

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 09/19/2024
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 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>49473</p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection control program to ensure prevention and development of communicable diseases for five sampled staff members (Certified Nursing Assistant 1, 2, 3, and Licensed Vocational Nurse 1 and 2). Facility staff were not in compliance with the mandatory respirator (a mask or device worn over the mouth and nose to protect the respiratory system by filtering out dangerous substance) fit testing requirement. This deficient practice had the potential to expose residents, employees, and the community to health hazards and airborne transmissible infectious diseases (bacteria or viruses most commonly transmitted through small respiratory droplets).</p> <p>Findings:</p> <p>During an observation on 9/18/2024 at 8:50 a.m. during initial tour, employees were seen wearing identical, white N95 respirators in the hallways and resident rooms.</p> <p>During a concurrent observation and interview on 9/18/2024 at 10:58 a.m. with Certified Nurse Assistant (CNA) 1 in the facility conference room, CNA 1 was observed wearing a Medline NON24506A Regular TC 64A5411 NIOSH N95 respirator (a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles). CNA 1 stated he was not fit-tested for the N95 respirator currently used in the facility.</p> <p>During a concurrent observation and interview on 9/18/2024 at 11:16 a.m. with Licensed Vocational Nurse (LVN) 1 in the facility conference room, LVN 1 was observed wearing a Medline NON24506A Regular TC 64A5411 NIOSH N95 respirator. LVN 1 stated she was fit-tested for an N95 respirator around orientation period upon hire. LVN 1 was unable to recall the name and size of N95 respirator that was used during the respirator fit test.</p> <p>During a concurrent observation and interview on 9/18/2024 at 11:30 a.m. with LVN 2 in the facility conference room, LVN 2 was observed wearing a Medline NON24506A Regular TC 64A5411 NIOSH N95. LVN 2 was unable to recall if he was fit tested for the N95 respirator currently used in the facility.</p> <p>During an interview on 9/18/2024 at 11:57 a.m. with CNA 2 in the facility conference room, CNA 2 stated she was not fit-tested for the Medline NON24506A Regular TC 64A5411 NIOSH N95 respirator currently used in the facility.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 9/18/2024 at 2:20 p.m. with the Infection Preventionist (IP) in the facility conference room, the following documents were reviewed:</p> <ul style="list-style-type: none"> -CNA 3's Respirator Fit Test Record dated 3/15/2024, indicated the employee was not fit-tested for the Medline NON24506A Regular TC 64A5411 NIOSH N95 respirator. -LVN 1's Respirator Fit Test Record dated 3/18/2024, indicated the employee was not fit-tested for the Medline NON24506A Regular TC 64A5411 NIOSH N95 respirator. -CNA 2's Respirator Fit Test Record dated 5/7/2024, indicated the employee was not fit-tested for the Medline NON24506A Regular TC 64A5411 NIOSH N95 respirator. -CNA 1's Respirator Fit Test Record dated 5/30/2024, indicated the employee was not fit-tested for the Medline NON24506A Regular TC 64A5411 NIOSH N95 respirator. -LVN 2's Respirator Fit Test Record dated 6/18/2024, indicated the employee was not fit-tested for the Medline NON24506A Regular TC 64A5411 NIOSH N95 respirator. <p>The IP stated and confirmed that CNA 1, CNA 2, CNA 3, LVN 1, and LVN 2 were not fit tested for the Medline NON24506A Regular TC 64A5411 NIOSH N95 respirator currently used in the facility. The IP stated the employees just started using the Medline model N95 respirator during the start of COVID-19 outbreak in the facility and the facility was in the process of providing updated N95 respirator fit testing for the employees. The IP stated if the N95 respirator did not properly fit, there could be gaps while wearing the N95 respirator and air can come in or out and expose residents and employees to infection.</p> <p>During a concurrent observation and interview on 9/19/2024 at 1:57 p.m. in the facility conference room, CNA 3 was observed wearing a Medline NON24506A Regular TC 64A5411 NIOSH N95 respirator. CNA 3 stated she was fit tested for an N95 respirator months ago. CNA 3 stated she used a green colored N95 respirator during the fit test.</p> <p>During a concurrent observation and interview on 9/19/2024 at 10:50 a.m. with CNA 2 in the hallway, CNA 2 was observed wearing a Medline NON24506A Regular TC 64A5411 NIOSH N95 respirator. CNA 2 stated everyone used the same respirator she was wearing. CNA 2 stated she obtained the respirator in the morning when she started her shift.</p> <p>During an interview on 9/19/2024 at 2:30 p.m. with the Administrator (ADM) in the facility conference room, the ADM stated they were in the process of getting the employees fit-tested for the Medline NON24506A Regular TC 64A5411 NIOSH N95 respirator currently used in the facility.</p> <p>A review of the facility's policy and procedure titled, Respiratory Protection Program, dated 8/15/2024 indicated, After the initial fit test, fit tests must be completed at least annually, or more frequently if there is a change in status of the wearer or if the employer changes model or type of respiratory protection. Fit tests are conducted to determine that the respirator fits the user adequately and that a good seal can be obtained. Respirators that do not seal do not offer adequate protection. Fit testing is required for tight fitting respirators. Fit tests will be conducted if the facility changes respirator product.</p>		

