

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 12/19/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50296</p> <p>Based on interview and record review, the facility failed to implement the policy and procedure (P&P) titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, to ensure a background check for staff was conducted prior to the start of employment for two of three sampled staff (Licensed Vocational Nurse [LVN 1] and Certified Nurse Assistant [CNA 2]). This deficient practice caused an increased risk in the protections for health and rights of the residents in the facility.</p> <p>Findings:</p> <p>A review of CNA 2's employee file indicated a date of hire to the facility on [DATE]. A review of LVN 1's employee file indicated the date of hire was 10/1/2024.</p> <p>A review of the employee files with the Director of Staff Development (DSD) was conducted on 12/19/2024 at 10:51 AM. The employee files for CNA 2 and LVN 1 did not have background checks located in the file. The DSD stated the background checks for these staff should be in the employee files but were not there. The DSD then conducted a search with the OIG background check (healthcare background screening that searches the OIG exclusion list for individuals or providers who cannot work in healthcare programs) for CNA 2 and LVN 1 and no results were found.</p> <p>During an interview on 12/19/24 at 12:55 PM, the Director of Nursing (DON) stated background checks were completed before the employee was hired to make sure employees did not have any legal issues. The DON stated the facility could not start the hiring process without the background checks as there would be an increased risk to the residents safety and well-being.</p> <p>A review of the facility ' s P&P titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, dated 4/2021, indicated the facility must conduct employee background checks. The P&P indicated objectives of their facility-wide commitment include but not limited to: protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including facility staff and develop / implement policies and protocols to prevent and identify abuse and mistreatment of residents.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50296</p> <p>Based on observation, interview, and record review, the facility failed to ensure one sampled resident (Resident 2) had current documented diagnoses to support the administration of psychotropic medications (drugs that affect the brain and mind, altering a person's thoughts, emotions, feelings, awareness, and perceptions). This deficient practice could result in a delay of treatment without a diagnosis attached to the psychotropic medications.</p> <p>Findings:</p> <p>A review of Resident 2's admission record indicated the resident was admitted to the facility on [DATE] with a diagnosis of dementia (a progressive and chronic condition that causes a gradual decline in cognitive abilities, such as thinking, remembering, and reasoning), and muscle weakness.</p> <p>A review of the Anxiety Disorder care plan dated 9/4/24 indicated Resident 2 had angry outbursts and used anti-anxiety medication Ativan.</p> <p>A review of Resident 2's Compulsive Hoarding Disorder care plan (insistent difficulty in parting with possessions and an excessive collection of items) dated 10/11/24 indicated the resident collected excessive materials at bedside and used an anti-depressant medication Prozac.</p> <p>A review of Resident 2's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 12/2/24 indicated the resident was oriented to time but had difficulty with recall. The MDS indicated the resident did not have little interest or pleasure in doing things, with no feelings of depression or hopelessness. The MDS indicated Resident 2's Active Diagnoses were not marked for compulsive hoarding disorder or anger outburst / depression.</p> <p>During an observation on 12/19/24 at 9:23 AM, in Resident 2's room, Resident 2 was sitting up in bed, food tray was on the bed, and call light was within reach. During a concurrent interview, Resident 2 stated she did not remember anything regarding being pushed. The resident stated she had not heard of any abuse or noise in the facility. Resident 2 stated if there was something serious, she knew to report it. Resident 2 stated she felt safe in the facility.</p> <p>A review of the Physician's Order report dated 12/19/24, indicated Resident 2 was to receive Ativan for anxiety manifested by anger outburst dated 9/2/24 and Prozac for compulsive hoarding disorder dated 10/11/24.</p> <p>A review of the MDS Section I - Active Diagnoses, dated 12/2/24, was reviewed with the Minimum Data Set Nurse (MDSN). The Active Diagnoses indicated that Resident 2 did not have diagnoses of compulsive hoarding disorder, depression, or anger outburst. During a concurrent interview on 12/19/24 at 11:51 AM, the MDSN stated and confirmed that there was a miscoding for Resident 2. The MDSN stated during clinical meetings, new orders were discussed and presented in the communication so that new diagnoses were captured.</p> <p>(continued on next page)</p>

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