

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055748	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2025
NAME OF PROVIDER OR SUPPLIER  Sunset Park Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2250 29th Street Santa Monica, CA 90405	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44252</b></p> <p>Based on interview and record review, the facility failed to follow its policy and procedures titled Requesting, Refusing and/or Discontinuing Care and Treatment, reviewed March 2025, for one of three sampled residents (Resident 1). By failing to notify Resident 1 ' s physician of the resident ' s refusal to take prescribed tuberculosis (TB, a contagious disease caused by the bacteria Mycobacterium tuberculosis, which typically affects the lungs) medications:</p> <ol style="list-style-type: none"> <li>1. Isoniazid (used to treat TB and/or prevent its return) 300 milligrams (mg, metric unit of measure) refused on 4/9/25, 4/12/25, 4/13/25, 4/25/25, and 5/2/25.</li> <li>2. Pyridoxine 50 mg (treats vitamin B6 deficiency) refused on 4/9/25, 4/12/25, 4/13/25, 4/25/25, and 5/2/25.</li> <li>3. Rifampin (antimicrobial medication used to kill TB bacteria in the body) 300 mg refused on 4/20/25, 4/25/25, and 5/2/25.</li> </ol> <p>This deficient practice had the potential to result in Resident 1 becoming reinfected with active TB, a delay in care and treatment, or cause a decline on overall medical condition resulting in death.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record dated 5/7/25, the admission record indicated, the resident was admitted to the facility on [DATE] with diagnoses including anemia (a condition where the body does not have enough healthy red blood cells), TB, hypertension (high blood pressure), and abnormalities of gait (balance) and mobility.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS-a resident assessment tool) dated 3/23/25, the MDS indicated, Resident 1 had severe cognitive (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) impairment, and required partial/moderate assistance (helper does less than half of the effort) for eating, oral hygiene, toileting, showering/bathing, and dressing and required supervision or touching assistance for bed mobility and transfers.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s Oder Summary Report dated 5/7/25, the report indicated an order for isoniazid oral tablet 300 mg by mouth one time a day for TB until 8/12/25, pyridoxine hydrochloride oral tablet 50 mg give 1 tab by mouth one time a day for supplement until 8/12/25, and rifampin oral capsule 300 mg give two (2) capsules by mouth one time a day for TB until 8/12/25.</p> <p>During an interview with Licensed Vocational Nurse (LVN) 1 on 5/7/25 at 2:47 pm, LVN 1 stated Resident 1 would refuse medications on occasion and LVN 1 would save the medications and try and give them later and then go back and change the documentation in the computer if the resident took the medications. LVN 1 stated the doctor would be notified of the resident ' s refusing after three consecutive days.</p> <p>During a concurrent interview and record review on 5/7/25 at 5:27 pm with the Director of Nursing (DON), Resident 1 ' s Medical Administration Record (MAR) for April and May 2025 were reviewed. There were entries for medications refused:</p> <ol style="list-style-type: none"> <li>1. Isoniazid refused on 4/9/25, 4/12/25, 4/13/25, 4/25/25 and 5/2/25.</li> <li>2. Pyridoxine 50 mg refused on 4/9/25, 4/12/25, 4/13/25, 4/25/25 and 5/2/25.</li> <li>3. Rifampin 300 mg refused on 4/20/25, 4/25/25 and 5/2/25.</li> </ol> <p>The DON verified there was no documentation in the resident ' s progress notes indicating the doctor was called for any of the medication refusals on 4/9/25, 4/12/25, 4/13/25, 4/25, 4/25/25 and 5/2/25. The DON stated the doctor went to the facility frequently and the refusals were reported to the doctor, but the refusals should have been documented in a progress note.</p> <p>During a review of the facility ' s policy and procedures titled Requesting, Refusing and/or Discontinuing Care and Treatment, reviewed March 2025, the policy indicated Detailed information relating to the . refusal of treatment are documented in the resident ' s medical record .The healthcare practitioner must be notified of refusal of treatment .</p>		