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<p>F 0883</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 for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49473</p> <p>Based on interview and record review, the facility failed to offer influenza (flu, an infection of the nose, throat, and lungs), pneumonia (an infection that inflames the air sacs in one or both lungs), and Coronavirus (COVID-19, a contagious viral illness that causes mild to severe respiratory illness with symptoms such as fever, cough, shortness of breath, sore throat, and congestion) vaccines (a biological preparation that provides active acquired immunity to a particular infectious or malignant disease) to one of five sampled residents (Resident 1). This deficient practice placed Resident 1 at increased risk of acquiring the flu, pneumonia, and COVID-19; and had the potential for Resident 1 to transmit these viruses to other residents and staff at the facility.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the the resident was admitted to the facility on [DATE] with diagnoses including acute respiratory failure (a condition when there is not enough oxygen passing from the lungs to the blood), pulmonary emphysema (a lung condition in which the air sacs of the lungs become damaged), congestive heart failure (a long term condition that happens when the heart cannot pump blood well enough to the body), Chronic Obstructive Pulmonary Disease (COPD, a group of lung diseases that block airflow and make it difficult to breathe) and dependence on supplemental oxygen (the use of oxygen as a medical treatment, that supports people with respiratory conditions by providing a continuous supply of oxygen to help them breathe better). The Admission Record indicated Resident 1 was their own financial representative and Family Member (FM) 1 was Resident 1's emergency contact.</p> <p>A review of the Minimum Data Set (MDS, a standardized assessment and care screening tool) dated 4/17/2024, indicated Resident 1 was cognitively intact (had the ability to think, understand, and reason).</p> <p>A review of Resident 1's Influenza Vaccination Consent Form dated 5/1/2024, indicated FM 1 verbally refused for the resident to receive the flu vaccine. The vaccination consent form did not indicate Resident 1 was offered the flu vaccine, nor did the consent form indicate Resident 1 refused the flu vaccine.</p> <p>A review of Resident 1's Pneumococcal (Pneumonia) Vaccination Consent Form dated 5/1/2024, indicated FM 1 verbally refused for the resident to receive the pneumonia. The vaccination consent form did not indicate Resident 1 was offered the pneumonia vaccine, nor did the consent form indicate Resident 1 refused the pneumonia vaccine.</p> <p>A review of Resident 1's Consent for 2023 / 2024 COVID-19 Monovalent Vaccine dated 5/1/2024, indicated FM 1 verbally refused for the resident to receive the COVID-19 vaccine. The vaccination consent form did not indicate Resident 1 was offered the COVID-19 vaccine, nor did the consent form indicate Resident 1 refused the COVID-19 vaccine.</p> <p>A review of Resident 1's History and Physical dated 7/3/2024, indicated the resident had the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/19/2024 at 12 PM, Resident 1 stated the facility offered her the COVID-19 vaccine earlier in the week, but that was the only time she was offered vaccines during her stay at the facility. Resident 1 stated the facility asked her family if he wanted her to have the vaccines and he told them no. Resident 1 stated she did not know why the facility asked her family about her vaccines. Resident 1 stated she was of sound mind and could make decisions for herself. Resident 1 stated she wanted to receive the flu, pneumonia, and COVID-19 vaccines.</p> <p>A review of Resident 1's Immunization Record indicated the resident last received the flu vaccine on 10/1/2021 and the COVID-19 vaccine on 9/19/2022. The Immunization Record indicated Resident 1 had not received the pneumonia vaccine.</p> <p>During a concurrent interview and record review on 9/19/2024 at 12:40 PM, Resident 1's immunization record and vaccine consent forms dated 5/1/2024 were reviewed with the Infection Preventionist (IP). The IP stated they had the responsibility of obtaining consent from residents or their responsible party for the flu, pneumonia, and COVID-19 vaccines. The IP stated they were familiar with Resident 1 and stated Resident 1 was self-responsible. The IP stated Resident 1 could make her own decisions. The IP stated the consent forms indicated FM 1 refused for Resident 1 to receive the flu, pneumonia, and COVID-19 vaccine. The IP stated because Resident 1 was self-responsible, the resident herself should have been asked if they wanted the vaccines, not the resident's emergency contact. The IP stated Resident 1 should have been offered the flu, pneumonia, and COVID-19 vaccines. The IP stated Resident 1's Immunization record indicated the resident had not received a pneumonia vaccine in the past and Resident 1 could have potentially acquired and experienced worse symptoms of the flu, pneumonia, or COVID-19 because they were not offered and did not receive the vaccines.</p> <p>During a concurrent interview and record review on 9/19/2024 at 2:27 PM, Resident 1's vaccine consent forms dated 5/1/2024 were reviewed with the Director of Nursing (DON). The DON stated Resident 1 was self-responsible and could make their own decisions. The DON stated the vaccine consent forms indicated FM 1 refused for Resident 1 to have the flu, pneumonia, and COVID-19 vaccines. The DON stated the IP who obtained consent should have offered the vaccines to Resident 1, not FM 1 because the resident was self-responsible. The DON stated Resident 1 could have potentially been more susceptible to acquiring the flu, pneumonia, or COVID-19 because they did not receive the vaccines.</p> <p>A review of the facility's policy and procedure titled, Influenza Vaccine, reviewed 8/15/2024, indicated all residents and employees who have no medical contraindications to the vaccine will be offered the influenza vaccine annually to encourage and promote the benefits associated with vaccinations against influenza. The facility shall provide pertinent information about the significant risks and benefits of vaccines to staff and residents (or legal representatives); for example, risk factors that have been identified for specific age groups or individuals with risk factors such as allergies or pregnancy.</p> <p>A review of the facility's policy and procedure titled, Pneumococcal Vaccine, reviewed 8/15/2024, indicated all residents were offered pneumococcal vaccines to aid in preventing pneumonia / pneumococcal infections. Prior to or upon admission, residents were assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, were offered the vaccine series within thirty (30) days of admission to the facility unless medically contraindicated or the resident had completed the current recommended vaccine series.</p>		