

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 08/27/2025
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>Based on interview and record review, the facility failed to follow up on a podiatry consultation referral for one of three sampled residents (Resident 1). This failure had the potential to result in a delay in delivery of care and services, and risk for skin breakdown and infection for Resident 1. Findings:During a review of Resident 1's admission record, the admission record indicated the facility admitted Resident 1 on 2/18/2025 with diagnoses including Type 2 diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing) and dependence on renal dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidneys have failed).During a review of Resident 1's History and Physical (H&P), dated 4/08/2025, the H&P indicated Resident 1 had no capacity to understand and make decisions.During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 8/15/2025, the MDS indicated Resident 1 had moderately impaired cognitive skills (ability to learn, reason, remember, understand, and make decisions), required supervision assistance from staff with eating, required maximum assistance from staff for dressing, and was dependent on staff for toileting hygiene and bathing.During a review of Resident 1's Order Summary Report dated 2/18/2025, the Order Summary Report indicated an order for consultation to podiatry as needed for mycotic (infected with fungus) hypertrophic (extra thick) nails and or keratotic lesions (thick, hard patches of skin).During an interview on 8/26/2025 at 3:48 p.m. with the Social Service Director (SSD), the SSD stated Resident 1's podiatry referral was approved on 8/6/2025. The SSD stated Resident 1 did not receive podiatry service previously due to insurance denials and the transition to new coverage. The SSD stated that Resident 1 was not offered private-pay podiatry services while awaiting authorization approval.During an interview on 8/26/2025 at 10:08 a.m. with the Director of Staff Development (DSD), the DSD stated upon admission of a resident with long toenails, staff was to ensure to provide good proper hygiene and clean nails. The DSD stated ingrown toenails can lead to infection. During an interview on 8/27/2025 at 2:42 p.m. with the Director of Nursing (DON), the DON stated residents who have long, or ingrown toenails can result in skin breakdown and increase the risk of infection.During a review of the facility's policy and procedure (P&P), titled Job Description: Social Services Director, revised January 2025, the P&P indicated Social Services Director essential duties.assist in obtaining resources from community and social services agencies as well as health and welfare agencies to meet the needs of the resident.assist in making outpatient appointments as ordered and schedule on-site ancillary patient services to include optometry, podiatry, dentistry and psychiatric services.</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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>Based on observation, interview and record review, the facility failed to provide one of three sampled residents (Resident 2) with meals that accommodated the resident's food preferences. This failure had the potential to result in decreased meal intake and malnutrition. Findings: During a review of Resident 2's admission Record, the admission Record indicated the facility admitted the resident on 2/26/2025 with diagnoses including hyperlipidemia (a condition characterized by high levels of lipids in the blood including cholesterol and triglycerides) and type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 2's History and Physical (H&P), dated 2/27/2025, the H&P indicated, Resident 2 has the capacity to understand and make decisions. During a review of Resident 2's Minimum Data Set (MDS, a resident assessment tool) dated 6/5/2025, the MDS indicated Resident 2 had moderate cognitive (ability to think, understand and make decisions) impairment and was independent with eating and required a therapeutic diet (specially designed meal plans used to treat or manage specific medical conditions). During a review of Resident 2's Order Summary Report dated 4/11/2025 indicated a Renal 80-gram (Gm, unit of weight) protein, regular texture, thin liquids consistency, controlled carbohydrate (CCHO-a dietary pattern that restricts carbohydrate intake to manage blood sugar levels) double portion protein diet. During an interview and concurrent record review with Resident 2 on 8/26/2025 at 12:11 p.m., photos taken of the resident's food indicated white bread served with meal ticket indicating the resident's preference of wheat bread. Resident 2 stated food preferences were not being considered by dietary staff when given meals. Resident 2 stated he was still being served white bread and pasta despite requesting wheat bread and no pasta numerous times. Resident 2 stated feeling frustrated with the kitchen staff not accommodating requests and was concerned about his health. During an interview and concurrent record review with the Dietary Supervisor (DS) on 8/27/2025 at 10:33 a.m., the DS stated the last dietary preference assessment for Resident 2 was completed 2/28/2025 which indicated Resident 2 requested no cheese and wheat bread substitute for meals. The DS stated there was a mistake in serving Resident 2 white bread. The DS stated tray line staff (food service workers responsible for assembling patient meal trays based on specific dietary instructions) were responsible for checking menu cards with meal trays. The DS stated honoring the resident's food preferences was respecting residents' rights and preventing the risk of malnutrition. During a review of facility policy and procedure (P&P) titled Food and Nutrition Services dated 2001, indicated, Reasonable efforts will be made to accommodate resident choices and preferences.</p>		