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	11/18/2025

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and the facility policies and procedures (P&P) titled Controlled Medication Storage, last reviewed 8/28/2025, Controlled Medication Disposal, last reviewed 8/28/2025, the facility failed to:1. Reconcile (the process of comparing transactions and activity to supporting documentation) four (4) medication emergency kits (eKITs - kits containing medications needed to be used during emergencies) containing Controlled Substances (CM, Controlled Medications - medications which have a potential for abuse and may also lead to physical or psychological dependence) for September 2025, in one of one inspected medication storage rooms (Medication room [ROOM NUMBER].) 2. Includes the signatures of the Director of Nursing (DON) or a Registered Nurse (RN) with Licensed Vocational Nurse (LVN) on the Antibiotic or Controlled Drug Record accountability logs for seven of seven sampled records awaiting disposal (removal, destroying) in the CS locked cabinet. As a result, control and accountability of CMs, and medications awaiting final disposition (process of returning and/or destroying unused medications) did not follow state and federal regulations and facility policy and procedures. These deficient practices increased the opportunity for CM diversion (the transfer of a controlled medication or other medication from a lawful to an unlawful channel of distribution or use,) and increased the risk that residents in the facility could have accidental exposure to harmful medications possibly leading to physical and psychosocial harm, and hospitalization. Findings: During an observation and concurrent interview on 9/30/2025 at 11:08 a.m., with Registered Nurse (RN) 1, in Medication room [ROOM NUMBER], there were four (4) medication eKITs stored in the refrigerator and labeled 105, 126, 266 and 280, containing CMs without an accountability log for the reconciliation of CM inventory at every shift change for September 2025. RN 1 stated that all CMs, including medication eKITs containing CMs should be reconciled at every shift. RN 1 stated the four (4) eKITs labeled 105, 126, 266 and 280 and containing CMs in Medication room [ROOM NUMBER] were not reconciled at every shift in September 2025, and it was important to account for all CMs, and it was important to account for all CMs to ensure accountability and prevent CM diversion. During an observation, interview, and concurrent record review with the Director of Nursing (DON) in the DON's office, on 9/30/2025 at 1:11 p.m., seven inspected Antibiotic or Controlled Drug Record accountability logs awaiting final disposition in a locked cabinet did not contain verifying signatures of either the DON or an RN along with Licensed Vocational Nurse (LVN). The DON acknowledged and stated that the seven Antibiotic or Controlled Drug Record accountability logs awaiting final disposition in a locked cabinet, did not contain verifying signatures and was unable to locate the verifying signatures of RN /DON. The DON stated the DON and the LVNs failed to sign the accountability logs upon receipt of the CMs from the LVNs. The DON stated the DON counts the CMs with a LVN upon receipt of the accountability log, however, they overlooked to sign & date the seven logs. The DON stated the DON understood the importance of CM accountability to ensure each CM dose was accounted for until disposed throughout the process of CM accountability. The DON stated it was important to verify and sign these logs to prevent medication diversions and accidental exposure of harmful substances to residents. During an interview on 9/30/2025 at 2 p.m., with the (continued on next page)

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
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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	DON, the DON stated medication eKITs containing CMs needed to be counted and reconciled at every shift change to ensure accountability and prevent CM diversion. The DON stated four (4) eKITs containing CMs in Medication room [ROOM NUMBER] were not reconciled at every shift in September 2025. A review of the facility policy and procedures (P&P) titled Controlled Medication Storage, last reviewed 8/28/2025, indicated, At each shift change, a physical inventory of all CMs, including the emergency supply is conducted by two licensed nurses and is documented on the CM accountability record. A review of the facility P&P titled Controlled Medications, last reviewed 8/28/2025, indicated, Medications included in the Drug Enforcement Administration classifications as CSs are subject to special handling, storage, disposal, and recordkeeping in the facility, in accordance with federal and state laws and regulations.A. The DON and the consultant pharmacist maintain the facility's compliance with federal and state laws and regulations in the handling of CMs. D. When a dose of a CM is .refused by the resident or not given for any reason.it must be destroyed according to facility policy in the presence of two licensed nurses and the disposal documented on the accountability record. The same process applies to the disposal of unused partial tablets and unused portions of single dose ampules. A review of the facility P&P titled Controlled Medication Disposal, last reviewed 8/28/2025, indicated, Medications included in the Drug Enforcement Administration classifications as CSs are subject to special handling, storage, disposal, and recordkeeping in the facility, in accordance with federal and state laws and regulations.A. The DON and the consultant pharmacist maintain the facility's compliance with federal and state laws and regulations in the handling of CMs. B. When a dose of a CM is .refused by the resident or not given for any reason.it must be destroyed according to facility policy in the presence of two licensed nurses and the disposal documented on the accountability record. The same process applies to the disposal of unused partial tablets .and doses of CS wasted for any reason.