

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 05/25/2025
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure the resident and/or responsible party (RP) was informed and consented in advance, of the risks and benefits of psychotherapeutic medications (used to treat a variety of mental health conditions by affecting brain chemistry and behavior) for one of three sampled residents (Resident 35) reviewed for psychotropic medications (a medication which are available on prescription to treat a certain type of mental health problems).</p> <p>This deficient practice violated resident/RP's right to make an informed decision regarding the use of psychotropic medications.</p> <p>Findings:</p> <p>During a record review, the admission Record indicated Resident 35 was admitted to the facility on [DATE] with diagnoses including metabolic encephalopathy (a chemical imbalance in the blood affecting the brain), unspecified dementia (a progressive state of decline in mental abilities) and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During a record review, the Minimum Data Set (MDS - resident assessment tool) dated 4/9/2025, indicated Resident 35's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. The MDS indicated Resident 35 required maximal assistance to a total dependent from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). The MDS also indicated, Resident 35 was on antipsychotic and antidepressant medications (medications used to treat depression and other mental health conditions).</p> <p>During a record review, Resident 35's Order Summary Report indicated, the physician ordered the following medications:</p> <p>i. Mirtazapine (a prescription medication primarily used to treat depression in adults) 7.5 milligram (mg - unit of measurement) - Give one tablet by mouth one time a day for depression, dated 4/3/2025.</p> <p>ii. Trazodone (prescription medication primarily used to treat depression, but it's also commonly prescribed off-label to help with sleep problems) 50 mg - give one tablet by mouth as needed for depression, dated 4/3/2025</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review with Registered Nurse (RN) 1 on 5/25/2025 at 12:17 p.m., Resident 35's informed consents was reviewed. RN 1 stated, the informed consent for Trazodone does not have a signature by resident/RP, and there were no date and information if Resident 35/RP consented the trazodone medication. RN 1 further stated, the mirtazapine medication informed consent was also incomplete, it does not have the information if [Resident 35]/RP consented for mirtazapine medication treatment. RN 1 stated, there should be a complete informed consents for psychotropic medications as it the residents/RP's right to be informed of these medications.</p> <p>During a record review of Resident 35's Medication Administration Record (MAR) for 5/2025, the MAR indicated, the facility administered both mirtazapine and trazodone medications to Resident 35.</p> <p>During an interview with the Director of Nursing (DON) on 5/25/2025 at 7:57 p.m., DON stated that there should be an informed consent obtained by the physician for psychotropic medications before administering these medications.</p> <p>During a record review of the facility's Policy and Procedures (P&P) titled, Verification of Informed Consent for Psychotherapeutic Medications, reviewed by the facility on 4/2025, the P&P indicated, Each resident has the right to be free from psychotherapeutic drugs and, to provide informed consent before treatment with psychotherapeutic drugs . Before prescribing a psychotherapeutic drug, the Physician must personally examine the resident and obtain informed written consent signed by the resident or the resident's representative along with, the signature of the health care professional declaring the require material information has been provided . Signed written consent will be recorded in the resident's medical record. Before initiating treatment with psychotherapeutic drugs, facility staff must verify that the president's health record contains written informed consent with the required signatures.</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a bariatric bed (a heavy-duty, typically wider bed designed to accommodate individuals who are significantly overweight) did not impede the free movement of staff and one of three resident (Resident 148).</p> <p>This deficient practice resulted in impeding the free movement of Resident 148 and had the potential to impede the free movement of staff and guests.</p> <p>Cross Reference F912</p> <p>Findings:</p> <p>During a record review Resident 148's admission indicated, Resident 148 was admitted to the facility on [DATE] with diagnoses that included fibromyalgia (a chronic (long-lasting) disorder that causes pain and tenderness throughout the body, as well as fatigue and trouble sleeping), muscle weakness, rheumatoid arthritis (a chronic, autoimmune disease that causes inflammation in the joints, leading to pain, stiffness, and swelling), hypertension (high blood pressure) and spondylosis (the degeneration of the spine, particularly the intervertebral discs and facet joints, often associated with aging).</p> <p>During a review of Resident 148's history and physical (H&P) dated 5/22/2025 indicated Resident 148 had the capacity to understand and make decisions.</p> <p>During a review of Resident 148's Minimum Data Set (MDS - a resident assessment tool) dated 5/22/2025, indicated Resident 148's cognition (The mental ability to make decisions of daily living) was intact. The MDS indicated Resident 148 required supervision or touching assistance for walking 10 feet, used cane/crutch and a walker, required partial moderate assistance for toileting, personal hygiene and upper body dressing, Resident 148 required substantial assistance with lower body dressing and putting on footwear.</p> <p>During an observation and concurrent interview on 5/23/25 at 7:32 p.m., Resident 148's room appeared crowded with limited space for the resident to move around. Resident 148's roommate was noted with a bariatric bed and a bedside table next to the bariatric bed. Resident 148 stated she feels closed in the room due to the size of her roommate's bariatric bed and bedside table. Resident 148 stated that, it (bariatric bed) takes up too much space in the room. I can barely get into the bathroom because if I open the bathroom door wide it bumps into my roommate's foot of her bed. Resident 148 stated I can only get out of my bed safely on the right side. Resident 148 stated she does not have enough room to move around freely in her room. Resident 148 stated that it makes her angry that she cannot freely move around.</p> <p>During a review of the Federal Guidance indicated that the measurement of the square footage should be based upon the useable living space of the room. The swing or arc of any door which opens directly into the resident's room should not be excluded from the calculations of useable square footage in a room.</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to make prompt efforts to resolve the resident ' s grievance concerning missing/lost personal belongings of property by failing to list belongings inventory upon admission for one of two sampled residents (Resident 37).</p> <p>This deficient practice resulted in Resident 37's missing clothes and personal belongings.</p> <p>Findings:</p> <p>During a review of the admission Record indicated Resident 37 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including encephalopathy (a disease in which the functioning of the brain is affected by some agent or condition-such as viral infection or toxins in the blood), aphasia (a disorder that makes it difficult to speak) and anxiety disorder (a mental health disorder characterized by feelings of worry, anxiety or fear that are strong enough to interfere with one's daily activities).</p> <p>During a review of the Minimum Data Set (MDS - a resident assessment tool) dated 3/5/2025, indicated Resident 37's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. The MDS indicated Resident 37 is total dependent from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During an interview with Family Member (FM) 1 on 5/24/2025 at 7:59 a.m., FM 1 stated, Resident 37 was missing multiple clothes and personal belongings that they brought in for Resident 37. FM 1 stated, they (family) mentioned it to the staff but have not heard from the staff about missing multiple clothes and personal belongings.</p> <p>During a record review on 5/23/2025 at 10:18 a.m., Resident 37's medical chart indicated, an inventory list was documented on 12/8/2024, 5/14/2025 and 5/21/2025.</p> <p>During a concurrent interview and record review with Social Services Director (SSD) on 5/24/2025 at 3:39 p. m., SSD stated, for any missing personal belongings, the facility must investigate and look for the missing personal belongings and will replace it as needed. SSD further stated, they need to check residents' inventory list so they can match and confirm the missing items. SSD reviewed Resident 37's medical chart and stated, there was no inventory list done upon Resident 37's admission.</p> <p>During an interview with Director of Nursing (DON) on 5/25/2025 at 11:30 p.m., facility staff must keep track of residents' personal belongings by documenting and keeping a list whenever visitors brought items for residents.</p> <p>(continued on next page)</p>		

