STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055870	A. Building B. Wing	07/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunray Healthcare Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain a clean, odor free, homelike environment for one of four sampled residents (Resident 1), by failing to maintain an urine odor free environment and maintain the gray fall mat at the right side of Resident 1's bed clean, dry and odor free. This deficient practice resulted in a strong odor of urine lingering around the resident's bed and room entrance, and a dirty, wet, smelly fall mat, leading to an unkempt, un-homelike environment. During a review Resident 1's admission Record dated 7/8/25 indicated Resident 1 was admitted to the facility on [DATE] with diagnosis including diabetes mellitus (DM-a condition where your body has trouble controlling the level of sugar in the blood), chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), cerebrovascular disease (stroke, loss of blood flow to a part of the brain), gastrostomy (Gtube-a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), hypertension (HTN-high blood pressure) and dysphagia (difficulty swallowing). During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 10/22/2022 indicated Resident 1 had severe cognitive (ability to think, understand and make daily decisions) impairment and was totally dependent on facility staff for bed mobility, dressing, toileting, bathing and personal hygiene. During an observation in Resident 1's room on 7/7/25 at 9:10 am, the area around the resident's bed smelled strongly of urine and a gray fall mat at the right of the resident's bed was observed dirty with foot prints, scuff marks and a drying sticky wet mark. During an observation in Resident 1's room and concurrent interview on 7/7/25 at 11:05 am with Certified Nursing Assistant 1 (CNA 1), CNA 1 acknowledged the area around Resident 1's bed smelled strongly and identified the odor as urine. CNA 1 stated the gray fall mat to the right of the resident's bed was dirty, wet - possibly adding to the pungent (strong, offensive) odor. CNA 1 stated she had not had a chance to change the resident's incontinence brief, because she had been busy cleaning residents in a different room. During a review of the facility's Policy and Procedures titled Homelike Environment reviewed 8/30/24, indicated Residents are provided with a safe, clean, comfortable and homelike environment. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. clean, sanitary and orderly. pleasant, neutral scents.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055870	A. Building B. Wing	07/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunray Healthcare Center	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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to infuse the proper amount enteral feeding (a method of providing nutrition directly into the gastrointestinal (GI) tract, typically through a feeding tube) of diabetic source 1.2 calories per milliliter (ml) at 80 ml an hour for 20 hours with a total volume of 1600 ml or 1920 calories, continue until dose is met as ordered by the physician for one of four sampled residents (Resident 1). This failure resulted in the resident not receiving the ordered nutrition had the potential to cause a low caloric intake that could result in malnutrition, dehydration, unexpected weight loss, and decline in overall health. During a review Resident 1's admission Record dated 7/8/25, the admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnosis including diabetes mellitus (DM-a condition where your body has trouble controlling the level of sugar in the blood), chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), cerebrovascular disease (stroke, loss of blood flow to a part of the brain), gastrostomy (Gtube-a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), hypertension (HTN-high blood pressure) and dysphagia (difficulty swallowing).During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 10/22/2022, the MDS indicated Resident 1 had severe cognitive (ability to think, understand and make daily decisions) impairment and was totally dependent on facility staff for bed mobility, dressing, toileting, bathing and personal hygiene. During a review of Resident 1's Order Summary Report dated 7/8/25, the order summary report indicated an order for Enteral Feed order every shift enteral feeding diabetic source 1.2 calories per milliliter (ml) at 80 ml an hour for 20 hours with a total volume of 1600 ml or 1920 calories, continue until dose is met. Off from 8 am to 12 pm. During an observation at Resident 1's bedside on 7/7/25 at 9:09 am, the enteral tube feeding was observed connected to the resident's Gtube with the pump turned off. The bottle of enteral feeding formula indicated it had been hung on 7/6/25 at 8 pm, and there was 200 ml of enteral feeding formula that had been infused (photograph was taken). During an interview with concurrent photograph of Resident 1's feeding pump review on 7/7/25 at 4:00 pm with the Director of Nursing (DON), the picture of the enteral feeding formula bottle taken during the observation on 7/7/25 at 9:09 am, was reviewed, the DON acknowledged Resident 1 only received 200ml of feeding over 12 hours instead of the 960ml the resident should have received. The DON stated she believed the pump was malfunctioning and was swapped out for a different one so the resident will have the correct amount infused today. During a review of the facility's Policy and Procedures titled Enteral Nutrition reviewed 8/30/24, indicated Adequate nutritional support through enteral nutrition is provided to the residents as ordered.