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure three of seven sampled residents (Resident 6, Resident 44, and Resident 47) were free from significant medication errors (mistakes when giving medications that can cause the resident discomfort or jeopardizes his or her health and safety) according to professional standards of practice. By failing to ensure facility staff rotated the administration site (the practice of moving the injection spot to different places on the body, like the stomach, arms, thighs, or buttocks, to allow previous spots to heal) when administering insulin (a hormone that acts like a key to let sugar (glucose) from the blood enter the body's cells for energy) as per physician's orders and the facility's policy and procedures (P&P) titled Insulin Administration dated 8/25/2025. This failure had the potential for Resident 6, Resident 44, and Resident 77 to develop lipohypertrophy (a condition where lumps of fat and scar tissue form under the skin, often at insulin injection sites, due to repeated injections in the same area that can impair insulin absorption and lead to inconsistent blood sugar levels and difficulty managing diabetes), pain, delayed absorption and effects of insulin therapy. 1. During a review of Resident 6's admission Record, the admission Record indicated the facility admitted Resident 6 on 6/20/2025 with diagnoses that included diabetes mellitus type (a disease in which your body does not produce enough insulin needed to control sugar levels in the blood), DM 2 with foot ulcer (a small open sore or wound), sepsis (a life-threatening medical emergency where the body has an overwhelming and extreme inflammatory response to an infection, which can damage its own tissues and organs), urinary tract infection (UTI- an infection in the bladder/urinary tract), gastrointestinal esophageal reflux disease (GERD - a chronic condition where stomach acid flows back into the esophagus, the tube that carries food from your mouth to your stomach), hypertension (HTN - high blood pressure), major depressive disorder (a serious mental health condition characterized by persistent feelings of sadness, emptiness, and a loss of interest in activities), anemia (when your body has too few healthy red blood cells that carry oxygen throughout your body), and acquired absence of right leg below the knee (the right leg was lost or surgically removed below the knee, not from birth). During a review of Resident 6's history and physical (H&P- physician's examination of a resident, in which the physician obtains a thorough medical history from the resident or resident representative, performs a physical examination, and then documents the findings) dated 6/23/2025, the H&P indicated Resident 6 had the capacity (ability) to understand and make decisions. During a review of Resident 6's Minimum Data Set (MDS - a standardized assessment tool) dated 6/26/2025, the MDS indicated Resident 6 had the ability to make himself understood and had the ability to understand others. During a review of Resident 6's Order Summary Report dated 10/1/2025, the Order Summary Report indicated Resident 6 had an active physician's order dated and started on 6/23/2025 indicating Insulin Glargine (a long-acting, man-made insulin) subcutaneous (fatty layer of tissue just beneath the skin) solution 100 unit/ml (a unit of measure) inject 25 unit subcutaneously at bedtime for DM rotate injection site. The Order Summary Report indicated Resident 6 had a physician order dated and started on 8/13/2025 for Insulin Lispro (a fast-acting, manufactured version of human insulin) subcutaneous solution that indicated rotate site of injection. During a concurrent interview and record review on 10/1/2025 at 9:19 AM with the facility's Quality Assurance Nurse (QAN) and the Director of Nursing (DON), Resident 6's Location of Administration Report for Insulin Glargine Subcutaneous Solution 100 unit/ml dated 9/1/2025 to 9/30/2025 was reviewed. The report indicated the Insulin Glargine Subcutaneous Solution 100 unit/ml was administered (given) consecutively (back-to-back) to Resident 6 on: - 9/4/2025 at 9:39 PM on the abdomen (the body area between the chest and the hips) left lower quadrant (LLQ - the lower-left section of your abdomen, just below and to the left of your belly button).- 9/5/2025 at 9:57 PM on the abdomen LLQ. - 9/6/2025 at 9:51 PM on the abdomen right upper quadrant (RUQ - upper right section of the abdomen just above and to the right of your belly button).