

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555375	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER Sunset Villa Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3232 E. Artesia Blvd. Long Beach, CA 90805	

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 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to choose his or her attending physician.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44443</p> <p>Based on interview and record review, the facility failed to verbally confirm with five of five sampled resident ' s (Residents 1, 2, 3, 4 and 5) primary care physician (PCP) 1 that he was no longer returning to the facility and failed to follow their policy and procedure titled, Choice of Attending Physician, indicating the facility must inform the resident in writing of the name and contact information for his or her attending physician.</p> <p>This failure resulted in the residents being told that the physician was being changed to a new physician and interrupting the consistent continuity of care of the resident ' s previous physician.</p> <p>Findings:</p> <p>1. During a review of Resident 1 ' s Admission Record (Face Sheet), the face sheet indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including vascular dementia (a progressive state of decline in mental disabilities), cerebral infarction (a type of stroke that occurs when an area of brain tissue dies due to lack of blood flow) and heart failure (a heart disorder which causes the heart to not pump the blood efficiently).</p> <p>During a review of Resident 1 ' s History and Physical (H&P), dated 9/2/2024, the H&P indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>During an interview on 1/24/2025 at 3:19 p.m., Resident 1 ' s Responsible Party (RP) 1 stated the facility staff informed her that Resident 1 ' s PCP 1 was no longer seeing patients at the facility and Resident 1 was assigned to another physician. RP 1 stated she did not request a change in physician but figured she didn ' t have a choice because the facility told her PCP 1 wasn ' t returning to the facility.</p> <p>2. During a review of Resident 2 ' s Face Sheet, the Face Sheet indicated Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including acute respiratory failure (a serious condition that occurs when your lungs can ' t get enough oxygen into your blood or remove carbon dioxide). The Face Sheet indicated Resident 2 was self-responsible.</p> <p>During a review of Resident 2 ' s Physician ' s Progress Notes, dated 12/10/2024, the Physician ' s Progress Notes indicated PCP 1 documented, Please transfer this patient back to my service. I do not know what you guys are doing over there. This is a long term very complex patient, and I cannot imagine her asking to change doctors.</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 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. During a review of Resident 3 ' s Face Sheet, the Face Sheet indicated Resident 3 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including encephalopathy (any brain damage or disease that affects how the brain functions), cognitive communication deficit (a communication difficulty caused by a cognitive impairment), End Stage Renal Disease ([ESRD] irreversible kidney damage), and dependence on renal dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed).</p> <p>During a review of Resident 3 ' s H&P, dated 2/21/2024, the H&P indicated, Resident had the capacity to make decisions.</p> <p>During an interview on 1/24/ 2025, at 3:41 p.m., RP 2 stated he received a text and phone call on 11/12/2024 at 12:34 p.m. from the Social Worker Assistant (SSA) that Resident 3 would be assigned to another PCP (PCP 2). RP 2 stated she did not receive any documentation indicating the new PCPs contact information.</p> <p>4. During a review of Resident 4 ' s Face Sheet, the Face Sheet indicated, Resident 4 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including polyosteoarthritis (a type of inflammation that affects at least five joints at a time). The Face Sheet indicated Resident 4 was self-responsible.</p> <p>During an interview on 1/24/2025 at 4:13 p.m. Resident 4 stated, she did not receive anything in writing indicating the new PCP name and contact information.</p> <p>5. During a review of Resident 5 ' s Face Sheet, the Face Sheet indicated, Resident 5 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses included schizophrenia (a mental illness that can affect thoughts, mood, and behavior). The Face Sheet indicated Resident 5 was self-responsible.</p> <p>During an interview on 1/24/2025 at 4:30 p.m., Resident 5 stated she did not make the request for her primary doctor (PCP 1) to be changed and was disappointed she was no longer going to receive care from him. Resident 5 stated she did not receive any documentation with the new PCP ' s contact information.</p> <p>During a concurrent interview and record review, on 1/24/2025, at 5:25 p.m., with Medical Records Director (MRD), the facsimile (FAX) communication technology that transmits printed material [like documents, images, or texts] from one location to another), dated 11/12/2024, was reviewed. The FAX indicated at 5:32 p.m., a FAX was sent to PCP 1 indicated his patients were assigned to PCP 2.</p> <p>(continued on next page)</p>		

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<p>F 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/27/2025 at 10:20 a.m., the Administrator (ADM) stated, he was notified by DON 2 that PCP 1 was very frustrated and stated he would not be returning to the facility and then PCP 1 left the building. The ADM stated he did not call PCP 1 to clarify what PCP 1 meant when he stated he wasn't coming back to the facility. The ADM stated he never received a phone call from PCP 1 and thought it was PCP 1's responsibility to make a phone call to the facility, informing us that he was no longer going to return and to reassign his patients. The ADM stated PCP 1's patients were then assigned to the Medical Director (MD) in the meantime until the Social Service Director (SSD) spoke to the residents and/or RPs informing them that PCP 1 would not be returning to the facility, of the physician change, and asked if the residents had a preference of physician in mind. If the resident didn't have a physician in mind, then PCP 2 was presented as an option. If PCP 1 wanted to come back, there is no reason why he would not be able to come back, and it would be up to the resident's if they would like to return under the care of PCP 1.</p> <p>During an interview on 1/27/2025, at 11:21 a.m., the MD stated he wasn't aware about PCP 1 leaving or why PCP 1 left the facility.</p> <p>During an interview on 1/27/2025, at 6:41 p.m., the Director of Nursing (DON 2) stated he overheard PCP 1 stating, I'm not coming back. DON 2 stated he didn't clarify whether PCP 1 was not coming back that day, tomorrow, or not coming back to the facility at all. DON 2 stated PCP 1 did not say to assign his patients to another physician. DON 2 stated looking back, he should have clarified what PCP 1 meant when he stated he wasn't coming back. DON 2 stated he notified the ADM what PCP 1 stated but didn't notify the medical director.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Choice of Attending Physician, dated 2001, the P&P indicated the resident is informed in writing of the name and contact information for his or her attending physician: any time the information changes.</p>		