2) Recognize signs and symptoms of abuse and what constitutes neglect and misappropriation of property; (continued on next page)

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	055341	A. Building B. Wing	11/01/2024

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(3) Appropriately intervene in situations involving residents who have aggressive or catastrophic reactions to ordinary stimuli; (4) Recognize signs within themselves and/or other for burnout, frustration and stress that may potentially lead to abuse .

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45099 Based on observation, interview, and record review, the facility failed to ensure one (1) of two (2) sampled residents (Resident 12) was provided assistance while eating as indicated in the care plan and facility's policy and procedure. This deficient practice had the potential for decline and not to maximize Resident 12's functional ability to perform Activities of Daily Living (ADL, basic tasks that people need to do to live independently) which can affect the resident's physical and mental wellbeing. This failure also had the potential not to meet Resident 12's nutritional needs which could lead to further malnutrition (a condition that occurs when a person's body doesn't get the right amount of nutrients it needs to function properly) and hospitalization . Findings: During a review of Resident 12's Admission Record, the Admission Record indicated the resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included mild protein calorie malnutrition and adult failure to thrive (unintentional weight loss, a decline in functional abilities, and an overall decline in health status in older adults). During a review of Resident 12's History and Physical (H&P), dated 9/4/2024, the H&P indicated Resident 12 does not have the capacity to understand and make decisions. During a review of Resident 12's Care Plan initiated on 9/4/2024, the Care Plan indicated Resident 12 was at risk for weight loss due to poor/variable intake. The Care Plan also indicated an approach to assist the resident with meal consumption or liquid consumption as needed, to position Resident 12 to enable safe food/fluid consumption, and aspiration (when food and liquid enters the persons airway and eventually lungs by accident) precaution (practices that help prevent food or liquid from entering the airway instead of the stomach). During a review of Resident 12's Minimum Data Set (MDS- a federally mandated assessment tool), dated 10/4/2024, the MDS indicated Resident 12 had severely impaired cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 12 was dependent (helper does all the effort) with toileting and personal hygiene, shower, lower body dressing, and putting on/taking off footwear. The MDS further indicated Resident 12 required substantial assistance (helper does more than half the effort) with oral hygiene and upper body dressing and required partial/moderate assistance (Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) with eating. During a concurrent observation in Resident 12' room and interview on 10/29/2024 at 12:39 PM, observed Resident 12 eating without facility staff's assistance. Certified Nursing Assistant 1 (CNA 1) stated Resident 12's head of bed (HOB) was not elevated to at least 30 degrees (approximately 25 degrees) while eating unassisted. (continued on next page)

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	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gem Transitional	716 South Fair Oaks Ave Pasadena, CA 91105

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation of Resident 12's lunch tray (after meal) and interview on 10/29/2024 at 12:55 PM, the Director of Nursing (DON) verified and confirmed Resident 12 only consumed approximately 10 to 15 percent (%) of the food from the resident's lunch tray. During an interview on 11/1/2024 at 10:27 AM, Registered Nurse Supervisor 1 (RNS 1) stated Resident 12 should be assisted by the Certified Nursing Assistants (CNAs) while eating so the resident would get the calories that Resident 12 needs and avoid aspiration. RN 1 also stated the facility staff should encourage Resident 12 to eat and should try to offer again and if she refused the first time. During an interview on 11/1/2024 at 9:18 AM, Licensed Vocational Nurse 1 (LVN 1) stated Resident 12 should be at sitting position when eating for aspiration precaution. During an interview on 11/1/2024 at 9:24 AM, RNS 1 stated, Resident 12 should be on upright position to at least 45 degrees when eating to prevent aspiration. During a review of the facility's Policy and Procedure titled, Activities of Daily Living, dated 2001, indicated, residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out ADL. The policy further indicated approaching the resident in a different way or at a different time or having another staff member speak with the resident may be appropriate.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45099 Based on observation, interview, and record review, the facility failed to post precautionary and safety sign indicating use of oxygen (therapy a treatment that provides extra oxygen for people to breathe in) for two (2) of three (3) sampled residents (Residents 120 and 121) as indicated in the facility's oxygen administration policy. This deficient practice could potentially place Residents 120 and 121 at risk for injury and serious harm. Findings: 1. During a review of Resident 120's Admission Record, the Admission Record indicated the resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included epilepsy (brain activity that cause sudden uncontrollable electrical disturbance in the brain and sometimes loss of awareness) and asthma (a chronic lung disease caused by narrowing and swelling of the airways in the lungs that makes it difficult to breathe). During a review of Resident 120's Minimum Data Set (MDS- a federally mandated assessment tool), dated 8/27/2024, the MDS indicated Resident 120 had severely impaired cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 120 was dependent (helper does all the effort) with oral, toileting, and personal hygiene, eating, shower, upper and lower body dressing, and putting on/taking off footwear. During a review of Resident 120's History and Physical (H&P), dated 10/3/2024, the H&P indicated Resident 120 does not have the capacity to understand and make decisions. During a review of Resident 120's Order Summary, recapitulated 10/29/2024, the order summary included oxygen 2 liter/minute with humidification (the process of adding moisture to oxygen to make it less likely to irritate the throat and nose) order for oxygen saturation (the amount of oxygen you have circulating in your blood) below 92 percent (%) on 10/28/2024. During an observation on 10/29/2024 at 8:32 AM, Resident 120 was observed with oxygen 2 liter/minute via nasal cannula (a small plastic tube, which fits into the person's nostrils for providing supplemental oxygen). There was no precautionary No Smoking/Oxygen in Use signposted outside Resident 120's room. During a concurrent observation in Resident 120's room and interview on 11/1/2024 at 1:26 PM, Registered Nurse Supervisor 1 (RNS 1) confirmed there was no precautionary sign indicating No Smoking/Oxygen in Use outside Resident 120's room. RNS 1 stated there should be a No Smoking/Oxygen in Use sign outside the room when the resident is receiving oxygen for the safety of Resident 120, other resident and staff. RNS 1 also stated a No Smoking/Oxygen in Use sign is important since oxygen are flammable and could spark and cause fire if someone smokes near them. (continued on next page)