- 9/7/2025 at 10:26 PM on the (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	abdomen RUQ. - 9/8/2025 at 9:11 PM on the abdomen RUQ. The QAN and DON stated facility staff should have rotated insulin sites to prevent lipohypertrophy. During a concurrent interview and record review on 10/1/2025 at 9:19 AM with the facility's QAN and DON, Resident 6's Location of Administration Report for Insulin Lispro Injection Solution dated 9/1/2025 to 9/30/2025 was reviewed. The report indicated the Insulin Lispro Injection Solution was administered consecutively to Resident 6 on:- 9/1/2025 at 5:25 PM on the abdomen left upper quadrant (LUQ - left upper side of the abdomen just above and to the left of your belly button). - 9/1/2025 at 9:11 PM on the abdomen LUQ. - 9/6/2025 at 11:55 PM on the abdomen LUQ. - 9/7/2025 at 6:39 PM on the abdomen LUQ. - 9/7/2025 at 4:09 PM on the abdomen LUQ. - 9/11/2025 at 4:51 PM on the abdomen LUQ. - 9/11/2025 at 9:51 PM on the abdomen LUQ. - 9/18/2025 at 4:48 PM on the abdomen LUQ. - 9/18/2025 at 9:10 PM on the abdomen LUQ. - 9/24/2025 at 4:56 PM on the abdomen LUQ.- 9/24/2025 at 9:58 PM on the abdomen LUQ The QAN and DON stated facility staff should have rotated insulin sites to prevent lipohypertrophy. During a concurrent interview and record review on 10/1/2025 at 9:19 AM with the QAN and DON, Resident 6's Care Plan (a plan of care that summarizes a resident's health conditions, specific care needs, and current treatments) titled The resident is at risk for hyper (high)/hypoglycemic (low blood sugar) R/T (related to) Diabetes Mellitus, dated 6/24/2025 was reviewed. The Care Plan indicated an intervention (specific care and services facility staff need to provide a resident to promote healing and prevent a worsening of a condition) to rotate site for insulin injections. The QAN and DON stated the facility staff should have followed the doctor's orders and Resident 6's care plan. 2. During a review of Resident 44's admission Record, the admission Record indicated the facility admitted the resident on 2/26/2025 with diagnoses that included type 2 DM and other encephalopathy (any brain disorder or damage that is not from a single, easily defined cause, but instead from a variety of conditions like organ failure, infections, or trauma). During a review of Resident 44's H&P dated 2/28/2025, the H&P indicated Resident 44 was awake, alert and responsive to verbal commands (can understand and act on spoken instructions using simple, everyday language). The H&P indicated Resident 44 did not have the mental capacity (ability to understand and make decisions). During a review of Resident 44's MDS dated [DATE], the MDS indicated Resident 44 rarely had the ability to understand others and rarely had the ability to make himself (Resident 44) understood. During a review of Resident 44's Order Summary Report, dated 11/21/2025, the Order Summary Report indicated Resident 44 had an active physician's order dated and started on 7/29/2025 indicating the staff were to rotate injection sites for Insulin Glargine Subcutaneous Solution 100 unit/ml. The Order Summary Report indicated Resident 44 had an active physician's order dated and started on 6/19/2025 indicating staff were to rotate injection sites for Insulin Regular Injection Solution 100 unit/ml. During a concurrent interview and record review on 9/30/2025 at 3:08 PM with Licensed Vocational Nurse 3 (LVN 3) and QAN, Resident 44's Location of Administration Report for Insulin Regular Human (a man-made, short-acting insulin) injection Solution 100 unit/ml dated 9/1/2025 to 9/30/2025 was reviewed. The report indicated Insulin Regular Injection Solution 100 unit/ml was administered consecutively to Resident 44 on: - 9/11/2025 at 7:06 AM on the abdomen LUQ. - 9/11/2025 at 12:32 AM on the abdomen LUQ. LVN 3 stated insulin sites needed to be rotated to prevent hardening of the injection site. During a concurrent interview and record review on 9/30/2025 at 3:10 PM with the QAN and Registered Nurse 1 (RN 1), Resident 44's Location of Administration Report for Insulin Glargine Subcutaneous Solution 100 unit/ml dated 9/1/2025 to 9/30/2025 was reviewed. The report indicated Insulin Glargine was administered consecutively to Resident 44 on: - 9/8/2025 at 6:42 AM on the abdomen RUQ. - 9/9/2025 at 12:01 AM on the abdomen RUQ. - 9/9/2025 at 6:27 AM on the abdomen LUQ. - 9/9/2025 at 6:27 PM on the abdomen LUQ. - 9/22/2025 at 5:39 AM on the abdomen LUQ. - 9/22/2025 at 7:24 AM on the abdomen LUQ. The QAN stated facility staff had the ability to check Resident 44's electronic medical record (EMR) to see where the previous insulin injection was given. The QAN and RN 1 stated giving insulin at the same injection site could cause hardening of the injection site. During an interview on 9/30/2025 with the (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	DON, the DON stated the facility's staff needed to rotate insulin injection sites to prevent hardening of the injection site. The DON stated staff had previously been educated (unknown date) about rotating insulin sites, 3. During a review of Resident 47's admission Record, the admission Record indicated the facility admitted the resident on 5/2/2025 with diagnoses that included type 2 DM. During a review of Resident 47's MDS dated [DATE], the MDS indicated the resident was cognitively intact (had the ability to think, understand, and reason). The MDS indicated Resident 47 was taking hypoglycemics (medication used to manage blood glucose levels in patients with type 2 diabetes). During a review of