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<p>F 0585</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 procedures (P&P) titled, Residents' Personal Property, reviewed on 4/2025, the P&P indicated, It is the policy of the facility to take reasonable steps to protect residents' personal property . On admission, an inventory of the resident's personal property will be completed by the resident's Certified Nursing Assistant (CNA) . The inventory will list the resident's clothing and other personal items brought to the facility and retained by the resident. Following completion of the inventory, the form will be signed by the resident or surrogate and staff member. Social Services will check the inventory for completion when completing their initial Assessment . The IDT will also review the resident's inventory for accuracy during the resident's quarterly care conference. Any changes or additions to the inventory will be made at this time.</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that the residents were free of unnecessary physical restraint, for one of four sampled residents (Resident 38) when:</p> <ol style="list-style-type: none"> 1. Resident 38's middle bed frame was low with a sagging mattress that restricted Resident 38 from getting out of bed. 2. Resident 38 was observed with a bedside table parked alongside Resident 38 while he was in bed that restricted the resident's movement. <p>This deficient practice resulted in unnecessary restraint and placed the resident at risk of entrapment.</p> <p>Cross Reference F656</p> <p>Findings:</p> <p>During a review of the admission Record indicated Resident 38 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including metabolic encephalopathy (a disease in which the functioning of the brain is affected by some agent or condition-such as viral infection or toxins in the blood), muscle weakness (weakening, shrinking, and loss of muscle) and anxiety disorder (a mental health disorder characterized by feelings of worry, anxiety or fear that are strong enough to interfere with one's daily activities).</p> <p>During a review of the Minimum Data Set (MDS - a resident assessment tool) dated 4/29/2025, indicated Resident 38's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. The MDS indicated Resident 38 was total dependent from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 38's Care Plan (CP) dated 4/15/2025, for requiring use of grab bars, indicated a goal of, Resident (Resident 38) will show no signs and symptoms (s/sx) of entrapment.</p> <p>During an observation of Resident 38 on 5/23/2025 at 5:33 p.m., Resident 38 was observed sitting up on the bed and trying to get up while holding onto a grab bar but unable to, observed the middle bed frame very low and mattress was sagging which was restricted him from getting out of bed.</p> <p>During an observation of Resident 38 on 5/24/2025 at 9:03 a.m., Resident 38 was lying on a bed, and a bedside table was parked alongside Resident 38's bed and was blocking the resident's way.</p> <p>During a concurrent interview and observation with Licensed Vocational Nurse (LVN) 3 on 5/24/2025 at 9:10 a.m., LVN 3 stated, the bed was placed by a Certified Nursing Assistant, so he (Resident 38) won't get up as Resident 38 is at high risk of fall. LVN 3 stated there should not be a bedside table next to Resident 38's bed and the bed frame should not be low that causes restriction to Resident 38. LVN 3 further stated, this practice puts Resident 38 at risk for entrapment.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Director of Nursing (DON) on 5/25/2025 at 11:15 a.m., DON stated, they (staff) should not put a bedside table next to Resident 38 and the bed frame should not be low that can restrict him from movement. DON stated, this causes entrapment on Resident 38.</p> <p>During a review of the facility policy and procedures (P&P) titled, Use of Restraints, revised on 4/2025, the P&P indicated, Restraints shall only be used for the safety and well-being of the resident(s) and only after other alternatives have been tried unsuccessfully. Restraints shall only be used to treat the resident's medical symptom(s) and never for discipline or staff convenience, or for the prevention of falls . If the resident cannot remove a device in the same manner in which the staff applied it given that resident's physical condition (i.e., side rails are put back down, rather than climbed over), and this restricts his/her typical ability to change position or place, that device is considered a restraint . Practices that inappropriately utilize equipment to prevent resident mobility are considered restraints and are not permitted, including:</p> <ul style="list-style-type: none"> a. Using bedrails to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility while in bed; b. Tucking sheets so tightly that a bed-bound resident cannot move; c. Placing a resident in a chair that prevents the resident from rising; and d. Placing a resident who uses a wheelchair so close to the wall that the wall prevents the resident from rising. 		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on interview and record review, the facility failed to ensure a background checks and screening on applicants for positions with direct access to residents was completed for two of 12 sampled employees reviewed according to facility's Policy and Procedures (P&P) titled, Background Screening Investigation.</p> <p>This deficient practice placed all 41 residents in the facility at risk of violence, theft and other safety issues.</p> <p>Findings:</p> <p>During a record review, Registered Nurse (RN) 2 employee file on 5/25/2025 at 2:14 p.m., indicated that RN 2 was hired on 12/18/2022. RN 2's employee file indicated there were no background checks and screening completed during or after her (RN 2) hired date.</p> <p>During a record review, Licensed Vocational Nurse (LVN) 1 employee file on 5/25/2025 at 2:25 p.m., indicated that LVN 1 was hired on 6/4/2024. LVN 1's employee file indicated there were no background checks and screening completed during or after her (LVN 1) hired date.</p> <p>During a concurrent interview and record review with Director of Staff and Development (DSD) 1 on 5/25/2025 at 3:33 p.m., DSD 1 stated, there were no background check done for RN 2 and LVN 1 upon hire date. DSD 1 stated, background checks and screening must be completed to ensure the employee does not have any history of theft, especially that the facility have controlled drug medications.</p> <p>During an interview with Director of Nursing (DON) on 5/25/2025 at 8:02 p.m., DON stated, they must run background checks and screening on all staff before starting to work in the facility to make sure that they don't have any history that may badly affect the residents.</p> <p>During a review of facility's P&P titled, Background Screening Investigations, reviewed on 4/2025, the P&P indicated, The director of personnel, or designee, conducts background checks, reference checks and criminal conviction checks (including fingerprinting as may be required by state law) on all potential direct access employees and contractors. Background and criminal checks are initiated within two days of an offer of employment or contract agreement and completed prior to employment.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Implement a comprehensive care plan (CP) that met the care/services based on the resident's individual assessed needs for one of six sampled residents (Resident 38) risk of entrapment. 2. Developed a CP for two of six sampled residents (Resident 36 and Resident 43)'s behavior. <p>These deficient practices had the potential to result negative impact on residents' health and safety, as well as the quality of care and services received.</p> <p>Findings:</p> <p>A. During a review of the admission Record indicated Resident 38 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including metabolic encephalopathy (a disease in which the functioning of the brain is affected by some agent or condition-such as viral infection or toxins in the blood), muscle weakness (weakening, shrinking, and loss of muscle) and anxiety disorder (a mental health disorder characterized by feelings of worry, anxiety or fear that are strong enough to interfere with one's daily activities).</p> <p>During a review of the Minimum Data Set (MDS - a resident assessment tool) dated 4/29/2025, indicated Resident 38's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. The MDS indicated Resident 38 was total dependent from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During an observation of Resident 38 on 5/24/2025 at 9:03 a.m., Resident 38 was lying on a bed, and a bedside table was parked alongside Resident 38's bed and was blocking his way.</p> <p>During a concurrent interview and observation with Licensed Vocational Nurse (LVN) 3 on 5/24/2025 at 9:10 a.m., LVN 3 stated, the bed was placed by a Certified Nursing Assistant, so he won't get up as Resident 38 is at high risk of fall. LVN 3 stated, there should not be a bedside table next to Resident 38's bed and the bed frame should not be low that causes restriction to Resident 38. LVN 3 further stated, it puts Resident 38 at risk of entrapment.</p> <p>During a review of Resident 38's CP dated 4/15/2025, for requiring use of grab bars, indicated a goal of, Resident (38) will show no signs and symptoms (s/sx) of entrapment.</p> <p>During an observation of Resident 38 on 5/23/2025 at 5:33 p.m., Resident 38 was observed sitting up on the bed and trying to get bed was placed by a Certified Nursing Assistant, so he won't get up as Resident 38 is at high risk of fall. LVN 3 stated, there should not be a bedside table next to Resident 38's bed and the bed frame should not be low that causes restriction to Resident 38. LVN 3 further stated, it puts Resident 38 at risk of entrapment.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with Director of Nursing (DON) on 5/25/2025 at 11:15 a.m., DON stated, they should not put a bedside table next to Resident 38 and the bed frame should not be low that can restrict him from movement. DON stated, this causes entrapment on Resident 38.</p> <p>B. During a review of the admission Record indicated Resident 36 was admitted to the facility on [DATE] with diagnoses including, unspecified dementia, and unspecified psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality).</p> <p>During a review of the MDS dated [DATE], indicated Resident 36's skills for daily decisions were severely impaired. The MDS indicated Resident 36 required supervision with ADLs.</p> <p>During a review of Resident 36's CP as of 5/25/2025, indicated, there was no CP developed for risk of elopement.</p> <p>During an observation of Resident 36 on 5/23/2025 at 6:42 p.m., Resident 36 was observed walking around the facility, nonverbal, and appears confused while Certified Nursing Assistant (CNA) 5 follows Resident 36 around the hallway.</p> <p>During an observation of Resident 36 on 5/24/2025 at 10:33 a.m., Resident 36 was observed walking around the facility while a Sitter (someone who provides care for another person, usually a child, or sometimes an elderly individual) follows him around. Resident 36 was then observed trying to enter another residents' room.</p> <p>During an interview with LVN 2 on 5/24/2025 at 10:35 a.m., LVN 2 stated, Resident 36 required to have a sitter as he was confused and tends to go into other residents' rooms.</p> <p>During a concurrent interview and record review with Director of Nursing (DON) on 5/25/2025 at 10:58 a.m., DON stated, Resident 36 needs a sitter because he liked to walk around without direction and would go into other residents' rooms. DON stated, there should be a CP for his behavior.</p> <p>C. During a review of Resident 43's admission Record indicated Resident 43 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including encephalopathy, muscle weakness (weakening, shrinking, and loss of muscle), abnormal posture and type II Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing)</p> <p>During a review of the MDS dated [DATE], indicated Resident 43's cognitive skills for daily decisions were severely impaired. The MDS indicated Resident 43 were total dependent from staff for ADLs.</p> <p>During an observation with Resident 43 on 5/24/2025 at 1:38 p.m., Resident 43 was observed slumped on the bed, blanket off, and head was sideways.</p> <p>During an interview with Certified Nursing Assistant (CNA) 2 on 5/24/2025 at 1:39 p.m., CNA 2 stated, Resident 43 does not look comfortable and always moves around in bed. CNA 2 stated, he was not assigned to Resident 43.</p> <p>During an observation with Resident 43 on 5/25/2025 at 6:05 p.m., Resident 43 was observed lying sideways, her head was on the right side of the bed and her feet was on the other side of the bed.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and observation with LVN 1 on 5/25/2025 at 5/25/2025 at 6:06 p.m., LVN 1 stated, Resident 43 has a tendency to slide off her bed. LVN 1 stated, they need to monitor Resident 43 frequently.</p> <p>During an interview with DON on 5/25/2025 at 7:57 p.m., DON stated, Resident 43's head of bed must be positioned at least 30-45 degrees because she is receiving tube feeding through gastrostomy tube (g-tube - a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems). DON further stated, there should be a CP developed with her behavior of sliding off the bed.</p> <p>During a review of the facility policy and procedures (P&P) titled, Care Plans, Comprehensive Person-Centered, reviewed on 4/2025, the P&P indicated, A comprehensive, person-centered care plan that includes measurable and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p>