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	055341	A. Building B. Wing	11/01/2024

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. During a review of Resident 121's Admission Record, the Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included liver cell carcinoma (a tumor that grows in the liver) and malignant neoplasm (cancerous tumor) of the lymph node (small lumps of tissue that contain white blood cells, which fight infection). During a review of Resident 121's H&P, dated 10/18/2024, the H&P indicated Resident 121 have the capacity to understand and make decisions. During a review of Resident 121's MDS dated [DATE], the MDS indicated Resident 121 had an intact cognitive skill for daily decision making. The MDS also indicated Resident 121 was dependent with toileting, and personal hygiene, shower, and putting on/taking off footwear. The MDS further indicated Resident 121 required substantial assistance (helper does more than half the effort) with oral hygiene and upper and lower body dressing and required supervision (helper provides verbal cues) with eating. During a review of Resident 121's Order Summary, recapitulated 10/29/2024, the order summary included oxygen at 2 to 3 liter/minute via nasal cannula continuously for shortness of breath (SOB, difficulty breathing). During an observation on 10/29/2024 at 8:48 AM, Resident 121 was observed with oxygen 2 liter/minute via nasal cannula. There was no observed precautionary No Smoking/Oxygen in Use sign posted outside Resident 121's room. During an interview on 11/1/2024 at 1:38 PM, the Director of Nursing (DON) stated a No Smoking/Oxygen in Use sign should be posted outside the residents' room so that everyone was aware that the resident was receiving oxygen because they are highly flammable and can cause fire. During a review of the facility's Policy and Procedure titled, Oxygen Administration, revised October 2010, indicated its purpose was to provide guidelines for safe oxygen administration which included ensuring a No Smoking/Oxygen in Use sign was posted.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48395 Based on observation, interview, and record review, the facility failed to follow its policy and procedure (P&P) regarding respiratory infection control for one (1) of four (4) residents (Resident 220) by not ensuring Resident 220's nebulizer (an electrically powered machine that turns liquid medication into a mist so that it could be breathed directly into the lungs through a face mask) tubing was stored in a plastic bag with a label indicating the date the tubing was changed and name of the resident. This failure had the potential to put Resident 220 at risk for infection. Findings: During a review of Resident 220's Admission Record, the Admission Record indicated the resident was initially admitted to the facility on [DATE] with diagnoses of atrial fibrillation (a type of irregular heartbeat that occurs when the upper chambers of the heart, called the atria, beat rapidly and out of sync) and pleural effusion (a condition where fluid builds up in the pleural space, the thin cavity between the lung and the chest wall). During a review of Resident 220's History and Physical Examination (H&P), dated 10/11/2024, H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 220's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 10/17/2024, MDS indicated the resident was moderately impaired with cognitive (ability to think, remember, and reason skills for daily decision making. Resident 220 was dependent (helper does all of the effort) with bed to chair transfers and lower body dressing (the ability to dress below the waist), needed substantial/maximal assistance (helper does more than half the effort) with going from lying down to sitting on the side of the bed, rolling left and right in bed,) and personal hygiene and needed partial/moderate assistance (helper does less than half the effort) with eating. During a review of Resident 220's October 2024 Medication Administration Record (MAR) dated October 2024, the October 2024 MAR indicated an order for albuterol sulfate (breathing treatment medication) 2.5 milligrams (mg; a unit of measurement for weight)/three (3) milliliter (ml; a unit of measurement for volume) solution for nebulization via (by) nebulizer as needed every 4 hours starting 10/11/2024 for wheezing (a high-pitched whistling sound that occurs when the airways in the lungs narrow or become blocked, making it difficult to breathe). During an observation on 10/29/2024 at 10:14 AM in Resident 220's room, Resident 220's nebulizer tubing was observed on his night stand stored inside a plastic bag without a label indicating the date the tubing was changed or resident's name. (continued on next page)

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	055341	A. Building B. Wing	11/01/2024

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 10/29/2024 at 10:19 AM with Infection Preventionist (IP) and the Director of Nursing (DON) inside Resident 220's room, Resident 220's nebulizer tubing was observed stored inside a plastic bag on his nightstand without a label indicating the date the tubing was changed or resident's name. IP and DON verified that the nebulizer tubing that was stored in a plastic bag did not and should have a label indicating the date or resident's name to communicate when it is time for the staff to change the tubing and for infection control. During a review of the facility's P&P titled, Departmental (Respiratory Therapy) - Prevention of Infection, revised November 2011, the P&P indicated under Infection Control Considerations Related to Medication Nebulizer/Continuous Aerosol (a suspension [a mixture of solid particles that do not dissolve in a liquid solution] of small solid or liquid particles in a gas): 1) Store the circuit in plastic bag, marked with date and resident's name, between uses.

