

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  03/20/2025
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**</b> 49836</p> <p>Based on interview and record review the facility failed to develop a person-centered care plan for one of three sampled residents (Resident 1). Resident 1 did not have a care plan for his diagnosis of depression. This deficient practice caused an increased risk in Resident 1 experiencing sadness and a decreased quality of life.</p> <p>Findings:</p> <p>A review of the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including myopathy (disease that affects the muscles that control voluntary movement in the body), schizophrenia (a mental illness that is characterized by disturbances in thought), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>A review of the comprehensive Minimum Data Set (MDS - a resident assessment tool) dated 2/19/2025, indicated Resident 1 was free of cognitive impairment (no problems with thinking, memory or making decisions) and needed assistance with bed mobility, transfer, and personal hygiene. The MDS further indicated Resident 1 had a diagnosis of depression.</p> <p>A review of Resident 1's medical record and care plans, revised on 3/17/2025, failed to address Resident 1's diagnosis of depression.</p> <p>During a concurrent interview and record review on 3/20/2025 at 2:44 PM with Licensed Vocational Nurse (LVN) 1, LVN 1 reviewed Resident 1's care plans. LVN 1 stated and confirmed the facility failed to initiate a care plan for Resident 1's diagnosis of depression. LVN 1 stated that since Resident 1 had a diagnosis of depression, there should be a behavioral monitoring care plan to monitor for signs of depression such as crying, lack of appetite and refusal of care. LVN 1 stated the staff caring for Resident 1 may not notice the signs and symptoms of depression, which should be documented in the care plan, as this could potentially lead to self-harm or suicide.</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 an interview on 3/20/2025 at 3:11 PM, the MDS Nurse stated Resident 1 had an active medical diagnosis of depression listed in the medical record and should have a care plan for depression. The MDS Nurse further stated Resident 1 was not taking medications for the diagnosis and did not have a physician's order for behavior monitoring. The MDS Nurse stated this should be discussed during the facility's quarterly interdisciplinary team (IDT- a team of professionals from various fields who work together toward the care goals of the resident) meeting to clarify Resident 1's plan of care for depression.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled, Care Plans, Comprehensive Person-Centered, revised March 2022, indicated that a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs was developed and implemented for each resident.</p>		