

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  12/03/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49836</b></p> <p>Based on interview and record review, the facility failed to ensure one of four sampled residents (Resident 1), who was administered oxygen, received care in accordance with professional standards of practice and the comprehensive person-centered care plan. Resident 1 was found smoking in his room and the smoking care plan was not updated or revised. This deficient practice caused an increased risk in a negative outcome to Resident 1's physical and psychosocial well-being.</p> <p>Findings:</p> <p>A review of the admission record indicated Resident 1 was initially admitted to the facility on [DATE] with diagnoses including hemiplegia (severe or complete loss / paralysis of one side of the body), hemiparesis (slight muscle weakness or partial paralysis of one side of the body), depression (a mental health condition that can impact a person's thoughts, feelings, behavior, and sense of well-being), anxiety (a feeling of fear, dread, and uneasiness), and intellectual disability (a condition that affects a person's ability to learn, think, and understand).</p> <p>A review of Resident 1's Admission / Readmission Data Tool dated 3/16/2023, indicated under the Smoking Assessment that Resident 1 did not smoke.</p> <p>A review of Resident 1's Admission / Readmission Data Tool dated 5/12/2024 indicated under the Smoking Assessment that Resident 1 did not smoke.</p> <p>A review of Resident 1's smoking care plan dated 8/26/2024, indicated the goal was for Resident 1 to understand the risk of fire and smoking in the room. The care plan interventions included explaining to Resident 1 the facility's smoking policies and procedures, hazards of smoking in the room, and fire safety.</p> <p>A review of the Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 9/23/2024, indicated Resident 1 was cognitively intact (no problems with thinking, memory, reasoning, or decision-making). This indicated a discrepancy compared to the list of diagnoses. Further review of the MDS indicated Resident 1 was not triggered as a smoker which was also a discrepancy compared to the smoking care plan.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Physician's Orders, dated 10/11/2024, indicated Resident 1 received oxygen at 1-3 liters per minute via nasal cannula (a medical device that provides oxygen to a person through two prongs that sit inside the nose) for chronic obstructive pulmonary disease, and may titrate to keep the oxygen above 94% saturation as needed.</p> <p>According to the National Institutes of Health, 2024, oxygen accelerates combustion (a chemical reaction that gives off heat) and smoking may increase the risk of burn injuries and fire hazards; therefore, it was considered a contraindication. An oxygen-rich environment can cause materials to ignite easier and burn quickly.</p> <p>A review of Resident 1's medical record indicated there was no documentation to verify the facility staff implemented the smoking care plan interventions of explaining to Resident 1 the facility's smoking policies and procedures, hazards of smoking in the room, and fire safety.</p> <p>A review of Resident 1's Admission / Readmission Data Tool dated 10/12/2024, indicated under the Smoking Assessment that Resident 1 did not smoke.</p> <p>A review of the facility document received to the Department on 11/25/2024 indicated that on the night of 11/23/2024, Resident 1 was found smoking in his room.</p> <p>A review of the document titled, Smoking Assessment - V4, dated 11/25/2024, indicated Resident 1 was a smoker, used electronic cigarettes and did not express the desire to quit smoking. The smoking assessment indicated Resident 1's memory was intact, had alert mental status and consistent decision-making ability. The smoking assessment further indicated Resident 1 did not dispose of ashes in an ashtray or designated receptacle, did not respond quickly to fallen ashes, and did not follow smoking guidelines per facility policy.</p> <p>During an interview on 12/3/2024 at 7:10 AM, Resident 1 stated he did not want to be interviewed and did not answer any questions.</p> <p>During an interview on 12/3/2024 at 6:48 AM, LVN 1 stated that after Resident 1 was found smoking in his room, the smoking care plan should have been updated to include the teaching and specific precautions that would be taken to ensure Resident 1 did not continue to smoke in his room. LVN 1 stated she explained the hazards of smoking while on oxygen and in the room to Resident 1. LVN 1 stated that the smoking education for Resident 1 was not documented.</p> <p>A review of the facility's P&amp;P titled, Smoking Policy - Residents, revised October 2023, indicated a resident's smoking status was evaluated upon admission and the resident's ability to smoke safely was re-evaluated quarterly, upon a significant change, and as determined by staff.</p> <p>A review of the facility's P&amp;P titled, Care Plans, Comprehensive Person-Centered, revised March 2022, indicated that a comprehensive, person-centered care plan that included measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs was developed and implemented for each resident.</p>		