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	055341	A. Building B. Wing	11/01/2024

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. 47362 Based on observation, interview and record review, the facility failed to provide care and services to one of two sampled residents (Resident 172) who is on hemodialysis (dialysis, a process of filtering the blood of a person whose kidneys are not working normally) by failing to ensure: 1. A dialysis emergency kit (dialysis e-kit, kit that contains emergency supplies that will be needed in case dialysis site got dislodged and/ or is bleeding) accessible at Resident 172 bedside. 2. A warning signage visible to warn facility staff not to use Resident 172's left arm for blood pressure (BP, pressure of blood on the wall your arteries as your heart pumps blood around your body) check, laboratory test/ blood draw, and no finger stick (pricking the skin of a finger to obtain blood usually done during blood sugar check). This failure may result in the inability to manage/ control the bleeding from hemodialysis access site and increases the risk of accidental use of Resident 172's left arm that can cause bleeding and damage to Resident 172's arteriovenous shunt (AV, a connection that's made between an artery and a vein for dialysis access). Findings: During a review of Resident 172's Admission Record indicated the facility admitted Resident 172 on 10/23/2024 with diagnosis which include type 2 diabetes (when your blood sugar is too high), end stage renal disease (kidneys can no longer support your body's needs), hypertension (when the pressure in your blood vessels is too high). During a review of Resident 172's History and Physical Examination (H&P) dated 10/23/2024 indicated Resident 172 has the capacity to understand and make decisions. During a review of the Minimum Data Set (MDS, standardized care and screening tool), dated 10/29/2024, indicated Resident 172 needs supervision or touching assistance (helper provides verbal cues or touching assistance) on eating, oral hygiene, and the resident needs partial moderate assistance (helper does less than half the effort) on toilet hygiene, lower body dressing, personal hygiene. The MDS also indicated active diagnosis, end stage renal disease, dependence on dialysis. 1.During a review of Resident 172's Order Summary dated 10/23/2024 indicated hemodialysis at Dialysis Center (DC) every Monday, Wednesday, Friday . The Order summary also indicated to monitor for bruit (is a whooshing sound, thrill buzz is like a vibration caused by blood flowing) on left upper arm AV shunt. During observation on 10/29/2024 at 10:36 AM in Resident 172's room, no dialysis e-kit stored/ kept in the resident's bedside/ the resident's room. During concurrent observation and interview on 10/29/2024 at 10:40 AM with the Director of Nursing (DON), the DON verified there is no dialysis e-kit found in Resident 172's room. (continued on next page)

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	055341	A. Building B. Wing	11/01/2024

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 10/31/2024 at 12:15 PM with the Registered Nurse Supervisor (RNS1), RNS1 stated there was no dialysis e-kit available at Resident 172's bedside. RNS1 stated dialysis e-kit should be readily available at the Resident's bedside in case of emergency it was used to prevent bleeding. RNS1 also stated it was the facility's normal process for residents on dialysis that they always have dialysis e-kit easily accessible. 2. During a review of Resident 172's Order Summary dated 10/23/2024 indicated no BP, blood draw, finger stick, no Intravenous (IV, refers to a way of giving a drug or other substance through a needle or tube inserted into a vein) on left arm. During observation on 10/29/2024 at 10:36 AM in Resident 172's room no postage/ warning sign at resident's bedside indicating do not use left arm for BP, finger stick, blood draw, and IV. During interview on 10/31/2024 12:15 with the RNS 1, RNS1 stated there was no signage at Resident 172's bedside, signage needs to be visible at Resident 172's bedside. RNS1 stated the signage should have been posted at Reisdent 172's bedside so it can be easily seen by facility staff, phlebotomist (a medical professional who is trained to perform blood draws) to prevent using left arm for drawing blood, BP, or finger stick. It might cause damage to the AV shunt or caused bleeding. During interview on 11/1/2024 at 11:29 AM with the Treatment Nurse (TN) stated dialysis e-kit, consist of consisted of torniquet (A device, such as a strip of cloth or a band of rubber, that is wrapped tightly around a leg or an arm to prevent the flow of blood to the leg or the arm for a period of time), gauze (loosely woven, almost translucent fabric that's used to bandage wounds), and medical tape. It should be at the bedside all the time for safety to prevent the resident's dialysis site from bleeding. There should be signage at the bedside to warn staff not to use left arm. Phlebotomy might accidentally draw blood on left arm. During concurrent interview and record review on 11/1/2024 at 9:45 AM with the DON, stated they do not have specific Policies and Procedure indicating dialysis e-kit should be at bedside, and P&P on signage indicating not to use AV shunt site. The DON stated it was their standard practice it was for safety.

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	055341	A. Building B. Wing	11/01/2024

