

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 01/30/2025
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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50714</p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program by failing to ensure one of two mobile linen carts positioned outside of the activity room was covered while unattended. This deficient practice caused an increased risk to the facility maintaining a safe and sanitary environment to prevent the spread of infections among residents.</p> <p>Findings:</p> <p>During an observation on 1/30/2025 at 10:37 am in the hallway, in front of the facility's activity room, a mobile linen cart was observed unattended, with the flap open, and the linen inside the cart was exposed.</p> <p>During a concurrent observation and interview on 1/30/2025 at 10:52 am with Certified Nursing Assistant 1 (CNA 1), in the hallway in front of the facility's activity room, the mobile linen cart was observed unattended with the flap open and linen inside exposed. CNA 1 was then observed closing the flap of the linen cart. CNA 1 stated the linen cart should have been covered for infection control.</p> <p>During an interview on 1/30/2025 at 10:53 am, Licensed Vocational Nurse (LVN) 1 stated linen carts should be covered for infection control.</p> <p>During an interview on 1/30/2025 at 11:55 am with LVN 2 and the Director of Nursing (DON), LVN 2 stated the linen cart should not be left uncovered in order to prevent the spread of infection. The DON agreed with LVN 2.</p> <p>During an interview on 1/30/2025 at 12:41 pm, the Infection Preventionist (IP) stated uncovered linens could cause the spread of infection and staff should cover the cart and not leave them exposed. The IP stated that he and the Director of Staffing Development (DSD) gave in-services to staff regarding covering the mobile linen carts.</p> <p>A review of the facility's policy and procedure (P&P) titled, Laundry and Bedding, Soiled, dated 6/2022, indicated clean linen was protected from dust and soiling during transport and storage to ensure cleanliness.</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 - Few</p>	<p>A review of the facility's P&P titled, Infection Control, dated 10/2018, indicated the policies and practices were intended to maintain a safe, sanitary, and comfortable environment. The P&P indicated practices were to detect, prevent and control infections. The P&P indicated all personnel would be trained on the facility's infection control policies and practices upon hire and periodically.</p>		