

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  02/04/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44252</b></p> <p>Based on interview and record review, the facility failed to implement the resident's care plan intervention of weekly skin assessments for one of 15 sampled residents (Resident 1).</p> <p>This failure had a potential to negatively affect the delivery of care and services.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, indicated, the resident was admitted to the facility on [DATE] with diagnoses including visual loss bilateral (both sides), hypertension (high blood pressure), morbid obesity (a severe form of obesity characterized by an excessive amount of body fat that significantly impacts health and well-being), anemia (a condition where the body does not have enough healthy red blood cells), heart failure (a condition where the heart cannot pump enough blood to meet the body's needs) and arrhythmia (irregular heartbeat).</p> <p>During a review of Resident 1's Alteration in skin integrity related to: MASD care plan dated 11/14/24 indicated assess progress of skin weekly.</p> <p>During a review of Resident 1's History &amp; Physical (H&amp;P) dated 11/14/24 indicated unable to obtain mental capacity or rehabilitation status, with no mention of a pressure ulcer.</p> <p>During a review of Resident 1's Skin/Wound Note dated 11/14/24 indicated Body assessment initiated . Resident noted with . Sacral MASD.</p> <p>During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 11/17/25, the MDS indicated, Resident 1 had moderate cognitive (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) impairment, and required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) for eating and oral hygiene, toileting, bed mobility and dressing and dependance on staff for showering and personal hygiene. The same MDS further indicated, Resident 1 was at risk for developing pressure ulcers/injuries, did not have any pressure ulcers/injuries, but did have moisture associated skin damage (MASD-skin condition that occurs when the skin is repeatedly exposed to moisture from bodily fluids).</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Skin/Wound Note dated 12/12/24 indicated sacral MASD is now unstageable (a type of pressure ulcer where the full depth of the wound cannot be determined because the wound bed is completely covered by necrotic (dead) tissue, known as slough or eschar, making it impossible to accurately stage the severity of the pressure ulcer) pressure injury measuring 7.5 cm length x 8.5 cm width x unable to determine (UTD) depth, 100% deep purple. Resident at risk for unavoidable pressure injury/skin breakdown/wound regression due to complex medical diagnosis . resident noted with episodes of noncompliance with care, refused turning and repositioning, episodes of refusing wound care.</p> <p>During a review of Resident 1's Skin/Wound Note dated 12/17/24 indicated the resident had Sacral area MASD, and it became a pressure injury Unstageable with 100% Necrotic tissue.</p> <p>During a concurrent interview and record review on 2/4/25 at 1:15 pm with the Director of Nursing (DON), Resident 1's nurses progress notes and assessments dated 11/13/24 through 12/23/24 were reviewed. There were no weekly skin assessment notes for the week of 11/18/24, 11/25/24, and 12/2/24. The DON verified there were no notes for three weeks (11/18/24, 11/25/24, and 12/2/24) and stated if a resident had a skin issue on admission a skin assessment should have been done weekly.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Care Plans, Comprehensive Person-Centered, revised March 2024, the P&amp;P indicated A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p>		