

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 05/27/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46843</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food preparation and food handling practices in the kitchen by failing to ensure one of three staff (Cook 1) wore a hairnet and gloves while working in the kitchen area while preparing food.</p> <p>These deficient practices had the potential to result in harmful bacteria growth and cross contamination (transfer of bacteria from one object to another) that could lead to foodborne illness in all 41 medically compromised facility residents who received food from the kitchen.</p> <p>Findings:</p> <p>During an initial brief tour observation of the kitchen on 5/25/2024 at 7:21 a.m., [NAME] 1 was observed not wearing a hairnet while working in the kitchen and handling food which was to be served directly to residents. [NAME] 1 was also observed not wearing gloves while handling food to be served directly to residents.</p> <p>During an interview on 5/25/2024 at 7:24 a.m. with [NAME] 1, [NAME] 1 stated she should have worn a hairnet and gloves while working in the kitchen area and handling food to be served to the residents for infection prevention purposes. [NAME] 1 stated she forgot to put on a hairnet and gloves.</p> <p>During an interview on 5/25/2024 at 9:25 a.m., with Dietary Services Supervisor (DSS). The DSS stated all staff were required to wear hairnets and wash hands before entering the kitchen area. The DSS stated that all staff were required to wear gloves during Trayline food preparation and whenever handling food for the residents. The DSS stated when entering the kitchen area, all staff were required to put on a a hairnet and wash their hands before proceeding into the kitchen area.</p> <p>During an interview on 5/26/2024 at 11:07 a.m., with the Director of Nursing (DON), the DON stated that all staff that enter the kitchen area were required to put on a hairnet and wash their hands before working in the kitchen area.</p> <p>A review of the facility's Policy and Procedures (P&P) titled Food Preparation, dated 2018, indicated Food & Nutrition employees should never use bare hand contact with any foods, ready to eat or otherwise. This includes produce washing and food item preparation. Gloves should be changed before handling washed food items, as referenced in the glove use policy, page 10.10. Food & Nutrition employees shall use suitable utensils such as deli tissue, spatulas, tongs, or single-use gloves.</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 0911</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure resident rooms hold no more than 4 residents; for new construction after November 28, 2016, rooms hold no more than 2 residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45455</p> <p>Based on observation, interview, and record review, the facility failed to ensure two of 13 resident rooms (rooms [ROOM NUMBERS]) accommodated no more than four residents in each room. Both rooms [ROOM NUMBERS] had six residents in each room.</p> <p>This deficient practice had the potential to affect the delivery of care and safety of the residents especially during an emergency.</p> <p>Findings:</p> <p>On 5/26/23 at 9:40 a.m., 11 a.m. and at 11:08 a.m., during a concurrent interview and observation of Resident 10 and Resident 33 respectively, residents verbalized the rooms afforded them adequate space. Residents were observed to ambulate and move freely in the rooms, accommodate their needs and staff were able to provide care safely and without restrictions.</p> <p>During an interview on 5/26/2024 at 1:46 p.m with Resident 10 and 33 both of whom stay in rooms with more than four residents per room, the residents stated they did not have any problems with their assigned rooms.</p> <p>A review of room waiver request letter dated 5/26/2024, indicated the following regarding rooms [ROOM NUMBERS]:</p> <ol style="list-style-type: none"> 1. These rooms are spacious enough to allow unrestricted movement of all residents. 2. These rooms have ample closet space for residents. 3. Each resident is equipped with all furnishing and privacy curtain. 4. Health and safety of residents are no jeopardized due to configuration of these rooms. 5. Privacy is provided for all the residents in these rooms. <p>The Department is recommending continuation of the Room Waiver Request.</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45455</p> <p>Based on observation, interview and record review, the facility failed to provide at least 80 square feet (sq. ft. -unit of measure) per resident in multiple resident bedrooms for ten out of the 13 resident rooms (Rooms 1, 2, 3, 4, 5, 6, 8, 9, 11, and 12). Of the ten Resident rooms, nine rooms consisted of three beds each and two rooms consisted of six beds in each room.</p> <p>This deficient practice had the potential to result in inadequate useable living space for the residents and working space for the health caregivers.</p> <p>Findings:</p> <p>A review of the Request for Room Size Waiver letter, dated 5/26/2024, submitted by the Administrator, indicated there are ten rooms not meeting the 80 square feet requirement per resident according to federal regulation. The letter indicated that the room sizes would not interfere with the daily nursing care or safety of the residents. The letter also indicated there would be enough space to provide for each resident's care, dignity and privacy in those rooms which are in accordance with the special needs of the residents. The letter indicated the spaces would not have an adverse effect on the residents' health and safety or impede the ability of any resident in the rooms to attain his or her highest practicable well-being.</p> <p>A review of the Client Accommodations Analysis dated 5/25/2024 submitted by the facility indicated the following rooms with their corresponding measurements:</p> <p>room [ROOM NUMBER] is 226 square feet with 3 beds (75.33 square feet per resident)</p> <p>room [ROOM NUMBER] is 226 square feet with 3 beds (75.33 square feet per resident)</p> <p>room [ROOM NUMBER] is 226 square feet with 3 beds (75.33 square feet per resident)</p> <p>room [ROOM NUMBER] is 226 square feet with 3 beds (75.33 square feet per resident)</p> <p>room [ROOM NUMBER] is 226 square feet with 3 beds (75.33 square feet per resident)</p> <p>room [ROOM NUMBER] is 226square feet with 3 beds (75.33 square feet per resident)</p> <p>room [ROOM NUMBER] is 226 square feet with 3 beds (75.33 square feet per resident)</p> <p>room [ROOM NUMBER] is 226 square feet with 3 beds (75.33 square feet per resident)</p> <p>room [ROOM NUMBER] is 423.3 square feet with 6 beds (70.55 square feet per resident)</p> <p>room [ROOM NUMBER] is 475 square feet with 6 beds (79.16 square feet per resident)</p> <p>(continued on next page)</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>The minimum square footage for a 3-bed room should be 240 sq. ft. per federal regulation. The minimum requirement for a six bedroom should be at least 480 square feet.</p> <p>During the observations of the residents' rooms on 5/25/2024 to 5/27/2024, the residents had ample space to move freely inside the rooms. There was sufficient spaces to provide freedom of movement for the residents and for nursing staff to provide care to the residents. There was also sufficient space for beds, side tables and resident care equipment.</p> <p>During an interview on 5/26/2024 at 1:46pm Resident 10 and Resident 33 both stated they had enough room space and did not have any problems getting around their rooms and/or receiving care from staff.</p> <p>The Department is recommending continuation of the Room Waiver Request.</p>		