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Some	Post nurse staffing information every day. 45099 Based on interview and record review, the facility failed to ensure the Daily Staffing Report (Nurse Staffing Information) posted on 10/29/2024, 10/30/2024, and 11/1/2024 was accurate in accordance with the facility's policy and procedure by failing to reflect the correct total number and actual hours of unlicensed nursing staff directly responsible for resident care. This deficient practice had the potential to inaccurately reflect the actual nurses providing direct care to the residents. Findings: During a review of the Daily Staffing Report (Nurse Staffing Information), the Daily Staffing Report posted for 10/29/2024 indicated a census of 62 and a total number of 10 Certified Nursing Assistants (CNAs) for day shift, and five (5) CNAs for evening shift. The Daily Staffing Report also indicated three (3) Restorative Nursing Assistants (RNAs) for day shift. During a review of the Facility Staffing Assignment for 10/29/2024, the Facility Staffing Assignment indicated the facility had a total of nine (9) CNAs (as opposed to 10 CNAs listed on the Daily Staffing Report) for day shift and six (6) CNAs (as opposed to 5 CNAs listed on the Daily Staffing Report) for evening shift. The Daily Staffing Report also indicated two (2) RNAs (as opposed to 3 RNAs listed on the Daily Staffing Report) for day shift. During a review of the Daily Staffing Report posted for 10/30/2024, the Daily Staffing Report indicated a census of 58 and included a total number of 2 RNAs for day shift. During a review of the Facility Staffing Assignment for 10/30/2024, the Facility Staffing Assignment indicated the facility had a total of 3 RNAs (as opposed to 2 RNAs listed on the Daily Staffing Report) for day shift. During a review of the Daily Staffing Report posted for 11/1/2024, the Daily Staffing Report indicated a census of 59 and included a total number of 2 RNAs for day shift. During a review of the Facility Staffing Assignment for 11/1/2024, the Facility Staffing Assignment indicated the facility had a total of 3 RNAs (as opposed to 2 RNAs listed on the Daily Staffing Report) for day shift. During a concurrent review of the Daily Staffing Report and Facility Staffing Assignment and interview with the Director of Staff Development (DSD) on 11/1/2024 at 4:41 PM, DSD stated the posted Daily Staffing Report and Facility Staffing Assignment on 10/29/2024, 10/30/2024, and 11/1/2024 did not and should have matched to have an accurate reflection of Direct Care Service Hours Per Patient Per Day (DHPPD). During an interview on 11/1/2024 at 5:10 PM, the Director of Nursing (DON) stated the Daily Staffing Report should be accurate so the ratio between patients and staff is adequate and quality of care can be provided. (continued on next page)

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	055341	A. Building B. Wing	11/01/2024

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Some	During a review of the facility's policy and procedure titled, Posting Direct Care Daily Staffing Numbers, revised August 2022, indicated that the facility will post on a daily basis for each shift nurse staffing data, including the numbers of Nursing personnel responsible for providing direct care to the residents. The policy also indicated that the information recorded on the form shall include the total number of non-licensed nursing staff working for the posted shift.

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	055341	A. Building B. Wing	11/01/2024

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Gem Transitional	716 South Fair Oaks Ave Pasadena, CA 91105

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 47362 Based on observation, interview, and record review, the facility failed to follow proper food handling practices in accordance with its policy and procedure by failing to ensure: 1. Food containers were completely sealed and intact. 2. A can opener was clean and free of gunk (unpleasantly sticky or messy substance) and rust (a reddish-brown substance that forms on the surface of iron and steel as a result of reacting with air and water) 3. Resident 16's breakfast tray was replaced with a clean tray and plate prior to being delivered back to the resident. 4. The kitchen trashcan was not overflowing and was not touching the rack of clean plate cover. 5. The dietary aid (DA1) did not use a dirty potholder while preparing food on 10/30/2024. These deficient practices have the potential to result in pathogen (germ) exposure to residents and placed residents at risk for developing foodborne illness (food poisoning) with symptoms including upset stomach, stomach cramps, nausea, vomiting, diarrhea, and fever and can lead to other serious medical complications and hospitalization . Findings: 1.a. During a concurrent observation in the kitchen and interview on 10/29/2024 at 7:44 AM with the dietary supervisor (DS), the following were observed in the refrigerator: a. one clear plastic container of jelly was covered with a cracked/damaged lid. b. The lid covering the clear plastic container of ham was loose/not tightened. 1.b. During a concurrent observation in the kitchen and interview on 10/29/2024 at 7:47 AM with the DS, the following were observed: a. The lid covering the clear plastic container of chocolate cookies was open. b. The lid covering the clear plastic container of rice was loose/ not tightened. During an interview on 10/31/204 at 10:35AM with DS, DS stated food such as jelly, ham, chocolate cookies and rice should have been stored in a container that was intact to ensure food safety to prevent foodborne diseases like bacteria that can cause diarrhea, nausea, and vomiting. 1.b. During a concurrent observation of the kitchen pantry and interview on 10/30/2024 at 6:14 AM with DS, DS stated the lid covering the container of the ground oregano was not tightened. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 10/31/204 at 10:35AM with DS, DS stated the ground oregano should have been stored in a container that was completely sealed to ensure food safety to prevent foodborne diseases like bacteria that can cause diarrhea, nausea, and vomiting. 2. During a concurrent observation in the kitchen and interview on 10/30/2024 at 6:54 AM with the DS, DS stated the can opener on the kitchen table was not clean and was rusted. DS stated it was important to keep the can opener free from gunk and rust to ensure food safety to prevent foodborne diseases like bacteria that can cause diarrhea, nausea, and vomiting. 3. During an observation in the kitchen during tray line on 10/30/2024 at 7:05 AM, observed dietary aid 1 (DA 1) drop the potholder on the floor. DA 1 was observed picking up the dirty potholder from the floor and used the potholder to hold the tray handle of the baked egg, scrambled egg, and bacon. During interview on 10/30/2024 at 8:05 AM with DA 1, DA1 confirmed that the potholder used to hold the tray handle of the scrambled egg, and bacon was the same potholder that fell on the floor. DA1 stated should not have used the potholder because it was contaminated which could cause residents to get sick. During an interview on 10/31/2024 at 10:35 AM, DS stated proper food handling should be practiced including not using a dirty potholder while preparing food to prevent cross contamination (transferred from one substance or object to another, with harmful effect), infection and food borne illness. 4. During concurrent observation and interview on 10/31/2024 at 8:10 AM with certified nursing assistant 11 (CNA 11), observed CNA11 hand deliver Resident 65's breakfast tray to Resident 65's room. CNA 11 brought Resident 65's breakfast tray back to the kitchen because Resident 65 did not like the food. CNA11 was observed entering through the clean entrance (door used by the staff when taking food out from the kitchen to deliver to the residents) and placed Resident 65's breakfast tray on the kitchen table (preparation area). DA 1 replaced Resident 65's food and used the same plate and tray. CNA 11 was then observed delivering the breakfast tray to Resident 65. CNA11 stated meal trays are returned back to the kitchen when residents do not like the food. CNA 11 stated she should have entered thru the dirty entrance and not the clean entrance for infection control. During an interview on 10/31/2024 at 10:35 AM, DS stated if food needs to be replaced and meal tray needed to be returned to the kitchen, the staff should not go through the clean entrance door. DS also stated kitchen staff should not use the same plate and tray when replacing the resident's food. DS stated kitchen staff should have used another clean plate and tray for infection control. 5. During a concurrent observation and interview on 10/31/2024 at 9:10 AM with dietary aid 2 (DA2), DA 2 stated the trashcan in the kitchen near the handwashing sink was overflowing with used gloves and empty food containers. The trash was observed touching the rack with clean plate covers. DA 2 stated it was important to ensure trashcan was not overflowing and not in contact with anything clean in the kitchen to prevent food contamination and prevent residents from getting sick. During an interview on 10/31/2024 at 10:35 AM, DS stated trash should be contained in a closed trashcan all the time for infection control. (continued on next page)