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain the resident's hearing at the highest attainable level and obtain the hearing aids timely for one of one sampled residents (Resident 15).</p> <p>This failure resulted in Resident 15 getting angry, not able to watch television (TV) every day, and having a hard time communicating with facility staff.</p> <p>Findings:</p> <p>During a review of Resident 15's admission Record indicated Resident 15, was admitted to the facility on [DATE] and readmitted on [DATE] with a diagnoses including type 2 diabetes (a condition where the body either doesn't produce enough insulin, or the cells don't respond properly to the insulin that is produced, leading to high blood sugar levels, hypertensive heart disease (the heart is damaged or not working properly due to long-term, uncontrolled high blood pressure).</p> <p>During a review of Resident 15's Order Summary Report dated 9/30/2024, indicated Resident 15 may have audiology (the branch of science and medicine concerned with the sense of hearing) consult and treatment PRN (as needed).</p> <p>During a review of Resident 15's care plan (CP) initiated on 11/14/2023, indicated Resident 15 loves to watch TV (television).</p> <p>During a review of Resident 15's History and Physical (H&P) dated 9/30/2024, indicated Resident 15 has the capacity to understand and make decisions.</p> <p>During a review of Resident 15's CP for Hearing Problems initiated on 3/10/2025 and revised on 3/25/2025 indicated Resident 15 has moderately impaired hearing. The CP goals indicated all needs for Resident 15 will be met daily through the next review. The CP interventions included to provide communication devices as needed, to speak facing the resident in simple short phrases, and to ask yes/no questions.</p> <p>During a review of Resident 15's Minimum Data Set (MDS-a resident assessment tool) dated 3/15/2025, indicated Resident 15s cognitive (mental process of acquiring knowledge and understanding through thought, and understanding) skills for daily decision making was intact.</p> <p>During a review of Resident 15's document titled Pure Tone Audiogram (a visual representation of an individual's hearing abilities across different frequencies, often used to diagnose hearing loss) dated 1/21/2025, results indicated Severe hearing loss. The patient (Resident 15) has hearing loss significant enough to qualify for hearing aids and is eligible for them under Medi-Cal (Health Insurance program that pays for a variety of medical services for children and adults with limited income and resources). We will start the process of obtaining their hearing aids.</p> <p>(continued on next page)</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and concurrent interview in Resident 15's room on 5/23/2025 at 6:22 p.m., the writer observed that it was hard/difficult to communicate with Resident 15 due to Resident 15's impaired hearing in bilateral (both) ears. Resident 15 stated her hearing aids are not working properly, and that the facility was not doing anything about the hearing aids. Resident 15 stated she has not talked to the social worker in months about her hearing aids, follow up appointments, or replacements. Resident 15 stated not having the hearing aids and not being able to hear makes her angry. Resident 15 stated she cannot watch TV every day and has a hard time talking to the staff when she needs assistance.</p> <p>During an interview and concurrent record review on 5/25/25 at 4:42 p.m., Social Services stated Resident 15 is in the process of receiving new hearing aids. Social Service he stated he had not provided Resident 15 with a communication tools (board and pen) and did not know why the resident did not have any communication tools. Social Services stated that he would provide Resident 15 with a white communication board and pen today. Social Service stated it is very important for the residents to be able to communicate with the staff and their families. Social Services stated if the staff do not have a way to communicate with the residents it can cause a delay in their care for the residents.</p> <p>During an interview on 5/25/25 at 6:02 p.m., the Director of Nursing (DON) stated she was not aware of Resident 15's hearing aids not functioning. DON stated residents that have hearing impairment are always supposed to have a way to communicate with staff, and be able to make their needs known. DON stated, if the residents cannot communicate with the staff, it can cause a delay in ADL (activities of daily living) care, pain management, lead to falls.</p> <p>During a record review, the facility policy and procedures (P&P) titled Hearing Aid, Care of, dated 4/2025, indicated, Purpose: The purpose of this procedure is to maintain the resident's hearing at the highest attainable level. Miscellaneous: 5. Report complaints to the nurse supervisor. Reporting: 2. Notify the supervisor if the resident complains of problems related to hearing and/or the hearing aid or has a wax build up in the ear.</p> <p>During a record review, the facility P&P titled Hearing Impaired Resident, Care of with a revised date of 3/2025 indicated, Policy heading: Staff will assist hearing impaired residents to maintain effective communication with clinicians, caregivers, other residents and visitors.</p> <p>Policy Interpretation and Implementation: 2. Staff will assist the residents (or representative) with locating available resources, scheduling appointments and arranging transportation to obtain the services needed. 5. When interacting with the hearing impaired or deaf resident, staff will implement the following:</p> <p>a. Evaluate the resident's preferred method of communication (signing, lip reading, tablet, etc.) with staff and other residents.</p> <p>h. Provide pencils and paper or tablet to communicate in writing, if the resident is able.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure resident receive appropriate treatment and services to increase, prevent, or maintain the range of motion (ROM- the extent of movement of a joint) and mobility for three of four sampled resident (Resident 11, Resident 43, Resident 37) according to the facility policy and procedures (P&P) titled, Resident Mobility and Range of Motion.</p> <p>This deficient practice had the potential to place residents at risk for further ROM decline and contracture (a condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints).</p> <p>Findings:</p> <p>A. During a review of Resident 11's admission Record indicated Resident 11 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including hemiplegia and hemiparesis (loss of the ability to move in one side of the body) following nontraumatic subarachnoid hemorrhage (bleeding in the space below one of the thin layers that cover and protect the brain) affecting left non-dominant side, contracture, (is when a muscle, tendon, or other tissue tightens and shortens, making it hard to move a joint or body part normally) right elbow, contracture, left elbow, and contracture, left hand.</p> <p>During a review of the Minimum Data Set (MDS - a resident assessment tool) dated 4/9/2025, indicated Resident 11's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. The MDS indicated Resident 11 was totally dependent from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 11's Order Summary Report (OSR), the OSR indicated the following physician orders:</p> <p>i. Restorative Nursing Assistant (RNA) order to do gentle passive ranger of motion (PROM - refers to the movement of a joint by an external force, without any voluntary muscle contraction by the person) on bilateral lower extremities (BLE - both legs) - every day (QD) for 5 times/week (x/week) as tolerated.</p> <p>ii. RNA to apply right knee extension splint (a brace or support to wear on the leg to keep the knee straight) for up to two hours or as tolerated - QD x 5x/week</p> <p>iii. RNA to apply a carrot handroll (devices are designed to gently position contracted fingers away from the palm) on left hand daily 5 times per week for up to 2-3 hours or as tolerated.</p> <p>iv. RNA to apply elbow extension splint to right elbow daily five times per week for up to two hours or as tolerated.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>v. RNA to do gentle PROM (Partial Range of Motion - a condition where a joint's movement is limited to less than its full potential) exercises to bilateral upper extremities (BUE - both arms) - QD for 5x/week.</p> <p>During a review of Resident 11's Restorative Nursing Treatment (RNT - focuses on helping individuals regain or maintain their functional abilities after an illness or injury, or due to conditions like aging, to improve their overall quality of life and independence) on 5/25/2025 at 9:18 a.m., for the month of 5/2025, indicated, Resident 11 did not receive a complete 5x/week RNA treatment from 5/15/2025 - 5/19/2025.</p> <p>During a review of Resident 11's RNA weekly summary treatment on 5/25/2025 at 9:25 a.m., the RNA weekly summary dated from 5/21/2025 to 5/28/2025, indicated, Resident (Resident 11) was comfortable, the RNA weekly summary was dated and signed on 5/21/2025 by Restorative Nursing Assistant (RNA) 1.</p> <p>During an interview with RNA 1 on 5/24/2025 at 4:58 p.m., RNA 1 stated, she documented the date of the weekly summary notes in advance (5/21/2025 - 5/28/2025), however, she documented on 5/21/2025. RNA 1 stated, the RNA weekly log does not reflect the summary for that week as it was documented in advanced.</p> <p>B. During a review of Resident 37's admission Record indicated Resident 37 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including encephalopathy (a disease in which the functioning of the brain is affected by some agent or condition-such as viral infection or toxins in the blood), Parkinsonism (an umbrella term that refers to brain conditions that cause slowed movements, rigidity [stiffness] and tremors), and epilepsy (a disorder in which nerve cell activity in the brain is disturbed causing seizures)</p> <p>During a review of the MDS dated [DATE], indicated Resident 37's cognitive skills for daily decisions were severely impaired. The MDS indicated Resident 37 were total dependent from staff for ADLs.</p> <p>During a review of Resident 37's OSR, the OSR indicated, physician ordered, RNA order to do PROM on BLE -QD for 5 x/week as tolerated.</p> <p>During a review of Resident 37's RNT on 5/25/2025 at 9:20 a.m., for the month of 5/2025, it indicated, Resident 37 did not receive a complete 5x/week RNA treatment from 5/15/2025 - 5/19/2025.</p> <p>During a review of Resident 37's RNA weekly summary treatment on 5/25/2025 at 9:25 a.m., the RNA weekly summary dated from 5/21/2025 to 5/28/2025 with a comment that indicated, Resident (Resident 37) was comfortable, the RNA weekly summary was dated and signed on 5/21/2025 by RNA 1.</p> <p>C. During a review of Resident 43's admission Record indicated Resident 43 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including encephalopathy, muscle weakness (weakening, shrinking, and loss of muscle), abnormal posture and type II Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing)</p> <p>During a review of the MDS dated [DATE], indicated Resident 43's cognitive skills for daily decisions were severely impaired. The MDS indicated Resident 43 were total dependent from staff for ADLs.</p> <p>During a review of Resident 43's OSR, the physician ordered the following:</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>i. RNA order to do PROM on BLE - QD for 5 x/week as tolerated.</p> <p>ii. RNA order to apply both knee extension splints for up to 4 hours or as tolerated, QD X 5x/week.</p> <p>iii. RNA to do PROM to BLE daily 5x/week as tolerated</p> <p>During a review of Resident 43's RNT on 5/25/2025 at 9:23 a.m., for the month of 5/2025, it indicated, Resident 43 did not receive a complete 5x/week RNA treatment from 5/15/2025 - 5/19/2025.</p> <p>During a review of Resident 43's RNA weekly summary treatment on 5/25/2025 at 9:25 a.m., the RNA weekly summary has a date from 5/20/2025 to 5/27/2025 with a comment that indicated, Resident (43) was comfortable, the RNA weekly summary was dated and signed on 5/20/2025 by RNA 1.</p> <p>During an interview with RNA 1 on 5/24/2025 at 4:58 p.m., RNA 1 stated, she documented the date of the weekly summary notes in advance (for example 5/21/2025 - 5/28/2025), however, she documented it on 5/21/2025. RNA 1 stated, the RNA weekly log does not reflect the summary for that week as it was documented in advanced.</p> <p>During an interview with Director of Nursing (DON) on 5/25/2025 at 10:31 a.m., DON stated, the weekly summary should not be documented in advance, it should reflect the summary for the week. DON stated, if the RNA treatment was not documented for that day, it was not done, they should follow physician's order for RNA treatment and document if there were any refusals or what happened on a specific day where the RNA treatment was not done.</p> <p>During a review of the facility P&P titled, Resident Mobility and Range of Motion, reviewed on 4/2025, the P&P indicated, Residents with limited range of motion will receive treatment and services to increase and/or prevent a further decrease in ROM . Interventions may include therapies, the provision of necessary equipment, and/or exercises and will be based on professional standards of practice and be consistent with state laws and practice acts.</p> <p>During a review of the facility P&P titled, Charting and Documentation, reviewed on 4/2025, the P&P indicated, Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Maintain a safe and functional environment for one of six sampled residents (Resident 38) by ensuring that there are no items that may cause him an injury according to Resident 38's behavior of putting objects on his mouth. 2. Properly evaluate one of six sampled residents (Resident 36)'s elopement (the act of leaving a facility unsupervised and without prior authorization) risk assessment (a numerical score used to determine the likelihood of a person, often a patient in a care setting, leaving a facility without authorization or staff knowledge) <p>These deficient findings had the potential to place the residents at increased risk for injuries and accidents.</p> <p>Cross Reference F656</p> <p>Findings:</p> <p>A. During a review of the admission Record indicated Resident 38 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including metabolic encephalopathy (a disease in which the functioning of the brain is affected by some agent or condition-such as viral infection or toxins in the blood), dementia (a progressive state of decline in mental abilities) and anxiety disorder (a mental health disorder characterized by feelings of worry, anxiety or fear that are strong enough to interfere with one's daily activities).</p> <p>During a record review, Resident 38's Minimum Data Set (MDS - a resident assessment tool) dated 4/29/2025, indicated Resident 38's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. The MDS indicated Resident 38 was dependent from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 38's Order Summary Report, dated 9/2/2024, the physician ordered, Resident (38) is at risk for silent aspiration (inhaling food, liquid, or other material into the lungs without coughing or feeling any discomfort). Monitor resident with regular texture diets every shift.</p> <p>During a review of Resident 38's Care Plan (CP), revised on 6/11/2024, for impaired cognitive function/dementia or impaired thought processed related to dementia, the CP indicated an intervention to, Cue, reorient and supervise as needed.</p> <p>During an observation of Resident 38 on 5/23/2025 at 6:13 p.m., observed Resident 38 sitting on the bed, the bedside table drawer was open, and Resident 38 was holding a perineal cleanser (a special soap designed to gently clean the area between the legs, specifically around the genitals and anus) bottle with a liquid inside the bottle. Resident 38 was observed putting the bottle in his mouth and stated, he is looking for his cream.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview with Licensed Vocational Nurse (LVN) 1 on 5/23/2025 at 6:18 p.m., LVN 1 stated, Resident 38 has a behavior of putting random objects on his mouth. LVN 1 observed Resident 38's bedside table and there was a cream, perineal cleanser bottles, and multiple disposable razors. LVN 1 stated, Resident 38 was not allowed to keep these items on his bedside drawers.</p> <p>During an observation of Resident 38 on 5/24/2025 at 9:03 a.m., Resident 38 was observed lying on the bed, eyes closed and was putting a blanket on his mouth.</p> <p>During a concurrent observation and interview with LVN 2 on 5/24/2025 at 9:10 a.m., LVN 2 stated, Resident 2 has a behavior problem and a tendency of putting objects in his mouth. LVN 2 stated, staff need to monitor resident's behavior frequently, and or put him the activity room to divert his attention.</p> <p>During an interview with Director of Nursing (DON) on 5/25/2025 at 11:10 a.m., DON stated, if residents put objects in their mouth, they could inject these objects that may put him at risk of aspiration and injury.</p> <p>B. During a review of the admission Record indicated Resident 36 was admitted to the facility on [DATE] with diagnoses including, unspecified dementia, and unspecified psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality).</p> <p>During a record review, Resident 36's MDS dated [DATE], indicated Resident 36's skills for daily decisions were severely impaired. The MDS indicated Resident 36 required supervision with ADLs.</p> <p>During a record review of Resident 36's CPs as of 5/25/2025, indicated, there was no CP developed for risk of elopement.</p> <p>During a record review, Resident 36's Elopement Risk Assessment, dated 2/5/2025, the Elopement Risk Assessment score was 4 (suggests that while the individual isn't at the highest risk, there are factors present that increase their likelihood of eloping) and indicated:</p> <ul style="list-style-type: none"> i. Resident does not pace, wander, try to get out at door, find family or friend, or perceive they may need to be doing something other than what they are doing ii. Resident does not have a history of elopement, wandering, or getting lost iii. Resident is not readily accepting nursing home placement. <p>During a review of Resident 36's Elopement Risk Assessment, dated 5/14/2025, the Elopement Risk Assessment score was 4 and indicated,</p> <ul style="list-style-type: none"> i. Resident does not pace, wander, try to get out at door, find family or friend, or perceive they may need to be doing something other than what they are doing ii. Resident does not have a history of elopement, wandering, or getting lost iii. Resident is not readily accepting nursing home placement. <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation of Resident 36 on 5/23/2025 at 6:42 p.m., Resident 36 was observed walking around the facility, nonverbal, and appears confused while Certified Nursing Assistant (CNA) 5 follows Resident 36 around the hallway.</p> <p>During an observation of Resident 36 on 5/24/2025 at 10:33 a.m., Resident 36 was observed walking around the facility while a Sitter (someone who provides care for another person, usually a child, or sometimes an elderly individual) follows him around. Resident 36 was then observed trying to enter another residents' room.</p> <p>During an interview with LVN 2 on 5/24/2025 at 10:35 a.m., LVN 2 stated, Resident 36 required to have a sitter as he was confused and tends to go into other residents' rooms.</p> <p>During a concurrent interview and record review with Director of Nursing (DON) on 5/25/2025 at 10:58 a.m., DON stated, Resident 36 needs a sitter because he liked to walk around without direction and would go into other residents' rooms. DON reviewed Resident 36's Elopement Risk Assessment and stated, Resident 36's Elopement Risk Assessment were not accurate, and his score should be higher as he is a high risk for elopement. DON further stated there should be a CP for his behavior.</p> <p>During a review of the facility policy and procedures (P&P) titled, Accidents and Incidents - Investigating and Reporting, reviewed on 4/2025, the P&P indicated, Incident/accident reports will be reviewed by the safety committee for trends related to accident or safety hazards in the facility and to analyze any individual resident vulnerabilities.</p> <p>During a review of the facility P&P titled, Elopements, reviewed on 4/2025, the P&P indicated, Staff shall investigate and report all cases of missing residents . Document relevant information in the resident's medical record.</p> <p>During a review of the facility P&P titled, Charting and Documentation, reviewed on 4/2025, the P&P indicated, Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure staff labeled an open date (indicates how long a medication is safe to use once the container has been opened) of ipratropium-albuterol (used to prevent and treat difficulty breathing, wheezing, shortness of breath, coughing, and chest tightness) inhalation solution and Atrovent sulfate (medication used to help with difficulty breathing in people) inhalation solution for two of six sampled residents (Resident 11 and Resident 32).</p> <p>This deficient practice had the potential to compromise the effectiveness of the medications, leading to potential complications related to the management of medications.</p> <p>Findings:</p> <p>1. During a review of Resident 11's admission Record indicated Resident 11 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including type II Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and chronic respiratory failure (condition in which your blood does not get enough oxygen or has too much carbon dioxide).</p> <p>During a review of Resident 11's Minimum Data Set (MDS - resident assessment tool) dated 4/9/2025, the MDS indicated Resident 11's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired.</p> <p>During a review of Resident 11's Order Summary Report (OSR) dated 1/16/2025, the OSR indicated a physician ordered ipratropium-Albuterol solution 0.5-2.5 milligram (mg)/3 millimeter (ml - unit of measurement) - 1 unit inhale orally every six hours for shortness of breath (SOB)/wheezing (a high-pitched, whistling sound you hear when breathing, often caused by narrowed airways in the lungs).</p> <p>During a review of Resident 11's Medication Administration Record (MAR) for the month of 5/2025, it indicated, Resident 11 was receiving ipratropium/albuterol medication every six hours.</p> <p>2. During a review of Resident 32's admission Record, the record indicated Resident 32 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling) and muscle weakness (weakening, shrinking, and loss of muscle).</p> <p>During a review of Resident 32's MDS dated [DATE], the MDS indicated Resident 32's cognitive skills for daily decisions were severely impaired.</p> <p>During a review of Resident 32's OSR dated 5/18/2024, the OSR indicated a physician ordered albuterol solution inhalation solution 2.5 mg/3ml - 3 ml inhale orally every six hours as needed for congestion, SOB r/t COPD, and also albuterol sulfate inhalation solution 1.25 mg/3 ml - 2 vial inhale orally every six hours for SOB/congestion.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 32's MAR for the month of 5/2025, it indicated, Resident 32 was receiving ipratropium/albuterol medication every six hours.</p> <p>During a concurrent observation of Medication cart 1 and interview with Licensed Vocational Nurse 2 (LVN 2) on 5/24/2025 at 12:46 p.m., Resident 11's ipratropium-albuterol medication was observed with an opened foil pouch and the unit-dose vials were visible, there were no labels indicating when it was first opened. Resident 32's albuterol inhalation solution was observed with an opened foil pouch; the unit dose vials were visible and there were no labels indicating when it was first opened. LVN 2 read the instructions on the ipratropium/albuterol box and indicated, the once removed from the foil pouch, the individual vials had to be used within one week. LVN 2 also read the instructions on albuterol inhalation medication which indicated, once removed from the foil pouch, the vials were to be used within two weeks. LVN 2 stated the medication foil pouch should have been labeled when it was first opened so the nurses knew how long the medication was good for. LVN 2 stated she had administered the inhalation medications to Resident 11 and Resident 32 the morning of interview (5/24/2025).</p> <p>During an interview on 5/25/2025 at 11:23 a.m., the Director of Nursing (DON) stated inhalation medications with foil pouches had to be dated once opened and the manufacturer and pharmacy's recommendations had to be followed. The DON stated if the manufacturer and pharmacy's recommendations were not followed the medications might not be effective.</p> <p>During a review of Rising Pharma Holding, Inc (manufacturer) guidelines for Ipratropium Bromide and Albuterol Sulfate Inhalation Solution, it indicated, once removed from the foil pouch, use the vial within one week.</p> <p>During a review of Mylan (manufacturer) guidelines for Albuterol Inhalation Solution, it indicated, once removed from the foil pouch, use the vial within two weeks.</p> <p>During a review of the facility policy and procedures (P&P) titled, Administering Oral Medications, reviewed on 4/2025, the P&P indicated, Check the expiration date on the medication. Return any expired medications to the pharmacy.</p>		