Resident 47's Blood Glucose Monitoring Record dated 7/1/2025 - 7/31/2025, the Blood Glucose Monitoring Record indicated the resident received consecutive doses of Lispro Insulin to the same site on: - 7/3/2025 at 4:30 PM and 9 PM on the abdomen LLQ. - 7/6/2025 at 4:30 PM and 9 PM on the abdomen right lower quadrant (RLQ - right lower section of the abdomen just below and to the right of your belly button). - 7/8/2025 at 11:30 AM and 4:30 PM on the left arm. - 7/19/2025 at 11:30 AM and 4:30 PM on the abdomen RLQ. - 7/22/2025 at 4:30 PM and 9 PM on the abdomen LUQ. - 7/23/2025 at 4:30 PM and 9 PM on the abdomen RLQ. - 7/24/2025 at 6:30 AM and 11:30 AM on the abdomen LUQ. - 7/24/2025 at 4:30 PM and 9 PM on the left arm. During a review of Resident 47's Order Summary Report, the Order Summary Report indicated the resident had a physician order dated 8/19/2025 that indicated the resident was to receive Lispro Insulin per sliding scale (a method of determining an insulin dose based solely on a person's current blood sugar level using a pre-established chart) subcutaneously before meals and at bedtime for DM. During a review of Resident 47's Blood Glucose Monitoring Record dated 8/1/2025 - 8/31/2025, the Blood Glucose Monitoring Record indicated the resident received consecutive doses of Lispro insulin in the same site on:- 8/19/2025 at 11:30 AM and 4:30 PM on the left arm. - 8/22/2025 at 4:30 PM and 9 PM on the abdomen RLQ. During a review of Resident 47's Blood Glucose Monitoring Record dated 9/1/2025 - 30/2025, the Blood Glucose Monitoring Record indicated the resident received consecutive doses of Lispro insulin in the same site on:- 9/6/2025 at 4:30 PM and 9 PM on the abdomen RLQ. - 9/13/2025 at 6:30 AM and 11:30 AM on the left arm. - 9/17/2025 at 6:30 Am and 11:30 AM on the left arm. - 9/26/2025 at 11:30 AM and 4:30 PM on the abdomen LLQ. During a review of Resident 47's Care Plan Report revised 9/30/2025, the Care Plan Report indicated the resident was at risk for hypoglycemia (low blood sugar levels)/hyperglycemia (high blood sugar levels) related to DM. The Care Plan Report indicated a goal for Resident 47 to have no signs and symptoms of hypoglycemia/hyperglycemia daily. The Care Plan Report indicated an intervention to rotate Resident 47's site for insulin injections. During a concurrent interview and record review on 10/1/2025 at 10:30 AM with the QAN, Resident 47's Blood Glucose Monitoring Records dated 7/1/2025 - 7/31/2025, 8/1/2025 - 8/31/2025, and 9/1/2025 - 9/30/2025 were reviewed. The QAN stated Resident 47 did not have their insulin injection sites rotated on 7/3/2025, 7/6/2025, 7/8/2025, 7/19/2025, 7/22/2025, 7/23/2025, 7/24/2025, 8/19/2025, 8/22/2025, 9/13/2025, 9/17/2025, and 9/26/2025. The QAN stated insulin sites had to be rotated when administering insulin. The QAN stated there was no documentation that indicated why Resident 47's Lispro insulin was given on the same site. The QAN stated there was a potential for Resident 47 to develop hardened skin or a skin infection if insulin injection sites were not rotated. During a concurrent interview and record review on 10/1/2025 at 11:00 AM with the DON, Resident 47's Blood Glucose Monitoring Records dated 7/1/2025 - 7/31/2025, 8/1/2025 - 8/31/2025, and 9/1/2025 - 9/30/2025 were reviewed. The DON confirmed Resident 47 did not have the insulin injection sites rotated on 7/3/2025, 7/6/2025, 7/8/2025, 7/19/2025, 7/22/2025, 7/23/2025, 7/24/2025, 8/19/2025, 8/22/2025, 9/13/2025, 9/17/2025, and 9/26/2025. The DON stated the nurses should have been rotating insulin injection sites to prevent hardening of the skin. During a review of the facility's Policy and Procedure (P&P) titled Insulin Administration dated 8/25/2025, the P&P indicated Injection sites should be rotated, preferably within the same general area (abdomen, thigh, upper arm).

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to properly store the insulin and albuterol when they stored it in the non-hazardous waste bin. On 9/30/2025 at 11:08 a.m. three used insulin (is a natural hormone [is chemicals that coordinate different functions in the body] that turns food into energy and manages the blood sugar level made with metacresol [m-cresol - a toxic and corrosive preservative]) pens, and; three aerosolized (having tiny particles of matter and gas or liquid that turn into a fine mist to be inhaled) inhalers (a pressurized device/canister that is inhaled to deliver medication(s) into the lungs) was found in the in the pharmaceutical (any medication/drug or dietary supplement for use by humans) waste bin (specialized container for disposing pharmaceutical waste) in one of one inspected Medication Rooms (Medication room [ROOM NUMBER].) This deficient practice violates both state regulations and the facility's own medication disposal policies, which require hazardous pharmaceutical waste to be disposed of in designated hazardous waste containers to prevent environmental contamination and safety risks.Findings: During an observation on 9/30/2025 at 11:08 a.m., in Medication room [ROOM NUMBER], with Registered Nurse (RN) 1, a white pharmaceutical waste bin (a container for disposing of any drug that has medicinal purposes waste) was observed to contain several lose medication tablets and capsules, three (3) disposed insulin pens, and three (3) disposed aerosolized inhalers. A sticker placed on the