

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 04/15/2020
NAME OF PROVIDER OF SUPPLIER GEM TRANSITIONAL		STREET ADDRESS, CITY, STATE, ZIP 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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow its policy to promptly notify the resident's attending physician of changes in the resident's medical condition and/or status for one of three sampled residents (Resident 1) who had a change of condition (COC) on 3/13/20. This failure had the potential for the resident not to be evaluated and treated accordingly. Findings: A review of an Admission Record indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of the Minimum Data Set (MDS- a standardized resident assessment and care-screening tool), dated [DATE], indicated Resident 1's cognitive skills (process of acquiring knowledge and understanding) for daily decision making was severely impaired. Resident 1 was totally dependent on staff with one person physical assist for bed mobility, dressing, eating, personal hygiene, and bathing. A review of Resident 1's Clinical Notes Report, dated 3/13/20, timed at 7:23 p.m., documented by Licensed Vocational Nurse (LVN) 1, indicated Resident 1 had congestion and low [MED]gen (O2) saturation (an estimate of the amount of [MED]gen in the blood) of 92 percent (%) (normal saturation 95-100%) and body temperature of 99.5 degrees Fahrenheit. Resident 1 was brought to the General Acute Care Hospital (GACH) via 911 (emergency response line). A review of Resident 1's Clinical Notes Report, dated [DATE] at 5:25 p.m. (a late entry), documented by LVN 1 indicated that on 3/13/20 at around 6:00 p.m., Certified Nurse Assistant (CNA) reported that Resident 1 cannot eat and was congested. Resident 1's O2 saturation was 88%. A review of Resident 1's transfer document indicated the resident was transferred on 3/13/20 at 7:00 p.m. to GACH via ambulance due to shortness of breath. During a concurrent interview and record review on [DATE]/20, at 5:15 p.m., Licensed Vocational Nurse 1 (LVN 1 reviewed Resident 1's medical record and was unable to find a documented evidence that Resident 1's attending physician was notified on 3/13/20 regarding the COC. LVN 1 stated he did not call Resident 1's attending physician but instead he called 911 and Resident 1's family to inform regarding Resident 1's transfer to GACH due to low O2 saturation. LVN 1 stated no one called the attending physician on 3/13/20 and even after Resident 1 was transferred to the GACH. LVN 1 stated he should have called the attending physician to inform about Resident 1's COC and for the attending physician to manage the condition. During an interview on [DATE]/20, at 5:50 p.m., the Director of Nursing (DON) stated, licensed staff should call resident's attending physician immediately for any COC per facility policy. A review of the facility's policy and procedure titled, Change in a Resident's Condition or Status, dated April 2011, indicated, the facility shall promptly notify the resident's attending physician .of changes in the resident's medical/mental condition and/or status. The nurse supervisor/charge nurse will notify the resident's attending physician or on-call physician when there has been a significant change in the resident's physical/emotional/mental condition and a need to transfer the resident to a hospital/treatment center.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.