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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>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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to:</p> <p>A. Ensure one of five sampled residents, (Resident 38)'s diclofenac cream medication (used to treat pain and other symptoms of arthritis of the joints such as inflammation, swelling, stiffness, and joint pain) was properly stored and secured per the facility's policy and procedures (P&P) titled Medication Labeling and Storage reviewed by the facility on 4/2025.</p> <p>B. Ensure pill cutters assigned one of to two medication Carts (Medication Cart 1) was maintained clean and sanitized.</p> <p>These deficient practices had the potential to lead to medication under and/or overdosing which could result in serious injury, harm, and death and had the potential to compromise the safety and effectiveness of medications. These deficient practices also had the potential to spread infection and/or diseases.</p> <p>Findings:</p> <p>1. During a review of Resident 38's admission Record, the admission record indicated Resident 38 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including metabolic encephalopathy (a disease in which the functioning of the brain is affected by some agent or condition-such as viral infection or toxins in the blood), muscle weakness (weakening, shrinking, and loss of muscle) and anxiety disorder (a mental health disorder characterized by feelings of worry, anxiety or fear that are strong enough to interfere with one's daily activities).</p> <p>During a review of Resident 38's Minimum Data Set (MDS - resident assessment tool) dated 4/29/2025, the MDS indicated Resident 38's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. The MDS indicated Resident 38 was totally dependent on facility staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 38's Self Administration of Medication Assessment, dated 4/24/2025, the assessment indicated Resident (38) was not a candidate for safe self-administration of medication.</p> <p>During a review of Resident 38's Care Plan (CP) for impaired cognitive function/dementia (conditions that cause a progressive decline in cognitive abilities, such as memory, thinking, reasoning, and judgment) or impaired thought processed related to dementia, revised on 6/11/2024, indicated an intervention that included, to cue, reorient and supervise as needed.</p> <p>During an observation in Resident 38's room on 5/23/2025 at 6:13 p.m., Resident 38's bedside table drawer was observed with a diclofenac cream medication in the table with Resident 38's name written on a label on the medication. Resident 38 was observed grabbing items in the bedside cabinet drawer.</p> <p>(continued on next page)</p>		

