

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  07/28/2025
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview and record review, the facility failed to perform required staff competency evaluations (an evaluation of the skills, knowledge, and abilities of a staff member) for two of three sampled staff (Certified Nursing Assistant 1 [CNA1] and CNA3) in accordance with the facility's Performance Evaluations policy and procedure. This deficient practice had the potential for residents not to receive the appropriate care and services needed, which could affect the quality of care received, and potentially lead to resident harm. During a concurrent interview and record review on 7/28/2025 at 12:11 PM with the Director of Staff Development (DSD), CNA1 and CNA3 files were reviewed. The DSD stated CNA 1 did not have a performance skills checklist (is a tool used to assess and record the proficiency level of an individual in performing specific tasks or demonstrating certain abilities) in the employee file and CNA 3 (hired on 11/26/2024) did not have a performance evaluation. The DSD stated she (DSD) was hired shortly after CNA 1 was hired (6/27/24) and was new to the system therefore was not aware when CNA 1's skills checklist was performed. The DSD stated CNA 3's performance evaluation was not done. The DSD stated performance evaluations (in general) were performed ninety days after the date of hire and then annually. The DSD stated that she (DSD) had observed both CNAs (CNA1 and CNA3) work and communication with the residents (in general) and the CNAs were very good. During an interview on 7/28/25 at 1:28 PM with the Director of Nursing (DON), the DON stated the employee files (in general) were audited in April 2025. The DON stated without the staff's performance evaluations and skills checklist the facility would not know if there was a lack of knowledge or more training needed in some areas for the employees. During a review of the facility's policy and procedures (P&amp;P) titled, Performance Evaluations, dated 09/2020, indicated the job performance of each employee shall be reviewed and evaluated at least annually. The P&amp;P indicated the performance evaluation will be completed on each employee at the conclusion of his/her 90-day probationary period, and at least annually thereafter. During a review of the facility's policy and procedures (P&amp;P) titled, Staffing and Competent Nursing, dated 08/2022, indicated the facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents. The P&amp;P indicated competency requirements and training for nursing staff are established and monitored by nursing leadership to ensure that tracking or other mechanisms are in place to evaluate effectiveness of training. During a concurrent interview and record review on 7/28/2025 at 12:11 PM with the Director of Staff Development (DSD), employee files were reviewed. During the record review, CNA 1 did not have a skills checklist in the employee file and CNA 3 did not have a performance evaluation. The DSD stated she (the DSD) was hired shortly after CNA 1 was hired and was new to the system therefore was not aware when CNA 1's skills checklist was performed. The DSD stated CNA 3's performance evaluation was not done. The DSD stated performance evaluations are performed ninety days after the date of hire and then annually. The DSD stated that she had observed the both CNAs work and communication with the residents and the CNAs are very good. The DSD would not agree that without a documented performance evaluation or skills checklist that an employee of the facility had knowledge of how the facility cares for the residents. During an interview on 7/28/25 at 1:28 PM with the Director of Nursing (DON), the DON stated the employee files were audited in April 2025. The DON stated the risk to the residents without performance evaluations and skills checklists would be the facility would not know if there was a lack of knowledge or more training needed in some areas for the employees. During a review of the facility's policy and procedures (P&amp;P) titled, Staffing and Competent Nursing, dated 08/2022, indicated the facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents. 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