outside of the white pharmaceutical disposal bin indicated the following: -Non-Hazardous pharmaceutical waste (un-administered or unused medications and containers including intravenous (IV-into a vein) Bags, Vials, Syringes). -No hazardous waste (material must be free of any actual or apparent contamination (infectious, radioactive and/ or hazardous chemical). -No P-listed chemicals or medicines (acutely [sudden onset] toxic means the drug/chemical can cause death or irreversible illness even at low doses). -No U-listed chemicals or medicines. -No DEA (Drug Enforcement Administration) listed controlled substances. -No D-listed chemicals or medicines that exhibit the following characteristics [corrosivity, ignitability, reactivity, toxicity].During a concurrent interview on 9/30/2025 at 11:08 a.m., RN 1 stated the white pharmaceutic bin contained three insulin pens, and three aerosolized inhalers. RN 1 stated insulin pens and inhalers should not be disposed of in the non-hazardous white pharmaceutical bin. During an interview on 9/30/2025 at 2 p.m., the Director of Nursing (DON,) acknowledged and stated that the label/sticker on the outside of the white pharmaceutical bin indicated not to dispose of toxic medications. The DON stated that the white pharmaceutical bin contained several insulin pens, including Lantus (brand name of an insulin) and Aspart (generic name of an insulin), and several inhalers including Albuterol (an aerosolized inhaler- a medication used to relax muscles in the airways and increase air flow to the lungs). The DON stated the white non-hazardous pharmaceutical bin should not contain insulin pens as the insulin pens contain hazardous materials and aerosolized inhalers which can explode. The DON stated a third-party (an outside contracted entity not part of the facility) vendor (an individual or company that sells goods or services to someone else) usually picks up the facility's pharmaceutical waste containers once a month to dispose of the wasted medications. The DON stated the DON needed to contact the pharmaceutical waste container vendor to obtain the appropriate waste bin to waste hazardous medications. The DON stated the facility failed to destroy hazardous medications, like insulin pens and inhalers, in the appropriate waste container, according to state laws and regulations and facility policy and procedures. A review of the facility Policy and Procedures (P&P) titled, Medication Destruction, last reviewed 8/28/2025, indicated:A. All medications are placed in the proper waste container per facility policy. The facility maintains a contract with a waste disposal company specifying pick-up and disposal procedures. A review of a document titled Recovery Act regulations (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	at 40 CFR Part 261 (Subpart C), https://www.ecfr.gov/current/title-40/chapter-I/subchapter-I/part-261/subpart-C, accessed 11/24/2025, the regulation indicated: Characteristic of ignitability:a.3 includes ignitable compressed gas.b. A solid waste that exhibits the characteristic of ignitability has the EPA Hazardous Waste Number of D001. Toxicity characteristic.(a) A solid waste.exhibits the characteristic of toxicity if, ., the extract from a representative sample of the waste contains any of the contaminants listed in table 1 at the concentration equal to or greater than the respective value given in that table. (b) A solid waste that exhibits the characteristic of toxicity has the EPA Hazardous Waste Number specified in Table 1 which corresponds to the toxic contaminant causing it to be hazardous.Hazardous waste number of D024 m-Cresol regulatory level of 200 milligrams ([mg[unit of measure of mass) per liter ([L] - unit of measure of volume equivalent to 1000 milliliter). A review of manufacturer's guide Highlights of Prescribing Information for Lantus, dated June 2022, the guide indicated: each milliliter of Lantus contains . metacresol 2.7 mg. During a review of manufacturer's guide Highlights of Prescribing Information for Aspart, dated February 2023, the guide indicated: each milliliter of Aspart contains . metacresol 1.72 mg. A review of Recovery Act regulations at 40 CFR Part 266 (Subpart P) at https://www.ecfr.gov/current/title-40/chapter-I/subchapter-I/part-266/subpart-P, accessed 11/44/2025, the regulation indicated: Long-term care facility means a licensed entity that provides assistance with activities of daily living, including managing and administering pharmaceuticals to one or more individuals at the facility. This definition includes, but is not limited to, hospice facilities, nursing facilities, skilled nursing facilities, and the nursing and skilled nursing care portions of continuing care retirement communities. Non-creditable hazardous waste pharmaceutical means a prescription hazardous waste pharmaceutical that does not have a reasonable expectation to be eligible for manufacturer credit . This includes but is not limited to, ., residues of pharmaceuticals remaining in empty containers . A review of the document titled A 10-Step Blueprint for Managing Pharmaceutical Waste in US Healthcare Facilities, 2022 Edition, https://www.epa.gov/system/files/documents/202210/10_step_blueprint_guide_final_9-22.pdf, accessed 11/24/2025, the document indicated: Table 8: Examples of Incompatible Hazardous Waste PharmaceuticalsAlbuterol Inhaler RCRA HW Code D001.