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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 a concurrent observation of Resident 38's bedside table and interview on 5/23/2025 at 6:18 p.m., Licensed Vocational Nurse 1 (LVN 1) stated Resident 38 had a behavior of putting random objects in his mouth. LVN 1 observed Resident 38's bedside table and confirmed there was diclofenac cream. LVN 1 stated, there should not have been a medication at Resident 38's bedside as Resident 38 was confused and tended to put objects in his mouth.</p> <p>During an interview on 5/25/2025 at 11:10 a.m., the Director of Nursing (DON) stated Resident 38 was confused. The DON stated Resident 38 was not allowed to keep medications at bedside and the resident was not able to self-administer medications.</p> <p>2. During a concurrent observation of medication cart 1 and interview on 5/24/2025 at 12:46 p.m., a pill cutter was observed with whitish and orange particles. Licensed Vocational Nurse 2 (LVN 2) stated the pill cutter was supposed to be cleaned before and after use. LVN 2 stated the pill cutters were to be cleaned after each use for infection control.</p> <p>During an interview on 5/25/2025 at 11:10 a.m., the DON stated Resident 38 was confused. The DON stated pill cutters had to be cleaned before and after each use. The DON further stated not cleaning the pill cutters after each use was an infection control risk.</p> <p>During a review of the facility policy and procedures (P&P) titled Medication Labeling and Storage, reviewed on 4/2025, the P&P indicated The facility stores all medications and biologicals in locked compartments under proper temperature, humidity and light controls . The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner.</p> <p>During a review of the facility P&P titled Self-Administration of Medications, reviewed on 4/2025, As part of the evaluation comprehensive assessment, the interdisciplinary team (IDT) assesses each resident's cognitive and physical abilities to determine whether self-administering medications is safe and clinically appropriate for the resident . Any medications found at the bedside that are not authorized for self-administration are turned over to the nurse in charge for return to the family or responsible party.</p>		

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and concurrent record review, the facility failed to ensure 1 of 1 sampled residents (Resident 25) in need of dental service.</p> <p>This failure had the potential to cause the Resident pain, discomfort, weight loss, and infection.</p> <p>Findings:</p> <p>During a review of Resident 25's admission Record, the record indicated Resident 25 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included dysphagia (difficulty in swallowing foods or liquids) and essential hypertension (a type of high blood pressure where the underlying cause is not clear or identifiable).</p> <p>During a review of the Minimum Data Set (MDS-a resident assessment tool) dated 3/4/2025, the MDS indicated Resident 25's cognitive (mental process of acquiring knowledge and understanding through thought and understanding) skills for daily decision making were moderately impaired. The MDS indicated Resident 25 was totally dependent on facility staff for activities of daily living (ADLs-basic self-care tasks that individuals perform daily tasks to maintain their health and independence).</p> <p>During an observation and interview on 5/23/25 at 7:19 p.m., Resident 25 was observed sitting up a wheelchair. Resident 25 appeared to be clean and well groomed. Resident 25 was observed to have multiple broken, missing, and discolored teeth. Resident 25 stated she had not seen a dentist in a very long time(months). Resident 25 denied being in pain.</p> <p>During a record review on 5/25/25 at 9:50 a.m., Resident 25's physician orders dated 5/29/25 indicated Resident 25 could have a dental consult and treatment whenever necessary.</p> <p>During an interview and concurrent record review on 5/25/25 at 10:09 a.m., the Social Service Director (SSD) reviewed Resident 25's medical record. The SSD stated there were no dental records or progress notes indicating Resident 25 had seen a dentist since admission. The SSD stated Resident 25 was supposed to have dental services every 6 months to 1 year and as needed. The SSD stated if the residents did not receive dental care the residents could develop dental problems such as cavities and broken teeth that could lead to infections in the mouth and tooth aches.</p> <p>During an interview on 5/25/25 at 11:36 a.m., the Director of Nursing (DON) stated all the residents were supposed to have a dental exam yearly and as needed. Director of Nursing stated if the residents did not see a dentist regularly the residents could have dental cavities that could lead to pain or weight loss due to the inability to eat.</p> <p>During a review of the facility policy and procedures titled Dental Services with a reviewed date if 4/2025, indicated,</p> <p>Policy heading: Routine and emergency dental services are available to meet the resident's oral health services in accordance with the resident's assessment and plan of care.</p> <p>Policy Interpretation and Implementation:</p> <p>(continued on next page)</p>		

