

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 04/24/2025
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 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 ensure three out of ten facility staff (Registered Nurse [RN 1], Licensed Vocational Nurse [LVN 6], Certified Nurse Assistant (CNA 4) reviewed for personal file had a background check prior to employment.</p> <p>This deficient practice caused an increased risk to the safety of the residents.</p> <p>Findings:</p> <p>a. During a review of the facility document received to the Department dated 4/14/2025, the document indicated Resident 93 alerted the Administrator that CNA 4 handled her roughly during incontinent care on the morning shift. The document indicated CNA 4 was sent home and suspended pending investigation.</p> <p>During a review of Resident 93's Admission Record, the Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses including need for assistance with personal care, gout (a form of arthritis, when uric acid crystals accumulate in the joints causing swelling and intense pain), and toxic encephalopathy (a disease or dysfunction of the brain, affecting its normal function).</p> <p>During a review of Resident 93's Minimum Data Set (MDS - a resident assessment tool) dated 4/1/2025, the MDS indicated the resident was oriented to year and month but not day, and had poor recall. The MDS indicated Resident 93 did not have little interest in doing things and did not feel down, depressed, or hopeless.</p> <p>During a review of the five-day abuse investigation conducted by the Administrator dated 4/14/2025, the investigation indicated an interview was conducted with CNA 4. CNA 4 stated Resident 93 was soiled and wet at the start of the shift. CNA 4 stated when she was ready to wash Resident 93, the resident was holding onto the curtain. She asked Resident 93 to release the curtain. CNA 4 stated she needed to turn Resident 93 side to side but the resident was resistant due to pain when being moved. On 4/22/2025 at 9:48 AM, a voice message was left for CNA 4 for a call back. As of 4/23/2025 no call back was received.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 4/21/2025 at 9:47 AM, in Resident 93's room, Resident 93 was lying in bed, with siderails x two, and with the call light within reach. During a concurrent interview, Resident 93 stated she asked a staff member for help, the staff member came in the room with an attitude, and started pulling on her while in the bed. Resident 93 stated she was holding onto the curtain and yelling because she did not want to fall.</p> <p>During a concurrent interview and record review on 4/22/2025 at 12:25 PM, with the Director of Staff Development (DSD), two employee files were reviewed. CNA 4's employee file indicated the date of hire (DOH) was 10/5/2022, but the background check was done on 4/17/2024. The DSD stated they did a random background check for CNA 4 on 4/17/2024. The DSD stated she was still reviewing all the employee files to ensure all documents were in the files. The DSD agreed that if a staff member had an abuse allegation against them and there was not a background check performed before the hire date, then the staff member could be abusing residents without the facility's knowledge.</p> <p>During an interview on 4/24/2025 at 12:44 PM, the Director of Nursing (DON) stated there was a risk of danger to the residents when staff did not have a background check, because the facility would not know if the staff member had any abuse allegations against them.</p> <p>During a concurrent interview and record review on 4/23/2025 at 1:45 PM with the Director of Staff Development (DSD), two employee files were reviewed. RN 1's date of hire was 8/21/2014 while the background check was performed on 3/31/2025. The DSD stated the background check was a random check due to the original not in the file. LVN 6's hire date was 4/3/2025, and the background check was done on 4/23/2025.</p> <p>During a review of the facility's policy and procedures (P&P) titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program dated 4/2021, the P&P indicated the resident abuse, neglect, and exploitation prevention program consisted of a facility-wide commitment and resources including conducting employee background checks.</p> <p>During a review of the facility's P&P titled, Background Screening Investigations, dated 8/30/2024, the P&P indicated the director of personnel conducts the background checks, reference checks, and criminal conviction checks on all potential direct access employees and contractors. Background and criminal checks were initiated within two days of an offer of employment or contract agreement and completed prior to employment.</p>		