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	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gem Transitional	716 South Fair Oaks Ave Pasadena, CA 91105

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's policies and procedures (P&P) titled, Sanitation and Infection Control, dated 201, indicated food items should be arrange in the refrigerator for proper air circulation, overcrowding should be availed to ensure adequate cooling. All refrigerated food should be covered properly. All cooked food must be labelled and dated. The P &P also indicated equipment will be cleaned and sanitized to prevent foodborne illness. Can openers be cleaned after each use and sanitized daily. During a review of facility's P&P titled, Preventing foodborne illness -food handling revised date 7/2014 indicated food will be stored prepared and handled and served so that the risk of foodborne illness is minimized. The P&P also indicated the facility recognizes the critical factors indicated in foodborne illness are: a. Poor hygiene of food service people. b. inadequate cooking and improper food service employees, c. contaminated equipment and d. unsafe food resource.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48395 Based on observation, interview and record review, the facility failed to observe infection control measures as indicated on the facility policy and procedure (P&P) when the facility failed to: 1. Ensure Certified Nursing Assistant 2 (CNA 2), Licensed Vocational Nurse 1 (LVN 1) and LVN 3 donned (put on) personal protective equipment (PPE, equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses) prior to entering Resident 26's room, which was an enhanced barrier precautions room (EBP; gown and glove use during high-contact resident care activities for residents who are at increased risk of multidrug-resistant organism [MDRO; a microorganism that is resistant to multiple classes of antibiotics and antifungals] acquisition or who are known to be colonized [when one has the germs on or in their body but does not have symptoms of an infection] or infected with an MDRO). 2. Ensure CNA 2 wore gloves when handling a plastic bag full of dirty linen after changing Resident 26. 3. Maintain an effective water management program to prevent the development and transmission of Legionnaire's disease (LD; a serious and often deadly form of lung infection [pneumonia] acquired by breathing in water droplets caused by the bacteria, legionella [the bacteria that causes LD]) by not retesting the water after receiving a positive result of LD in the water, placing 62 of 62 residents at risk for developing severe respiratory infection (pneumonia). 4. Ensure 17 bags of dirty linen were contained inside covered dirty linen bins, which were left outside the facility's laundry room. 5. Ensure LVN 1 don and doff (take off) her isolation gown while preparing, passing medications, and providing direct care to Residents 25 and 34 who were on EBP. 6. Ensure Resident 58's nasal cannula (a small plastic tube, which fits into the resident's nostrils for providing supplemental oxygen) was not on the floor and stored in a clean plastic bag. 7. Ensure Housekeeping 1, 2, and 3 wore gloves when handling and bringing trash to the trash bins. These failures had the potential to result in the spread of bacteria and virus to other residents in the facility. Findings: 1. During a review of Resident 26's Admission Record, the Admission Record indicated the resident was initially admitted to the facility on [DATE] with diagnoses of chronic obstructive pulmonary disease (COPD; a common lung disease causing restricted airflow and breathing problems) and gastro-esophageal reflux disease (GERD; a condition that occurs when stomach contents flow back up into the esophagus [a muscular tube that carries food and liquids from the throat to the stomach]) without esophagitis (inflammation or injury to the lining of the esophagus). (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 26's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 7/29/2024, the MDS indicated the resident was severely impaired (never/rarely made decisions) with cognitive (ability to think, remember, and reason) skills for daily decision making. Resident 26 was dependent (helper does all of the effort) with bed-to-chair transfers, going from lying to sitting on the side of the bed, rolling left and right in bed, dressing (how a resident puts on, fastens and takes off all items of clothing) and personal hygiene. During a review of Resident 26's Physician Order Sheet dated October 2024, Resident 26's Physician Order Sheet indicated an order to give Jevity (brand of tube feeding) by (via) gastronomy tube (GT/g-tube; a tube that is surgically inserted through the abdominal wall and into the stomach and allows for the delivery of nutrition, fluid and medications directly to the stomach) by gravity at 6:00 PM and 12:00 PM. During an observation on 10/30/2024 at 11:52 AM outside of Resident 26's room, an enhanced barrier precautions sign was observed outside of the door indicating everyone must perform hand hygiene. It also indicated for providers and staff to wear gloves and a gown for high-contact resident care activities which included activities of daily living (ADLs; dressing grooming bathing, changing bed linens, feeding), caring for devices and giving medical treatments, mobility assistance and preparing to leave the room, toileting and changing incontinence briefs, wound care and cleaning the environment before entering the room. CNA 2 was also observed going into the room to assist the resident with changing without donning PPE. During a review of Resident 26's Enhanced Barrier Precautions Care Plan, dated 8/24/2024, the Enhanced Barrier Precautions Care Plan indicated that Resident 26 was on the precautions due to GT site with a goal to prevent the risk for multi-drug resistant organisms (MDRO) transmission for three months. The Care Plan also indicated interventions which included PPE utilization of gloves and gowns for high contact resident care activities. During an observation on 10/30/2024 at 11:54 AM outside of Resident 26's room, CNA 2 was observed walking out of the room to get supplies and then observed to go back into the room without donning PPE. During an interview on 10/30/2024 at 12:09 PM with Caregiver 1 (CG 1), CG 1 stated that CNA 2 helped her change Resident 26 and was not wearing any PPE. CG 1 further stated that staff never gown up when providing the care to Resident 26 when she is there. During an interview on 10/30/2024 at 12:11 PM with CNA 2, CNA 2 stated she did not don PPE prior to entering Resident 26's room to provide care for Resident 26 and stated she should have for infection control and to protect Resident 26 since the room is EBP. During an observation on 10/30/2024 at 12:20 PM outside of Resident 26's room, LVN 3 was observed entering the room to provide care for Resident 26 without donning PPE. During an interview on 10/30/2024 at 12:21 PM with LVN 3, LVN 3 stated she did not wear a gown while assisting Resident 26 inside the room while providing the resident with her g-tube feeding. LVN 3 stated Resident 26's room is EBP and should have worn PPE prior to entering and assisting Resident 26 because there's a possibility of transmitting an infection to the resident if the precautions are not followed. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 10/30/2024 at 4:34 PM with Family 2 (FAM 2), FAM 2 stated seeing facility staff recently gowning up to enter Resident 26's room was new and that she has not seen staff come into the room to work with Resident 26's g-tube many times without donning PPE. During an observation on 10/31/2024 at 10:35 AM outside of Resident 26's room, LVN 1 was observed gathering supplies and entering the room without donning PPE. During an interview on 10/31/2024 at 10:41 AM with LVN 1, LVN 1 stated that she was in the room to provide Resident 26 with her g-tube water flush and that she did not wear PPE prior to assisting the resident because she forgot. LVN 1 also stated that she should have donned PPE prior to entering the room and assisting Resident 26 to prevent cross contamination. During an interview on 10/31/2024 at 11:37 AM with Infection Preventionist (IP), IP stated EBP protocol were hand hygiene and donning a gown and gloves was to be followed anytime an encounter with a resident required close contact to prevent the transmission of MDROs. IP stated that this was an expectation from all staff and visitors of a resident on EBP. During a review of the facility's P&P titled, Enhanced Barrier Precautions, revised August 2022 the P&P indicated: a. Enhanced barrier precautions (EBPs) are used as an infection prevention and control intervention to reduce the spread of multi-drug resistant organisms (MDROs) to residents. b. EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. i. Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room). ii. Personal protective equipment (PPE) is changed before caring for another resident. c. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: i. Dressing; ii. Bathing/showering; iii. Transferring; iv. Providing hygiene; v. Changing linens; vi. Changing briefs or assisting with toileting; vii. Device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc); and (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's P&P titled, Standard Precautions, revised September 2022, the P&P indicated in it's policy statement that, Standard precautions are used in the care of all residents regardless of their diagnoses, or suspected or confirmed infection status. Standard precautions presume that all blood, body fluids, secretions and excretions (except sweat), non-intact skin and mucous membranes may contain transmissible infection agents. The P&P further indicated: a. Gloves (clean, non-sterile) are worn when in direct contact with blood, body fluids, mucous membranes, non-intact skin and other potentially infected material. b. Gloves are removed promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another resident. c. Linen soiled with blood, body fluids, secretions, excretions are handled and processed in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and avoids transfer of microorganisms to other residents and environments. 3. During a concurrent interview and record review on 11/1/2024 at 9:40 AM with Maintenance Supervisor (MS), the facility's water sample test results dated 8/13/2024 were reviewed. The water sample test results indicated a positive finding for legionella in the water samples for the second floor restroom and the therapy room. MS stated he called the outside water testing company who advised him to flush the sinks that tested positive for legionella for 10 minutes daily for two weeks and to send another sample for retesting on 8/30/2024. MS stated he was not able to send another sample for retesting because he has been busy. During an interview on 11/1/2024 at 11:14 AM with MS and Administrator (ADM), MS stated the facility should have requested another sample kit for retesting the water. ADM also stated it was important for the water to have been retested after completing the water flushing to make sure the water was clear of legionella. During an interview on 11/1/2024 at 11:43 AM with ADM, ADM stated she called the water testing company on 8/15/2024 regarding their positive legionella results and was advised by the company to flush the water for two weeks and then re-test. ADM stated it was important that they should have retested the water to prevent any infection for the residents at the facility. During a review of the facility's P&P titled, Water Supply, revised November 2009, the P&P indicated it's purpose, To maintain a sanitary water supply and control the spread of waterborne microorganisms. The P&P also indicated, Approaches to controlling waterborne microorganisms (i.e. water system decontamination) will be consistent with current Centers for Disease Control and Prevention (CDC), Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Food and Drug Administration (FDA) recommendations or state and local health department requirements. During a review of the Centers for Medicare and Medicaid Services (CMS) Center for Clinical Standards and Quality/Survey and Certification Group letter titled Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD) dated 6/2/2017, indicated, Surveyors will review policies and procedures and reports documenting water management implementation results to verify that facilities: Specify testing protocols and acceptable ranges for control measures, and document the results of testing and corrective actions taken when control limits are not maintained. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the CDC's toolkit titled, Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings, dated 6/24/2021, the CDC's toolkit indicated, If the program team decides to test for Legionella, then the testing protocol should be specified and documented in advance. You should also be familiar with and adhere to local and state regulations and accreditation standards for this testing. During a review of the ASHRAE Addendum to ASHRAE Standard [PHONE NUMBER] (defines types of buildings and devices that need a water management program) titled, Legionellosis: Risk Management for Building Water Systems, dated 6/23/2018, the ASHRAE Addendum to ASHRAE Standard [PHONE NUMBER] indicated, Legionellosis: Risk Management for Building Water Systems, dated 6/23/2018, indicated the Program Team shall establish procedures to confirm, both initially and on an ongoing basis, that the Program is being implemented as designed. The resulting process is verification. The Program Team shall establish procedures to confirm, both initially and on an ongoing basis, that the Program, when implemented as designed, controls the hazardous conditions throughout the building water systems. The resulting process is validation. The Program Team shall determine whether testing for Legionella shall be performed and if so, how test results will be used to validate the Program. If the Program Team determines that testing is to be performed, the testing approach, including sampling frequency, number of samples, locations, sampling methods, and test methods, shall be specified and documented. The Program Team shall consider include the following as part of the determination of whether to test for Legionella: a. Program control limits are not maintained in the building water systems, including in water systems with supplemental disinfection. b. A health care facility provides in-patient services to at-risk or immunocompromised population. The Addendum also indicated, Contingency Response Plan. The program documents shall include: 4. Directions issued by national, regional, and local health department authorities; 5. If the Program Team determines testing for Legionella or other pathogens shall be performed, procedures shall include criteria for when and where the tests shall be performed, sampling procedures, and the interpretation of test results; 6. Procedures for emergency disinfection; 7. Procedures for other actions identified by the Program Team to prevent exposure to contaminated water. During a review of the facility's P&P titled, Legionella Water Management Program, revised September 2022, the P&P indicated, Our facility is committed to the prevention, detection and control of water-borne contaminants, including Legionella. The P&P further indicated: a. The purpose of the water management program are to identify areas in the water system where Legionella bacteria can grow and spread, and to reduce the risk of Legionnaire's disease. b. The water management program used by our facility is based on the Centers for Disease Control and Prevention and ASHRAE recommendations for developing Legionella water management program. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 34's MDS, dated [DATE], the MDS indicated Resident 34 had moderately impaired cognitive skills for daily decision making. The MDS also indicated Resident 34 required substantial assistance (helper does more than half the effort) with putting on/taking off footwear and required partial/moderate assistance (helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) with toileting and personal hygiene, shower, lower body dressing. The MDS further indicated Resident 34 required supervision (helper provides verbal cues) with oral hygiene and upper body dressing and required setup assistance (helper sets up; resident completes activity) with eating. The MDS also indicated Resident 34 had a feeding tube (a small tube inserted into the stomach or small intestine to provide nutrition or medication). During a review of Resident 25's Admission Record, the Admission Record indicated the resident was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses that included ataxic gait and lumbar spinal stenosis (LSS - narrowing of the spinal canal in the lower back) without neurogenic (arising from the nervous system) claudication (leg pain, heaviness and/or weakness with walking). During a review of Resident 25's MDS, dated [DATE], the MDS indicated Resident 25 had intact cognitive skills for daily decision making. The MDS also indicated Resident 25 was dependent (helper does all the effort) with putting on/taking off footwear and required substantial assistance with shower and lower body dressing. The MDS further indicated that Resident 25 required partial/moderate assistance with oral, toileting, and personal hygiene and upper body dressing and required setup assistance with eating. During a medication pass observation on 10/31/2024 at 9:16 AM, LVN 1 donned her isolation gown and gloves outside Resident 25 and 34's room, which had a posting that indicated EBP. LVN 1 proceeded to check Resident 34's blood pressure then came back outside the room with the same gown after removing gloves and prepared the medication on the medication cart for Resident 34. LVN 1 then proceeded to administer Resident 34's medications via GT wearing the same isolation gown. During the same medication pass observation on 10/31/2024 at 9:52 AM, LVN 1 came out of the room to document the medication administered to Resident 34 without removing the isolation gown . LVN 1 went back to the room to check Resident 25's blood pressure wearing the same isolation gown. During an interview on 10/31/2024 at 9:58 AM, LVN 1 stated she should have removed her isolation gown after she administered Resident 34's GT medications and before checking Resident 25's blood pressure to prevent cross contamination. During an interview on 10/31/2024 at 11:17 AM, Registered Nurse Supervisor 1 (RNS 1) stated isolation gowns should be removed before going out of the resident/s' room and after providing direct care to the resident to prevent possible spread of infection. RNS 1 also stated that the isolation gown should be removed before caring for another resident because the staff could likewise potentially spread infection to the other resident. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 10/31/2024 at 11:54 AM, the infection Prevention Nurse (IPN) stated LVN 1 should have removed her isolation gown after working with Resident 34 and before coming out of the room. IPN also stated LVN 1 should have donned a new isolation gown prior to Resident 34's medication administration and removed them before she came out of the residents' room. IPN further stated LVN 1 could potentially risk transmission of any a pathogen to Resident 25 and could contaminate the medication cart surfaces. 6. During a review of Resident 58's Admission Record, the Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included acute respiratory failure with hypoxia (a condition that occurs when the lungs cannot get enough oxygen to the blood or eliminate enough carbon dioxide from the body) and pulmonary fibrosis (a serious lung disease that causes scarring in the lungs, making it difficult to breath). During a review of Resident 58's MDS dated [DATE], the MDS indicated Resident 58 had intact cognitive skills for daily decision making. The MDS also indicated Resident 58 required substantial assistance with shower and required partial/moderate assistance with oral, toileting, and personal hygiene, upper body dressing and putting on/taking off footwear. The MDS further indicated that Resident 58 required setup assistance with eating. During a concurrent observation and interview on 10/29/2024 at 10:18 AM, Resident 58's nasal cannula was observed on the floor and was not stored in a plastic bag. Resident 58 stated she uses her oxygen mostly at night. During an interview on 10/31/2024 at 11:23 AM, LVN 1 stated the staff should have removed it from the floor and changed it since it is now considered contaminated. LVN 1 also stated Resident 58 could potentially contract a respiratory infection if she ends up using the contaminated nasal cannula. During an interview on 10/31/2024 at 11:55 AM, the IPN stated Resident 58's nasal cannula being on the floor was considered contaminated and was an infection control issue. IPN also stated the nasal cannula should be kept in a bag, properly stored and not on the floor when not in use. During an interview on 11/01/2024 at 1:26 PM, RNS 1 stated Resident 58's nasal cannula and tubing should be in a plastic bag when not in use to prevent contamination. During a review of the facility's Policy and Procedure titled, Departmental (Respiratory Therapy) - Prevention of Infection, revised November 2011, indicated its purpose was to guide prevention of infection associated with respiratory therapy tasks, equipment .among residents and staff. The policy also indicated to keep the oxygen cannula and tubing used PRN (as needed) in a plastic bag when not in use. During a review of the undated facility's Policy and Procedure titled, Oxygen Therapy, indicated that when the patient is not using their cannula it should be placed in a plastic bag and should not make contact with the floor. 7. During an observation on 10/29/2024 at 10:05 AM, Housekeeping 2 (HK 2) walked in the hallway with 2 large clear bags of trash on her left hand and 2 buckets with unknown contents on the right hand. HK 2 was observed without gloves. (continued on next page)