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. Social services representatives will assist residents with appointments, transportation arrangements, and for reimbursement of dental services under the state plan, if eligible.</p> <p>11. All dental services provided are recorded in the resident's medical record. A copy of the resident's dental record is provided to any facility which the resident is transferred to.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure [NAME] 2 followed its Recipe for Parika Beef for week 4 Saturday, when [NAME] 2 scooped Knorr Beef Bouillon with a spoon without ensuring the proper measurement.</p> <p>This deficient practice had the potential to result in ineffective nutritional value and elevated salt intake which could result in elevated blood pressure.</p> <p>Findings:</p> <p>During an observation in the kitchen and interview on 5/24/25 at 9:33 a.m., [NAME] 2 was observed preparing lunch, using a spoon to stir meat (beef). [NAME] 2 was then observed using the same spoon to scoop out powdered beef flavored bouillon from a container without measuring how much powder was in the spoon. [NAME] 2 then added the powdered bouillon to the meat and stirred the powder into the meat. [NAME] 2 confirmed by stating she did not follow a recipe and was supposed to follow the facility recipes and use measuring cups/spoons to put the beef broth into the meat. [NAME] 2 stated she had only been employed by the facility for 2 weeks and could not remember an in-service regarding following food recipes. Dietary [NAME] 2 stated if the measuring utensils were not used recipes not followed when preparing meals, too much seasoning could be used, and the facility residents could become sick.</p> <p>During an interview on 5/24/25 at 10:16 a.m., the Dietary Supervisor (DS) stated all the dietary cooks were supposed to follow the recipes for all meals when preparing the food for the residents. The DS stated [NAME] 2 was instructed to follow the recipes upon being hired. The DS stated if the dietary cooks were not following the recipes the food could have too much seasoning and could cause the residents to become very sick. The DS stated stated if the dietary cooks were using a spoon that they were preparing food with and then dipped the used spoon into the bouillon powder it could contaminate the bouillon powder.</p> <p>During a record review, the facility job description titled Cook with a revised date of 10/2020, indicated, Primary Purpose of the Position: The primary purpose of this position is to prepare food in accordance with current applicable federal, state and local standards, guidelines and regulations, established facility policies and procedures and as directed by the head cook/chef and/or the certified dietary manager.</p> <p>During a record review, the facility Recipe for Parika Beef for week 4 Saturday indicated, beef cubes, &frac12; were supposed to be added to the paprika beef during the preparation.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview, and record review, the facility failed to ensure food served was palatable and of nutritive value for two of 38 residents (Residents 14 and 25)</p> <p>This deficient practice had the potential for residents to have poor meal intake and could lead to weight loss.</p> <p>Findings:</p> <p>During a lunch test tray with the Dietary Supervisor and two Surveyors on 5/25/2025 at 1:15 p.m., the test tray consisted of pork chop, baked potato, mixed vegetables, dinner roll, and slice of cake, milk, and juice. The pork chop was over cooked, hard around the edges and without flavor. The baked potato was over cooked and hard near the edges, mixed vegetables were not palatable. The dinner roll was hard and over cooked.</p> <p>During an interview on 5/25/25 at 2:10 p.m., Resident 14 stated the facility food was not palatable, the pork chops were too hard to eat. Resident 14 stated she had to request a sandwich as an alternative. Stated the food in the facility is not good and it makes her mad that she has to eat a lot of sandwiches just to get full.</p> <p>During an interview on 5/25/25 at 2:36 p.m., Resident 25 stated the food was not palatable, the pork chops were too hard to eat. Resident 25 stated she had to request a sandwich as an alternative. Resident 25 stated due to her broken teeth the pork chop being over cooked she could not eat the pork chop.</p> <p>During an interview on 5/25/25 at 3:35 p.m., the Dietary Supervisor stated the pork chops, baked potato, and the dinner roll were over cooked and would talk with the Dietary cook that prepared the lunch. The Dietary Supervisor stated if the residents are not eating their food due to the food being overcooked and not palatable it could lead to the residents losing weight.</p> <p>During a record review of the facilities policy titled Food and Nutrition Service with a revised date of 4/2025, indicated, Policy Statement: Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review facility failed to ensure facility did not leave a breakfast tray within reach of one out of two Residents (Resident 28) who was at risk for aspiration (food, liquid, or other foreign material enters the airway and lungs instead of the stomach), requiring 100% feeding assistance from facility staff.</p> <p>This deficient practice potential to result in choking, aspiration pneumonia (lung infection resulting from foreign material entering the airways), resulting in serious injury or death.</p> <p>Findings:</p> <p>During a record review Resident 28's admission record, the admission record indicated Resident 28 was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses that included metabolic encephalopathy (a brain dysfunction caused by underlying systemic conditions that disrupt the body's chemical processes), dysphagia (difficulty swallowing), obesity (abnormal or excessive fat accumulation that presents a risk to health), hearing loss right and left ear, encounter for attention to gastrostomy (the creation of an artificial external opening into the stomach for nutritional support), surgery on the digestive system.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care screening tool) dated 02/7/2025, the MDS indicated Resident 1's cognition (The mental ability to make decisions of daily living) was intact. The MDS indicated Resident 1 required setup for eating and supervision or touching assistance for oral hygiene.</p> <p>During a facility tour on 5/24/25 12:53 PM Resident 1's breakfast tray was observed on the bedside table next to Resident 28. No facility staff were observed in the room with Resident 28.</p> <p>During a record review, Resident 28's order summary report dated 5/25/2025 indicated Resident 28's dietary order as Regular diet Mechanical soft-finely chopped meat texture, regular liquid consistency, as tolerated with 100% assistance feeder for aspiration precautions and, Enteral feed order two times a day Enteral feeding (a method of delivering nutrition directly into the gastrointestinal tract through a feeding tube) orders: Formula: Fiber Source HN Route: GT Administer 60ml/hr x 12 hrs, as tolerated, via enteral pump.</p> <p>During a review of Resident 1's order summary report dated 5/25/2025, the report indicated Resident 1 had a dietary order for fortified (foods with nutrients added to them), controlled carbohydrate diet (CCHO- a dietary plan used to manage blood sugar levels in individuals with diabetes or prediabetes), regular texture, Regular liquid consistency, double portion protein on breakfast and dinner for weight and nutritional management.</p> <p>During an interview on 5/24/2025 at 12:54 PM Resident 1 stated he did not recall having breakfast in the morning and was unaware his breakfast was placed on the bedside table.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/24/2025 at 12:55 PM Certified Nurse Assistant (CNA) 3, stated he did not know if Resident 1 was provided breakfast in the morning. CNA 3 did not know why Resident 1's breakfast tray was on Resident 28 bedside table. CNA 3 was unable to state the risks of Resident 28 eating and/or getting fed Resident 1's breakfast stating, that would never happen.</p> <p>During an interview on 5/24/2025 at 1:05 PM, Registered Nurse (RN) 2, stated breakfast was served between 7:30 AM-8AM. RN2 stated the risks of Resident 28 eating and/or getting fed Resident 1's breakfast was choking resulting aspiration, allergic reaction resulting anaphylaxis, unnecessary hospitalization, possible respiratory failure and even death.</p> <p>During an interview on 5/25 at 7:41 PM, Director of Nursing (DON) stated licensed Nurses all Resident's diets to ensure they align with the doctor's orders, The DON stated staff distributed meals to individual Residents then assisted those who need additional assistance with their meals. The DON stated if a resident received the incorrect meal tray anaphylaxis could result from food allergies, also exacerbation of a Resident's health condition if they were diabetic, or result in choking and aspiration from wrong texture that could lead to unnecessary hospitalization from aspiration pneumonia, respiratory failure and even death.</p> <p>During a record review, the facility policy and procedures (P&P) titled, tray identification dated 04/2025, indicated to assist in setting up and serving the correct food trays/diets to residents, the food services department, will use appropriate identification (e.g., color coded or computer to assist in setting up and serving the correct food trays/diets to residents, the food services department will use appropriate identification (e.g., color coded or computer-generated diet cards) to identify the various diets. The policy indicated nursing staff shall were to check each food tray for the correct diet before serving the residents.</p>		

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NAME OF PROVIDER OR SUPPLIER Sunset Park Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2250 29th Street Santa Monica, CA 90405	
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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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation interview facility failed to ensure 1 out of 2 interviewed Residents (Resident1) was provided a fortified CCHO diet (Consistent carbohydrate diet: meals contain carbohydrate-rich foods in fairly equal amounts which help maintain stable blood sugar levels) regular texture, Regular liquid consistency, double portion protein for breakfast and dinner for weight and nutritional management as per physician's order.</p> <p>This deficient practice had the potential to result in hypoglycemia (low blood sugar) due to lack of food, malnutrition, organ failure, and death.</p> <p>Findings:</p> <p>During a review, Resident 1's admission record, the admission record indicated Resident 1 was originally admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses that included type 2 diabetes mellitus (a chronic condition where the body either doesn't produce enough insulin [hormone that regulates sugar in the blood], or the cells don't respond to insulin properly), anemia (a condition that develops when your blood produces a lower-than-normal amount of healthy red blood cells), vitamin D deficiency (Inadequate level of vitamin D [nutrient and hormone eaten and also produced by the body] in the body), muscle weakness, abnormal gait and mobility (difficulties or deviations from normal walking patterns) and hemiplegia (paralysis affecting the left side of the body) and hemiparesis(mild or partial weakness affecting the left side of the body).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care screening tool) dated 02/7/2025, the MDS indicated Resident 1's cognition (The mental ability to make decisions of daily living) was intact. The MDS indicated Resident 1 required setup for eating and supervision or touching assistance for oral hygiene.</p> <p>During a review of Resident 1's order summary report dated 5/25/2025, the report indicated Resident 1 had a dietary order for fortified CCHO diet, regular texture, Regular liquid consistency, double portion protein on breakfast and dinner for weight and nutritional management.</p> <p>During a facility tour on 05/24/25 12:53 PM Resident 1's breakfast tray was observed on the bedside table next to Resident 28. No facility staff were observed in the room with Resident 28.</p> <p>During an interview on 5/24/2025 at 12:54 PM Resident 1 stated he did not recall having breakfast in the morning and was unaware his breakfast was placed on the bedside table.</p> <p>During an interview on 5/24/2025 at 12:55 PM Certified Nurse Assistant (CNA) 3, stated he did not know if Resident 1 was provided breakfast in the morning. CNA 3 did not know why Resident 1's breakfast tray was on Resident 28 bedside table.</p> <p>During an interview on 5/24/2025 at 01:05 PM, Registered Nurse (RN2), RN2 stated breakfast is served between 7:30am-8:00am.</p> <p>(continued on next page)</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/25 07:41 PM, Director of Nursing (DON) stated licensed Nurses all Resident's diets to ensure they align with the doctor's orders, The DON stated staff distributed meals to individual Residents then assisted those who need additional assistance with their meals. The DON stated a Resident not receiving a meal tray could exacerbate (worsen) a Resident's health condition if they were diabetic.</p> <p>During a review of facility Policy and Procedure (P&P) titled tray identification dated, 4/2025 indicated, appropriate identification/coding was to be used to identify various diets. The policy indicated nursing staff were to check each food tray for the correct diet before serving the residents</p> <p>During a review of facility P&P titled Food and Nutrition Services, dated 04/2025 indicated Meals will be provided within 45 minutes of .scheduled mealtimes, meals are scheduled at regular times to assure that each resident received at least three (3) meals per day.</p>		

