

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 08/07/2024
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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44252</p> <p>Based on observation, interview, and record review, the facility failed to maintain clean and sanitary fall mats (provide a cushioned surface to absorb the impact of a fall), while in use inside two out of four sampled resident ' s room (Resident1 and Resident 2).</p> <p>This failure has a potential to expose residents to germs and spread an infection in the facility.</p> <p>Findings:</p> <p>During a review of Resident 2 ' s Admission Record, dated 8/7/24, indicated, the Resident 2 was admitted to the facility on [DATE], with diagnoses including, metabolic encephalopathy (chemical imbalance in the blood that affects the brain), anemia (a condition of not having enough healthy red blood cells to carry oxygen to the body's tissues), type two diabetes mellitus (a condition in which the body has trouble controlling blood sugar and using it for energy), paraplegia (the loss of muscle function in the lower half of the body, including both legs) and dysphagia (difficulty swallowing).</p> <p>During a review of Resident 2 ' s Minimum Data Set (MDS- standardized data collection tool used to assess cognitive brain ' s ability to think, read, learn, remember, reason, express thoughts, and make decisions] and functional status, and care needs), dated 7/11/24, the MDS indicated Resident 2 had severe memory problems, and was dependent on staff for bed mobility, personal hygiene, dressing, bathing and eating.</p> <p>During a concurrent observation and interview on 8/7/24 at 11:25 AM with Resident 2 in Resident 2 ' s room, Resident 2 ' s fall mats were observed on the floor on each side of the resident ' s bed. The fall mats had soiled shoe marks and dust. Resident 2 stated she did not know if the fall mats were cleaned and [NAME] seen anyone remove the fall mats on the floor to clean the fall mats.</p> <p>During a review of Resident 1 ' s Admission Record, dated 8/7/24, indicated, Resident 1 was admitted to the facility on [DATE], with diagnoses including, history of falling, hypertension (high blood pressure), obesity, abnormal posture, and chronic inflammatory demyelinating polyneuritis (autoimmune disease of the peripheral nervous system characterized by progressive weakness and impaired sensory function in the legs and arms).</p> <p>During a review of Resident 1 ' s MDS, dated [DATE], the MDS indicated Resident 1 was cognitively intact, and was dependent on staff for bed mobility, personal hygiene, dressing, bathing, and eating.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055870
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<p>F 0584</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 on 8/7/24 at 11:30 AM with Resident 1 in Resident 1 ' s room, Resident 1 ' s fall mats were observed on the floor on each side of the resident ' s bed. The fall mats had dust, dark spots marks, and dirty footwear marks. Resident 1 stated had not seen anyone clean the fall mats. The resident stated housekeeping would just mop the floor and wipe around the floor mats but did not touch the fall mats.</p> <p>During a review of Resident 3 ' s Admission Record, dated 8/7/24, indicated, Resident 3 was admitted to the facility on [DATE], with diagnoses including, history of falling, spinal stenosis (narrowing of the spinal column), abnormal posture, hypertension, dysphagia, and paraplegia.</p> <p>During a review of Resident 3 ' s History and Physical (H&P), dated 11/30/23, indicated Resident 3 had the capacity to understand and make decisions.</p> <p>During an interview on 8/7/24 at 12:00 PM with Resident 3 (Resident 2 ' s roommate) in Resident 2 ' s room, Resident 3 stated housekeeping cleaned and moped the floor daily but Resident 3 had never seen the housekeeper clean Resident 2 ' s floor mats.</p> <p>During a review of the facility ' s Maintenance Logbook dated 7/2024, the Maintenance Logbook did not indicate Resident 2 ' s fall mats were cleaned and did not indicate the process of cleaning.</p> <p>During a record review of facility ' s policy & procedure (P&P) titled, Cleaning and Disinfection of Environmental Surfaces, dated 8/2019, indicated housekeeping surfaces (e.g., floors, tabletops) were to be cleaned on a regular basis, when spills occur, and when the surfaces were visibly soiled . environmental surfaces would be disinfected (or cleaned) on a regular basis (e.g., daily, three times per week) and when surfaces and visibly soiled.</p>		