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	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gem Transitional	716 South Fair Oaks Ave Pasadena, CA 91105

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 10/29/2024 at 12:36 PM, HK 3 came out of the employee's toilet holding a bag of trash and walked in the hallway. HK3 was observed without gloves without gloves. During an interview on 10/29/2024 at 1:03 PM, the Housekeeping Manager (HM) stated housekeeping staff used gloves when they pick up trash and does not use gloves when the trash is brought down the hallway and to the trash bin for disposal. During a concurrent observation and interview on 10/30/2024 at 3:29 PM, HK 1 came out of the employee's toilet holding a trash without gloves. HK 1 stated it was their practice not to wear gloves when holding trash. During an interview on 10/31/2024 at 11:28 AM, LVN 1 stated HK should wear gloves when touching and bringing dirty trash because the trash is dirty and contaminated, and they would not be protected. During an interview on 10/31/2024 at 11:49 AM, the IPN stated anytime the HK staff touch or handle something contaminated, such as trash, HK staff should wear gloves and perform hand hygiene after to protect themselves.

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	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 47362 Based on observation, interview, and record review, the facility failed to maintain an effective pest (a general term for organisms which may cause illnesses) control program in accordance with the facility's policy and procedure (P&P) by failing to ensure the facility was free from ants. This deficient practice had the potential for residents to get sick if the residents consume food that were contaminated by ants. Findings: During an observation on 10/29/2024 at 11:43 AM, more than 10 black ants were crawling along the door frames of Resident 3 and Resident 18. During an observation on 10/29/2024 at 4:10 PM, more than 10 black ants were crawling on Resident 3 and Resident 18 door frame. During observation on 10/30/2024 at 9:31 AM, two black ants were crawling along the door frame of Resident 3. During a concurrent observation and interview on 10/31/2024 at 4:24 PM, with Certified Nursing Assistant 3 (CNA 3), CNA 3 stated there were three (3) ants crawling along Resident 28's doorway. During a concurrent observation and interview on 10/31/2024 at 4:30 PM, with Maintenance Supervisor (MS), the MS stated having ants in the facility was not acceptable because it was not safe for the residents. During an interview on 11/1/2024 at 10:58 AM, with Licensed Vocational Nurse 2 (LVN 2), LVN 2 stated having ants in the facility was not acceptable because of infection control and can cause cross contamination (the physical movement or transfer of harmful bacteria from one person, object, or place to another). During an observation on 11/1/2024 at 3:49 PM, three ants were crawling on Resident 3's doorway. During a review of the facility policy and procedure (P&P) titled, Homelike Environment, revised on 2/2021, indicated Residents are provided with safe, clean and comfortable and homelike environment .