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<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>Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and food preparation practices in the kitchen by failing to:</p> <ol style="list-style-type: none"> 1. Ensure leftover tuna was stored in the refrigerator 2. Ensure staff personal bottle of water was not stored in the residents kitchen refrigerator 3. Ensure multiple food items with expiration dates were disposed 4. Ensure multiple food items were labeled with expiration dates or used by dates 5. Ensure debris did not collect on paper towel dispenser 6. Handwashing/eye washing station sink was clean 7. Six cutting knives were clean 8. Ensure eight of 17 resident trays were not cracked and chipped. <p>These failures had the potential to result in harmful bacteria growth and cross contamination (a transfer of harmful bacteria from one place to another or one object to another) that could lead to foodborne illness (illness caused by food contaminated with bacteria, viruses and other toxins) medically compromised residents who received food from the kitchen.</p> <p>Findings:</p> <p>During the initial tour observation and concurrent interview of the kitchen on 5/23/25 at 5:33 p.m., with Dietary [NAME] 1, the kitchen refrigerator had the following:</p> <p>A container of prepared left-over tuna with a used by date of 5/22/25.</p> <p>A plate of salad without a used by or expiration date.</p> <p>A large container of dry spaghetti with a used by date of 4/10/25.</p> <p>Sour cream with a expiration date of 5-19-25,</p> <p>26 peanut butter and jelly sandwiches with expiration dates of 5/22/25,</p> <p>Staff personal bottle of water.</p> <p>Noted with multiple food items with no expiration date.</p> <p>Noted leaking pipe under the sink and a green bucket catching the water that is leaking from the pipe.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Noted with a container of sour cream that was cured and with clear liquid in the container.</p> <p>Noted a container of prepared tuna in a container without an expiration date.</p> <p>During the same observation and interview, Dietary [NAME] 1 stated the water has been leaking for about 1 week and had notified the maintenance supervisor last week that the pipe under the kitchen was leaking. Dietary [NAME] 1 stated he did not know how long prepared tuna can stay in the refrigerator. Dietary [NAME] 1 stated he did not know where the maintenance log is kept. Dietary [NAME] 1 stated if the residents consume expired foods the resident can get very sick. Dietary [NAME] 1 stated he did not know how long he can store prepared tuna in the refrigerator.</p> <p>During a follow-up visit and interview of the kitchen with Dietary Supervisor on 5/24/25 at 9:07 a.m., Dietary Supervisor stated open cheese should only be refrigerated for up to 7 (seven) days. The Dietary Supervisor stated the staff should not keep prepared and leftover tuna in the refrigerator. The Dietary Supervisor stated all the staff are trained upon hire to always follow the recipes when preparing meals and that it is important to always follow the recipes to prevent the Dietary Cooks from putting too much seasoning in the residents food, and it can make the residents sick. The Dietary Supervisor stated staff are not supposed to store personal items in the refrigerator because it can cause cross contamination, and stated if the residents consume expired food the can become very ill.</p> <p>During a review of the facility policy and procedures titled Food Receiving and Storage indicated, Refrigerated/Frozen Storage: 1. All foods stored in the refrigerator or freezer are covered, labeled and dated (used by date). 7. Refrigerated foods are labeled, dated, and monitored so they are used by their used-by date, frozen, or discarded.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure staff followed guidelines on wearing Personal Protective Equipment (PPE- equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses, PPE may include respirators, gloves, overalls, boots, disposable gowns, and goggles) when providing care to three of five sampled residents (Resident 11, Resident 37, Resident 43) who were on enhanced barrier precautions (utilized to prevent the spread of multi-drug resistant organisms) room.</p> <p>This deficient practice placed residents, staff, and visitors at risk for acquiring and transmitting infections and diseases.</p> <p>Findings:</p> <p>A. During a review of Resident 11's admission Record, the record indicated Resident 11 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including hemiplegia (severe or complete loss of strength leading to paralysis on one side of the body) and hemiparesis (weakness or the inability to move on one side of the body) following nontraumatic subarachnoid hemorrhage (bleeding in the space below one of the thin layers that cover and protect the brain) affecting left non-dominant side, and an encounter for attention to gastrostomy (GT - artificial opening to stomach).</p> <p>During a review of Resident 11's Minimum Data Set (MDS - resident assessment tool) dated 4/9/2025, the MDS indicated Resident 11's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. The MDS indicated Resident 11 was totally dependent on facility staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 11's Order Summary Report (OSR) dated 1/16/2025, the OSR indicated physician ordered, Enhanced Barrier Precautions - EBP.</p> <p>B. During a review of Resident 37's admission Record, the record indicated Resident 37 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including encephalopathy (a disease in which the functioning of the brain is affected by some agent or condition-such as viral infection or toxins in the blood), dysphagia (difficulty swallowing), and epilepsy (a disorder in which nerve cell activity in the brain is disturbed causing seizures).</p> <p>During a review of Resident 11's MDS dated [DATE], the MDS indicated Resident 37's cognitive skills for daily decisions were severely impaired. The MDS indicated Resident 37 was total dependent on facility staff for ADLs.</p> <p>During a review of Resident 37's OSR dated 12/8/2024, the OSR indicated, physician ordered, Enhanced Barrier Precautions (EBP).</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 - Some</p>	<p>C. During a review of Resident 43's admission Record, the record indicated Resident 43 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including encephalopathy, muscle weakness (weakening, shrinking, and loss of muscle), type II Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and encounter for attention to gastrostomy.</p> <p>During a review of Resident 43's MDS dated [DATE], the MDS indicated Resident 43's cognitive skills for daily decisions were severely impaired. The MDS indicated Resident 43 was total dependent on facility staff for ADLs.</p> <p>During a review of Resident 43's OSR dated 3/26/2025, the OSR indicated, physician ordered, Enhanced Barrier Precautions (EBP) due to artificial feeding.</p> <p>During an observation in Resident 11, 37, and 43's room (roommates) on 5/23/2025 at 8:53 p.m., Certified Nursing Assistant 1 (CNA 1) was observed inside Residents 11, 37 and 43's room wearing a gown, surgical mask and a glove. CNA 1 was observed going to Resident 11's bed and proceeded to check on and touch the resident's GT site (showing the surveyor the GT site). CNA 1 then went to Resident 37's bed and checked and touched Resident 37's GT site and then went to Resident 43's bed and checked and touched Resident 43's GT site, all while wearing the same PPE.</p> <p>During an interview on 5/23/2025 at 9:02 p.m., the Director of Nursing (DON) stated staff were required to change all] PPE when caring for residents who were on EBP. The DON stated staff had to don (put on) and doff (take off) PPE appropriately for each resident. The DON stated if staff did not don and doff PPE after caring for each resident, staff could transfer the infection from residents to residents.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Enhanced Precautions, Enhanced Barrier Precautions and Transmission Based Precautions, reviewed on 4/2025, the P&P indicated, Enhanced Barrier Precautions (EBP)- primarily is the use of gowns and gloves for specific high contact care activities, based on the resident's characteristics that are associated with a high risk of multidrug-resistant organism (MDRO - is a germ [usually bacteria] that has become resistant to several antibiotics) colonization and transmission . Gowns and gloves will be used while performing the following high-contact tasks associated with the greatest risk for [NAME] contamination of HCP hands, clothes, and the environment: Any care activity where close contact with the resident is expected to occur such as bathing, peri-care, assisting with toileting, changing incontinence briefs, respiratory care . In multi-bedrooms, each bed space is considered a separate room and change gowns and gloves and perform hand hygiene when moving from contact with one resident to contact with another resident.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Repair leaking pipe under the kitchen sink. 2. Maintain maintenance repair logs and schedules. <p>These failures had the potential to cause mold (a soft, green or gray growth that develops on old food or on objects that have been left for too long in warm, wet air) to grow that can cause the residents to become ill.</p> <p>Findings:</p> <p>During the initial tour observation of the kitchen and concurrent interview on 5/23/25 at 5:33 p.m., with Dietary [NAME] 1, there was a leaking pipe under a sink and a green bucket was under the sink to catching the water leaking from the pipe. Dietary [NAME] 1 stated the water under the sink has been leaking for about 1 (one) week. Dietary [NAME] 1 stated he notified the maintenance supervisor last week that the pipe under the kitchen was leaking.</p> <p>During an interview on 5/24/24 at 12:49 p.m., the Maintenance Supervisor stated he was notified on 5/23/25 at 5:45 p.m., that there was a leaking pipe under the sink in the kitchen. Maintenance Supervisor stated if there is a leaking pipe in the kitchen the kitchen staff is supposed to notify the Maintenance Supervisor right away. Maintenance Supervisor stated if the leaking pipes are not repaired in a timely manner the staff could slip and fall, mold can grow causing the residents to get really sick.</p> <p>During an interview on 5/25/25 at 4:46 p.m., the Dietary Supervisor stated the pipe in the kitchen has been leaking for about two weeks. The Dietary Supervisor stated he reported the leaking pipe to the Maintenance Supervisor last week. The Dietary Supervisor stated that leaking pipes can lead to a mold build-up or problem that can cause the resident to get sick.</p> <p>During an interview on 5/25/25 at 5:53 p.m., the Director of Nursing stated that the Maintenance Supervisor is supposed to maintain maintenance schedules and repair logs in his office.</p> <p>During a record review, the facility policy and procedures titled Maintenance Service with a revised date of 5/23/25, indicated, Policy Statement: Maintenance service shall be provided to all areas of the building, grounds, and equipment. Policy Interpretation and Implementation: 1. The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. 9. Records shall be maintained in the maintenance director's office.</p>		

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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** Based on observation, interview and record review, the facility failed to ensure the Resident rooms did not accommodate no more than four residents per room for two of eight Resident rooms (rooms [ROOM NUMBERS]).</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>During a review of the facility Request for Room Size Waiver letter, dated 5/23/2025, submitted by the Director of Nursing (DON), indicated there are rooms [ROOM NUMBERS] had six beds per room. 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>During a review of the facility Client Accommodations Analysis submitted by the facility dated 6/7/2024, indicated the following rooms with their corresponding measurements:</p> <p>room [ROOM NUMBER] is 466 square feet with 6 beds (77.6 square feet per resident).</p> <p>room [ROOM NUMBER] is 475 square feet with 6 beds (77.6 square feet per resident).</p> <p>During the general observations of the residents' rooms on 5/23/2025 to 5/25/2025, the residents in rooms [ROOM NUMBERS] had ample space to move freely inside the rooms. There were 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>Resident bedrooms must accommodate no more than four residents per federal regulation.</p>		

