

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055870	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2024
NAME OF PROVIDER OR SUPPLIER Sunray Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3210 W Pico Blvd Los Angeles, CA 90019	

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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>44252</p> <p>Based on interview and record review the facility failed to ensure their acting Infection Preventionist ' s (IP, a professional with special training in maintaining and implementing the infection control program at a healthcare facility) certificate or training records for infection prevention and control were available and accessible.</p> <p>This deficient practice had a potential for the facility ' s infection prevention and control program not being maintained, placing the residents and staff at risk for healthcare-associated infections (HAIs- are infections you can get while in a healthcare facility).</p> <p>Findings:</p> <p>During a review of the Director of Staff Development ' s (DSD) employee file, there was no IP certificate or training records that were found in the file.</p> <p>During an interview on 7/23/24 at 2:30 p.m., the DSD stated, she was the acting infection preventionist and has an Infection Preventionist certificate, however the DSD was not able to provide a copy of certificate or training records for review.</p> <p>During a review of the facility ' s Infection Preventionist Job Description (undated), the job description indicated, specialty training in Infection Prevention and Control through accredited continuing education.</p> <p>During a review of the facility ' s policy and procedures (P&P) titled, Infection Control, dated 2018, the P&P indicated, All personnel will be trained on our infection control policies and practices upon hire and periodically thereafter</p> <p>During a review of the facility ' s P&P titled, Infection Preventionist, dated 2022, the P&P indicated, The infection preventionist is qualified by education, training, experience and/or certification and has sufficient knowledge to perform the role.</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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>According to All Facilities Letter (AFL) 21-51, issued by California Department of Public Health (CDPH) on 12/13/2021, with SUBJECT: Assembly [NAME] (AB) 1585 - Expansion of SNF Infection Preventionist (IP) Minimum Qualifications, the IP must be qualified by education, training, clinical or health care experience, or certification, and must have completed specialized training in infection prevention and control.</p>