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Sunray Healthcare Center	3210 W Pico Blvd Los Angeles, CA 90019

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and food preparation practices in the kitchen when:a. A pack of hot dogs and three cartons of protein shake were found in the resident refrigerator with no receive dates. b. Dietary Aid 1 (DA1) was observed wearing multiple pieces of jewelry (necklace, rings and bracelets) and watches. These deficient practices have the potential to promote foodborne illness and cross- contamination due to improper food handling, storage and hygiene practices. Findings: a. During an observation on 9/29/2025 at 10:30am in the resident refrigerator located in Nurses Station, one carton of nutritional supplement was observed with no label, name, or date. And a frozen pack of hot dogs in a cellophane bag with no received date was found. During an interview on 9/29/2025 at 10:35 a.m. with the Dietary Supervisor (DS), DS stated that she checked the Resident's refrigerator and that she overlooked and forgot to open the freezer area, DS stated that it is the Nursing staff who receives the food and they are expected to put room number and date received of the food, DS further added that there is no date received in the foods so we don't know when to toss the food. DS stated it is the kitchen staff who checks the Residents refrigerator and food store should not be kept for more than 24 hours. DS stated she doesn't know who put the food in the resident's refrigerator.A review of the facilities Policies & Procedures titled Food Receiving and Storage dated November 2022, under the section Foods and Snacks Kept on nursing Units it indicates All foods belonging to residents are labeled with the resident's name, the item, and the use by date. b. During an observation on 9/29/2025 at 10:45am, one of four kitchen staff members (DA 2) was observed wearing multiple items of jewelry. The Dietary Aide 2 (DA2) was observed to be wearing earrings, bracelet, and a necklace during food preparation in the kitchen. DA two was seen handling juices that will be placed on the lunch tray. During an interview on 9/30/2025 at 2:25 p.m. with the DS, the DS stated that she's been reminding staff that the only jewelry allowed in the kitchen is a wedding ring. DS stated it is high risk for DA to drop the small jewelry and can be dropped at any food they prepare in the kitchen that's why jewelry is not allowed to be worn when working in the kitchen. DS stated that some of the kitchen staff still wear jewelry despite reminding them.A review of the facilities Policies & Procedures titled Dress-Code and Personal Hygiene dated 11/2022 indicates jewelry should be limited to watches and wedding rings. A review of the facilities Policies & Procedures titled Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices dated November 2022 under the section Fingernails/Jewelry it indicates jewelry will be kept to a minimum. Hand jewelry (e.g. rings) and wrist jewelry are kept covered with gloves during food handling.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to develop a resident centered comprehensive care plan (a document outlining a detailed approach to care customized to an individual resident's need) for one of two residents (Resident 7). By failing to create and implement a care plan once a physician's order was received on 7/2/2025 for a right-hand mitten (padded mitted, used prevent the individual from using their hands to inadvertently or intentionally disrupt medical treatment or cause self-harm). As a result, Resident 7 did not have a care plan in place for the right-hand mitten from 7/2/2025 until 9/29/2025. Placing the resident at risk of receiving inadequate care and monitoring, which could affect Resident 7's quality of care and could cause the resident harm.During a review of Resident 7's admission Record, the admission record indicated the facility admitted the resident on 6/12/2025 with diagnoses including traumatic subdural hemorrhage (serious condition where blood collects between the brain's outer covering and its surface, typically caused by a head injury that tears bridging veins) and tracheostomy (surgical procedure that creates an opening in the neck and into the windpipe (trachea) to insert a tube) and gastrostomy (a procedure to surgically place a feeding tube through the stomach wall and into the stomach).During a review of Resident 7's Minimum Data Set (MDS - a standardized resident assessment tool), dated 6/18/2025, the MDS indicated Resident 7 had impairments (loss of function) in the upper and lower extremities. The MDS indicated Resident 7 was dependent on staff for oral hygiene, toileting, shower/bathing, dressing upper and lower body, and personal hygiene.During a review of Resident 7's Order Summary, dated 7/2/2025, the Order Summary indicated an order for the application of hand mitten to right hand to prevent pulling out medical devices, lines, and tubing.During a review of Resident 7's Multidisciplinary Care Conference notes dated 9/16/2025, the Care Conference notes indicated the acknowledgement of the physician order to apply a hand mitten to the right hand to prevent pulling out of the medical device lines and tubing. During an observation on 11/17/2025 at 12:24 PM in Resident 7's room with Certified Nurse Assistant (CNA 2), the resident was observed to have a hand mitten on the right hand. CNA 2 removed Resident 7's sheet to show the right-hand mitten. CNA 2 stated the nurses (unspecified) removed the mitten and checked the integrity (condition) of the skin. CNA 2 stated the resident would scratch herself when the mitten was removed. During a concurrent interview and record review on 11/17/25 at 12:30 PM with the Treatment Nurse (TX), Resident 7's Care Plan Report was reviewed. The TX stated the right-hand mitten was added to the Care Plan Report due to episodes of pulling medical devices. The date of initiation was 9/29/2025.During a concurrent interview and record review on 11/18/2025 at 8:39 AM with the Minimum Data Set Nurse (MDSN), Resident 7's Care Plan Report and Physician Orders were reviewed. The MDSN stated the Care Plan for episodes of pulling medical devices was created on 9/29/2025. The MDSN stated Resident 7 was admitted to the facility on [DATE]. The MDSN stated the physician order for the hand mitten was initiated on 7/2/2025. The MDSN stated the care plans were reviewed quarterly when MDS' were reviewed, which was on 9/18/2025. The MDSN confirmed that Resident 7 did not have a care plan for the hand mitten from the initial order on 7/2/2025 until 9/29/2025. The MDSN stated Resident 7 should have had a care plan at the date of the physician order.During a review of the facility's policy and procedures (P&P) titled, Use of Restraints, dated 8/26/2025, indicated the Care plans for residents in restraints would reflect intervention that addressed the immediate medical symptoms and underlying problems causing the symptoms. The P&P indicated that measures to reduce and eliminate the need for the restraint use were to be included in the care plan.