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<p>F 0912</p> <p>Level of Harm - Minimal harm or potential for actual 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** Cross Reference F558</p> <p>b. During a record review Resident 148's admission indicated, Resident 148 was admitted to the facility on [DATE] with diagnoses that included fibromyalgia (a chronic (long-lasting) disorder that causes pain and tenderness throughout the body, as well as fatigue and trouble sleeping), muscle weakness, rheumatoid arthritis (a chronic, autoimmune disease that causes inflammation in the joints, leading to pain, stiffness, and swelling), hypertension (high blood pressure) and spondylosis (the degeneration of the spine, particularly the intervertebral discs and facet joints, often associated with aging).</p> <p>During a review of Resident 148's history and physical (H&P) dated 5/22/2025 indicated Resident 148 had the capacity to understand and make decisions.</p> <p>During a review of Resident 148's Minimum Data Set (MDS - a resident assessment tool) dated 5/22/2025, indicated Resident 148's cognition (The mental ability to make decisions of daily living) was intact. The MDS indicated Resident 148 required supervision or touching assistance for walking 10 feet, used cane/crutch and a walker, required partial moderate assistance for toileting, personal hygiene and upper body dressing, Resident 148 required substantial assistance with lower body dressing and putting on footwear.</p> <p>During an observation and concurrent interview on 5/23/25 at 7:32 p.m., Resident 148's room appeared crowded with limited space for the resident to move around. Resident 148's roommate was noted with a bariatric bed and a bedside table next to the bariatric bed. Resident 148 stated she feels closed in the room due to the size of her roommate's bariatric bed and bedside table. Resident 148 stated that, it (bariatric bed) takes up too much space in the room. I can barely get into the bathroom because if I open the bathroom door wide it bumps into my roommate's foot of her bed. Resident 148 stated I can only get out of my bed safely on the right side. Resident 148 stated she does not have enough room to move around freely in her room. Resident 148 stated that it makes her angry that she cannot freely move around.</p> <p>During a review of the Federal Guidance indicated that the measurement of the square footage should be based upon the useable living space of the room. The swing or arc of any door which opens directly into the resident's room should not be excluded from the calculations of useable square footage in a room.</p> <p>Based on observation, interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure nine of nine Resident rooms (Rooms 1, 2, 3, 4, 5, 6, 8, 11, and 12) met the 80 square feet (sq. ft. -unit of measure) requirement per resident according to federal regulation by 2. Ensure a bariatric bed (a heavy-duty, typically wider bed designed to accommodate individuals who are significantly overweight) did not impede the free movement of staff and one of three resident (Resident 148). <p>(continued on next page)</p>		

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<p>F 0912</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>This deficient practice resulted in impeding the free movement of Resident 148 and had the potential to impede the free movement of staff and guests.</p> <p>Findings:</p> <p>a. During a review of the facility Request for Room Size Waiver letter, dated 5/23/2025, submitted by the Director of Nursing (DON), indicated there are 11 rooms that did not meet the 80 sq. ft. 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>During a review of the facility Client Accommodations Analysis submitted by the facility dated 6/7/2024, indicated the following rooms with their corresponding measurements:</p> <p>Rooms # total Sq. Ft/Resident # Beds Floor Area Sq. Ft/Resident.</p> <p>room [ROOM NUMBER] is 226 square feet with 3 beds (75.3 square feet per resident)</p> <p>room [ROOM NUMBER] is 226 square feet with 3 beds (75.3 square feet per resident)</p> <p>room [ROOM NUMBER] is 226 square feet with 3 beds (75.3 square feet per resident)</p> <p>room [ROOM NUMBER] is 226 square feet with 3 beds (75.3 square feet per resident)</p> <p>room [ROOM NUMBER] is 226 square feet with 3 beds (75.3 square feet per resident)</p> <p>room [ROOM NUMBER] is 226 square feet with 3 beds (75.3 square feet per resident)</p> <p>room [ROOM NUMBER] is 226 square feet with 3 beds (75.3 square feet per resident)</p> <p>room [ROOM NUMBER] is 466 square feet with 6 beds (77.6 square feet per resident)</p> <p>room [ROOM NUMBER] is 475 square feet with 6 beds (77.6 square feet per resident)</p> <p>During the general observations of the residents' rooms from 5/23/2025 to 5/25/2025, the residents had ample space to move freely inside the rooms. There were 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>The minimum square footage for a 2-bed room should be 160 sq. ft. per federal regulation.</p>

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 05/25/2025
NAME OF PROVIDER OR SUPPLIER Sunset Park Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2250 29th Street Santa Monica, CA 90405	

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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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to answer call lights timely for two of two sample residents (Residents 148 and 25) when needing assistance with activities of daily living (ADL) from facility staff.</p> <p>This failure resulted in the residents getting angry.</p> <p>Findings:</p> <p>a. During a record review, Resident 148's admission Record indicated Resident 148, was admitted to the facility on [DATE] with a diagnoses including type 2 diabetes (a condition where the body either doesn't produce enough insulin, or the cells don't respond properly to the insulin that is produced, leading to high blood sugar levels, essential hypertension (a chronic condition of persistently high blood pressure with no identifiable cause), generalized muscle weakness (a widespread loss of muscle strength that isn't limited to a specific muscle or region).</p> <p>During a record review, Resident 148's Minimum Data Set (MDS-a resident assessment tool) dated 5/22/2025, indicated Resident 148's cognitive (mental process of acquiring knowledge and understanding through thought, and understanding) skills for daily decision making was intact.</p> <p>During a review of Resident 148's care plan (CP) initiated on 5/20/2025, indicated Resident 38 was a high risk for fall. The CP goal indicated the facility will minimize the identified risk for further fall and decrease potential in the next 3 months. The CP interventions included to have the call light within Resident 148's reach at all times, maintain call light within reach and answer the call light promptly.</p> <p>During an observation and concurrent interview in Resident 148's room on 5/23/25 at 7:32 p.m., Resident 148 stated the nurses failed to answer call light in a timely manner. Resident 148 stated the delay in answering her call light happens on every shift and sometimes she waits so long for the nurses to respond to my call light, I fall back to sleep. Resident 148 stated it makes her very angry to have to be delayed in getting assistance to go to the bathroom.</p> <p>b. During a review of Resident 25's admission Record indicated Resident 25, was admitted to the facility on [DATE] and readmitted on [DATE] with a diagnoses including dysphagia (difficulty in swallowing foods or liquids), essential hypertension (a type of high blood pressure where the underlying cause is not clear or identifiable), generalized muscle weakness (a widespread loss of muscle strength that isn't limited to a specific muscle or region).</p> <p>During a review of the MDS-a resident assessment tool) dated 3/4/2025, indicated Resident 25's cognitive skills for daily decision making were moderately impaired. The MDS indicated Resident 25 is totally dependent on the staff for activities of daily living (ADLs-basic self-care tasks that individuals perform on a daily basis to maintain their health and independence).</p> <p>(continued on next page)</p>

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 05/25/2025
NAME OF PROVIDER OR SUPPLIER Sunset Park Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2250 29th Street Santa Monica, CA 90405	

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and concurrent interview in Resident 25's room on 5/23/25 at 7:19 p.m., Resident 25 stated it takes the staff more than 30 minutes to answer her call light and makes her angry that she has to wait for long periods of time to have her adult brief changed or for a glass or water.</p> <p>During an interview on 5/24/25 at 9:19 a.m., Certified Nursing Assistant (CNA) 4 stated call lights are supposed to be answered right away. CNA 4 stated if the residents call lights are not answered in a timely manner the residents could fall, on have an emergency. Certified Nursing Assistant 4 stated she cannot remember her last in-service for call lights.</p> <p>During an interview on 5/24/25 at 2:26 p.m., Director on Nursing stated all call lights are supposed to be answered in 3 to 5 minutes or as soon as possible. Director on Nursing stated she reminds the nurses in a daily huddle the importance of answering the residents call lights within a timely manner. Director of Nursing stated if the residents call lights are not answered in a timely manner the resident can be in distress, have a fall and get injured, and a delay in care.</p> <p>During a record review, the facility policy and procedures (P&P) titled Answering the call light with a reviewed date of 3/2025 indicated, Purpose: The purpose of this procedure is to ensure timely response to the resident's requests and needs.</p> <p>During a record review, the facility P&P titled Call System, Resident with a reviewed date of 4/2025, indicated, Policy Interpretation and Implementation: 6. Calls for assistance are answered as soon as possible, but no later than 5 minutes. Urgent requests for assistance are addressed immediately.</p>

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NAME OF PROVIDER OR SUPPLIER Sunset Park Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2250 29th Street Santa Monica, CA 90405	
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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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview and record review, Facility failed to provide a sanitary, and comfortable environment for residents, staff, and the public by failing to ensure waste equipment was not overflowing with waste in the waste disposal area.</p> <p>This deficient practice had the potential to result in the rapid growth and infestation of disease-causing organisms such as bacteria, insects, vermin, respiratory diseases, infections and air pollution.</p> <p>Findings:</p> <p>During a facility tour on 5/25/2025 at 11:03am, facility waste equipment was observed to be overflowing and disposed waste was spilling over to the ground of the waste dumping area.</p> <p>During an observation on 5/25/2025 at 11:35am, Maintenance (MTD) was observed standing on top of the overflowing trash bin attempting to press down the garbage into the trash can.</p> <p>During an interview on 5/25/2025 at 6:51PM, MTD stated trash waste was not supposed to overflow out of the trash cans and the trash lids had to be kept shut to prevent exposure of waste in the trash bins. MTD stated overflowing waste could attract and expose residents, staff, and visitors to diseases caused by rodents, animals, and roaches and the overflowing waste was a fire hazard.</p> <p>During an interview on 5/25/2025 at 7:55PM, the Director of Nursing (DON) stated MTD should not have climbed on top of the overflowing waste equipment because there were no safeguards to prevent injury and/or falls while on top of the overflowing waste equipment. The DON stated overflowing trash was an environmental hazard that could cause unpleasant odors, an infestation of rodents, pests and cockroaches that could infiltrate the facility and surrounding neighborhood and expose Resident, staff, visitors and the public to infectious diseases.</p> <p>During a review of facility policy and procedures (P&P) titled, infection control dated 4/2025, indicated facilities infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment for Personnel, residents, visitors and the general public and to help prevent transmission of diseases and infections.</p> <p>During a review of facility P&P titled Homelike Environment dated 4/2025 indicated the facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, home-like setting. These characteristics include clean, sanitary and orderly environment.</p> <p>During a review of facility P&P title Maintenance Service dated 4/2025 indicated, maintenance service shall be provided to all areas of the building, grounds and equipment. The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe operable manner at all times. Maintenance personnel shall follow established safety regulations to ensure the safety and well-being of all concerned.</p>		