

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/13/2024
NAME OF PROVIDER OR SUPPLIER  Sunset Manor Conv Hosp		STREET ADDRESS, CITY, STATE, ZIP CODE  2720 Nevada Avenue El Monte, CA 91733	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>48729</p> <p>Based on observation, interview, and record review, the facility failed to adhere to professional standards of practice for one of five sampled residents (Resident 2), when Resident 2 ' s medication was left unattended at Resident 2 ' s bedside.</p> <p>This deficient practice had the potential to result in mismanagement of Resident 2 ' s medication for pain management and placed the resident at risk for adverse (untoward) consequences.</p> <p>Findings:</p> <p>During a review of Resident 2 ' s Admission Record (AR) dated 8/13/2024, the AR indicated the facility admitted Resident 2 on 2/15/2024 with diagnoses including type 2 diabetes (persistent elevated blood sugar levels) and Chronic Obstructive Pulmonary Disease (lung disease causing restricted airflow and breathing problems).</p> <p>During a review of Resident 2 ' s History and Physical (H&amp;P) dated 2/16/2024, the H&amp;P indicated Resident 2 had the capacity to understand and make decisions.</p> <p>During a review of Resident 2 ' s Minimum Data Set (MDS - a standardized assessment and care planning tool) dated 9/26/2023, the MDS indicated Resident 2 required setup or clean up assistance (helper sets up or cleans up; resident completes the activity) for eating, toileting, and personal hygiene.</p> <p>During a concurrent observation and interview on 8/12/2024 at 12:41 PM with Resident 2, in Resident 2 ' s room, two white capsules were found in a clear plastic medicine cup on Resident 2 ' s bedside table. Resident 2 stated the two white capsules were Gabapentin (medication to treat seizure and/or nerve pain) that were given to Resident 2 by the licensed nurse earlier in the morning. Resident 2 stated Resident 2 doesn ' t always like to take his medicines at the time it was offered to him because Resident 2 would save the medicine for later use when he experienced increased pain.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/12/2024 at 12:41 PM with the Director of Nursing (DON), the DON stated medications should not be left at the bedside and licensed nursing staff needed to observe the residents take their medication at the time it was administered. The DON stated it was important to observe the residents take the medication to verify if the residents actually took the medication which could potentially lead to complications and mismanagement of the resident ' s medical problem if the medication was not administered as ordered.</p> <p>During a review of Resident 2 ' s Medication Administration Record (MAR) dated 8/1/2024-8/31/2024, the MAR indicated an order on 4/15/2024 for Resident 2 to receive Gabapentin Oral Tablet 100 milligrams (mg), three times a day for neuropathy (nerve problem that causes pain).</p> <p>During a review of the facility ' s Policy and Procedure titled, Medication Administration, dated 12/19/2022, the P&amp;P indicated, staff legally authorized to administer medications need to observe resident consumption of medication and report and document refusals.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48729</b></p> <p>Based on observation, interview and record review, the facility failed to maintain infection control practices as outlined in the facility ' s policy for Coronavirus Prevention and Response when one of two Certified Nursing Assistants (CNA 2) went inside a Covid-19 (Coronavirus, a highly contagious respiratory disease caused by SARS-CoV-2 virus that spreads from person to person and can cause mild to severe respiratory illness) isolation (to separate people who are sick) room of Resident 5 without wearing the required Personal Protective Equipment (PPE).</p> <p>This deficient practice had the potential to spread COVID-19 throughout the facility.</p> <p>Findings:</p> <p>During a review of Resident 5 ' s Admission Record (AR) dated 8/6/2024, the AR indicated Resident 5 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including type 2 diabetes (persistent high blood sugar levels) and liver cirrhosis (condition in which the liver is scarred and permanently damaged)</p> <p>During a review of Resident 5 ' s Minimum Data Set (MDS - a standardized assessment and care planning tool) dated 8/10/2024, the MDS indicated Resident 5 had intact cognition (ability to think, and reason) and required maximal assistance (helper does more than half the effort) for toileting and bathing.</p> <p>During a review of the facility ' s Line Listing (a table that summarizes information about persons who may be associated with an outbreak [sudden rise in the incidence of a disease]) dated as of 8/12/2024, the line listing indicated Resident 5 ' s roommate was positive for Covid-19 on 8/7/2024. Resident 5 was placed under Covid-19 isolation due to exposure to a Covid-19 positive roommate.</p> <p>During a concurrent observation and interview on 8/13/2024 at 12:25 PM, CNA 2 entered Resident 5 ' s room wearing only N95 mask (type of mask designed to achieve a very close facial fit and protect against small particles in the air). There was a signage posted outside the door of Resident 5 which indicated Novel Respiratory Precautions from the local Public Health office, dated 8/2021. The signage indicated hand hygiene and the required PPE such as gown, gloves, face mask, eye protection (goggles or face shield) and mask. CNA 2 stated Resident 5 ' s room was an isolation room and CNA 2 should be wearing the required full PPE when entering an isolation room as indicated on the room signage. CNA 2 stated the purpose of wearing the required full PPE was to prevent the spread of Covid-19.</p> <p>During an interview on 8/13/2024 at 12:38 PM with Infection Preventionist Nurse (IPN- a nurse who helps prevent and identify the spread of infectious disease in the healthcare environment), IPN stated all staff need to wear full PPE when entering a room with Novel Respiratory Precautions.</p> <p>During an interview on 8/13/2024 at 3 PM with Resident 5, Resident 5 stated Resident 5 was aware that other residents in the same room were positive for Covid-19 and that was why staff needed to wear protection (PPE).</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility ' s Policy and Procedure (P&amp;P) titled, Coronavirus Protection and Response, dated 2022, the P&amp;P indicated healthcare personnel who enter the room of a resident with suspected or confirmed SARS-CoV-2 infection should adhere to standard precautions and use a NIOSH-approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection.</p>		