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, and record review the facility failed to provide necessary respiratory care services for one out of eight sampled residents (Resident 12) by failing to label Resident 12's oxygen cannula tubing (small, flexible tube with two prongs that fit into the nostrils to deliver extra oxygen to someone who has trouble breathing) with the date changed according to of the facility's policy and procedure (P&P), titled Departmental (Respiratory Therapy) - Prevention of Infection, dated 8/28/2025 This deficient practice had the potential for Resident 12 to experience respiratory infections.During a review of Resident 12's admission Record, the admission Record indicated the facility originally admitted Resident 12 on 9/21/2020 and readmitted the resident on 10/13/2024 with diagnoses that included other chronic obstructive pulmonary disease (CPOD), unilateral (one sided) pulmonary emphysema (when the tiny air sacs in just one of the lungs are damaged and enlarged, making it hard to breathe and leading to symptoms like shortness of breath, especially with activity), dependence on supplemental oxygen, type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), pulmonary hypertension (high blood pressure in the arteries of the lungs, making it hard for the heart to pump blood through them), supraventricular tachycardia (a heart condition where the heart suddenly beats much faster than normal, often over 150 beats per minute), and chronic respiratory failure with hypoxia (a long-term condition where the lungs can't get enough oxygen into the blood, causing the body to not have enough oxygen to function properly). During a review of Resident 12'as care plan titled, Resident 12 has COPD (a chronic lung disease causing difficulty in breathing), dated 9/21/2020 with target date of 12/31/2025, the care plan indicted a goal for Resident 12 was to have reduced signs and symptoms of respiratory infections. During a review of Resident 12's care plan titled, Risk for respiratory distress (when a person has severe difficulty breathing) r/t (related to): -Asthma, -Dyspnea (shortness of breath, difficulty breathing), dated 7/3/2024, the care plan indicated an intervention (specific care and services facility staff need to provide a resident to promote healing and prevent a worsening of a condition) to give oxygen inhalation (breathing in) as ordered. During a review of Resident 12's History and Physical (H&P- physician's examination of a resident, in which the physician obtains a thorough medical history from the resident or resident representative, performs a physical examination, and then documents the findings) dated 10/13/2024, the H&P indicated the resident was admitted to the facility after admission to the General Acute Care Hospital (GACH) after an exacerbation (a flare-up where a person's usual COPD symptoms suddenly get worse, making it harder to breathe) and sepsis (a life-threatening medical emergency where the body has an overwhelming and extreme inflammatory response to an infection, which can damage its own tissues and organs). The H&P indicated the physician could not obtain Resident 12's mental capacity (ability to make your own decisions). During a review of Resident 12's Minimum Data Set (MDS, a standardized resident assessment tool), dated 9/4/2025, the MDS indicated Resident 12 had the ability to understand others and had the ability to make himself understood. During a concurrent observation and interview on 9/29/2025 at 9:49 AM with Licensed Vocational Nurse 4 (LVN 4) in Resident 12's room, Resident 12's oxygen cannula and tubing were observed being used by Resident 12 with the cannula and tubing missing a label indicating the date the tubing was changed. LVN 4 stated Resident 12's oxygen cannula and tubing were not dated. During a concurrent observation and interview on 9/29/2025 at 10:11 AM with the facility's Infection Preventionist (IP - a nurse who works to stop germs from spreading and keeping patients and staff safe), in Resident 12's room, Resident 12's oxygen cannula and tubing were observed being used by Resident 12 with the cannula and tubing missing a label indicating the date the tubing was changed. The IP stated Resident 12's oxygen cannula and tubing had to be changed every 7 days per the facility's policy. The IP stated that not changing Resident 12's oxygen cannula and tubing could cause an infection control (the practice of preventing the spread of infections in places like hospitals and other healthcare facilities) issue. During an interview on 9/29/2025 with (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Registered Nurse 1 (RN 1), RN stated if the oxygen cannula and tubing were not changed according to the facility's policy, Resident 12 could be exposed to an infection control issue. During an interview on 9/29/2025 at 10:53 AM with the facility's Director of Nursing (DON), the DON stated not changing Resident 12'as oxygen cannula and tubing per the facility's policy could cause an infection control issue. During a review of Resident 12's Order Summary Report dated 10/1/2025, the Order Summary Report indicated an active order for oxygen at two liters (a unit of measure) per minute via (through) nasal cannula and to change Resident 12's oxygen nasal cannula every week on Monday and as needed with Resident's name and date labeled with original order date of 10/13/2024. During a review of the facility's policy and procedure (P&P), titled Departmental (Respiratory Therapy) - Prevention of Infection, dated 8/28/2025, the P&P indicated the purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment, including ventilators (a medical device to help support or replace breathing), among residents and staff. The P&P indicated for staff to change the oxygen cannulae (cannula) and tubing every seven days or as needed. During a review of the facility's policy and procedure (P&P), titled Oxygen Administration (a medical treatment where a person breathes in extra oxygen through a tube to help with conditions that cause low blood oxygen, like COPD, pneumonia, or a severe asthma attack), dated 8/28/2025, the P&P indicated the purpose of this procedure is to provide guidelines for safe oxygen administration. The P&P indicated the staff were to verify that there is a physician order for this procedure. The P&P indicated the staff were to review the physician's orders.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observation, interview, and record review the facility failed to ensure one of one resident's (Resident 62) food preferences were honored as documented in Resident 62's Dietary Profile/Preferences, dated 11/12/2025. This Deficient practice had the potential to result in decreased meal satisfaction, decrease caloric intake, dehydration (a condition where your body loses more fluids than it takes in, meaning it doesn't have enough water to perform its normal functions), and malnutrition (when your body doesn't get enough of the right nutrients to stay healthy). During a review of Resident 62's admission Record, the facility admitted Resident 62 on 1/5/2005 with diagnoses including Guillain-Barre Syndrome (the immune system mistakenly attacks the he nerves that carry messages from the brain and spinal cord to the rest of the body), gastro-esophageal reflux (stomach acid backflows into the canal that connects the throat to the stomach), and peptic ulcer (lesion in the lining of the digestive tract). During a review of Resident 62's Care Plan Report, dated 2/18/2025, the Care Plan Report indicated Resident 62 was at risk for potential malnutrition and dehydration. The interventions (specific care and services facility staff need to provide a resident to promote healing and prevent a worsening of a condition) included honoring food preferences and updating food preferences as needed. During a review of Resident 62's Progress Notes, dated 9/30/2025, the Progress Notes indicated the Dietary Supervisor (DS) spoke with Resident 62 and documented Resident 62 did not like string beans, collard greens, green peas, and mixed vegetables on his meals. The Progress Notes indicated that dietary would honor the preferences and provide alternatives. During a review of Resident 62's Dietary Profile/Preferences, dated 11/12/2025, the Profile indicated that Resident 62 had a fortified (extra nutrients) high protein diet, regular texture, thin consistency, and was to receive ice cream every lunch and dinner. The Profile indicated that Resident 62 disliked string beans, collard greens, green peas, corn, and mixed vegetables. During an interview on 11/17/2025 at 12:51 PM with Certified Nurse Assistant (CNA) 1, CNA 1 stated that Resident 62 would not eat breakfast but will have cranberry juice. CNA 1 stated for lunch Resident 62 would eat 50-70% of his meal. During a concurrent observation and interview on 11/17/2025 at 12:54 PM in Resident 62's room, the lunch tray was observed. Resident 62 stated his food preferences were not honored. Resident 62 stated the kitchen staff would see the resident's food dislikes and mistakenly put those items on the plate instead of the food the resident liked. Resident 62 stated the Dietitian spoke with him on 11/17/2025. The meal ticket in Resident 62'2 lunch tray indicated: Resident 62 likes in bold letter and capitalized were: FISH ON FRIDAY, SPINACH, CAULIFLOWER, BROCCOLI, AND BRUSSEL SPROUTS. Resident 62's dislikes were indicated in bold red lettering and capitalized were: STRING BEANS, COLLARD GREEN, GREEN PEAS, CORN, AND MIXED VEGETABLES. Observed on Resident 62's lunch tray was a meat substance with gravy, rice and mixed vegetables (green peas, corn, and green beans) present. During a concurrent interview, record review, and review of picture of Resident 62's lunch tray on 11/17/2025 at 1:04 PM with the Dietary Supervisor (DS). The DS stated she spoke to the resident regarding his (Resident 62's) preferences. The DS stated, documentation is one of her biggest problems. The DS stated the staff would read off the resident's diet, likes, and dislikes the cook. The DS reviewed a picture of Resident 62's meal ticket dated 11/17/2025 which indicated Resident 62's diet, likes and dislikes. The DS reviewed a picture of the meal tray which showed the lunch plate had mixed vegetables. The DS stated the staff were not looking at the meal ticket. The DS stated Resident 62 would feel unheard because his preferences were not honored. During a concurrent interview, record review, and review of picture of Resident 62's lunch tray on 11/17/25 at 1:19 PM with the Dietary Aide (DA), The DA stated she knew the menu for that day (11/17/25), and each ticket was read to the cook including resident likes and dislikes. The DA reviewed a picture of Resident 62's meal ticket and meal plate dated 11/17/25. The meal ticket indicated that Resident 62 did not like string beans, corn, green peas, and mixed (continued on next page)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	vegetables. The DS stated she made a mistake and Resident 62 would feel sorry and sad. During an interview on 11/17/25 at 2:29 PM with the Director of Nursing (DON), the DON stated residents wanted to eat what they liked so they wouldn't lose weight. The DON stated if the facility continued to serve food that residents did not like the residents would not eat. The DON stated she did not know the training the dietary aids received. During a review of the facility's policy and procedures (P&P) titled, Resident Food Preferences, dated 8/28/2025, the P&P indicated individual food preferences would be assessed at admission and communicated to the interdisciplinary team (a group of different healthcare professionals-like nurses, doctors, therapists, social workers, and dietitians-who work together to create and manage a single care plan for a resident) any modifications would be ordered with the resident's or their representative's consent. The P&P indicated food services department should offer a variety of foods at each meal.