

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 03/06/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49573</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 530) had a call light that was within reach of the resident who was a high fall risk when the call light was observed on the floor out of reach for the resident.</p> <p>This failure had the potential for Resident 530 to feel frustrated when she could not summon help due to the call light not being within reach, her needs not being met and also delay of care and services.</p> <p>Findings:</p> <p>During a review of Resident 530's Admission Record, the Admission Record indicated Resident 530 was admitted to the facility on [DATE] with diagnoses including metabolic encephalopathy (a condition where the brain's function is impaired due to an underlying metabolic disturbance), respiratory failure (a serious medical condition where the lungs are unable to adequately exchange oxygen in the blood), end stage renal disease ([ESRD], irreversible kidney failure), and anxiety disorder (a group of mental health conditions that cause fear, dread and other symptoms that are out of proportion to the situation).</p> <p>During a review of Resident 530's History and Physical (H/P) dated 2/18/2025, the H/P indicated Resident 530 does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 530's Minimum Data Set ([MDS], a resident assessment tool) dated 2/22/2025, the MDS indicated Resident 530 was severely cognitively (ability to make decisions of daily living) impaired and required moderate assistance (helper does less than half of the effort) with self-care abilities such as eating and was dependent (helper does all the effort) with oral hygiene, toileting hygiene, shower/bathe, upper and lower body dressing and putting on and taking off footwear. The MDS also indicated Resident 530 was dependent for mobility needs such as rolling left and right.</p> <p>During an observation on 3/3/2025 at 12:17 p.m., with Resident 530 in her room, Resident 530 was lying in bed on her right side facing the front door with her eyes closed. Resident 530's call light was on the floor behind the resident.</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
---	-------	-----------

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 03/06/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/6/2025 at 9 a.m., with the MDS Coordinator (MDSC), the MDSC stated the call light needs to be within reach of the residents. The MDSC stated high fall risk residents such as Resident 530 should have a call light within reach. MDSC stated if call lights are not within reach of residents, residents can fall out of bed trying to reach for the call light or try to get out of bed on their own because the resident could not use the call light to call staff for help. The MDSC stated the importance for having a call light within reach of the residents was so residents can call for help and staff were aware residents need help.</p> <p>During an interview on 3/6/2025 at 2:22 p.m., with the Director of Nursing (DON), the DON stated the call lights provide the residents access to the staff. The DON stated the call light should be within the reach of the resident so residents can call for help when needed.</p> <p>During a review of the facility's policy and procedure (P/P) titled Answering the Call Light, revised 10/2010, indicated when the resident is in bed or confined to a chair, be sure the call light is within easy reach of the resident.</p>		

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 03/06/2025
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49573</p> <p>Based on interview, and record review, the facility failed to ensure residents medical records were up to date as per the facility's policy and procedure (P&P) titled, Advance Directive, revised 2/2025, regarding Advance Directives ([AD], a legal document indicating resident preference on end-of-life treatment decisions) for two of six sampled residents (Resident 530).</p> <p>This deficient practice violated the residents' rights to be fully inform of the option to formulate an AD and had the potential to cause conflict with the residents' wishes regarding health care in the event residents became incapacitated (unable to participate in a meaningful way in medical decisions) or unable to make medical decisions that would not be identified and/or carried out by the facility staff.</p> <p>Findings:</p> <p>During a review of Resident 530's Admission Record, the Admission Record indicated Resident 530 was admitted to the facility on [DATE] with diagnoses including metabolic encephalopathy (a condition where the brain's function is impaired due to an underlying metabolic disturbance), respiratory failure (a serious medical condition where the lungs are unable to adequately exchange oxygen in the blood), end stage renal disease ([ESRD], irreversible kidney failure), and anxiety disorder (a group of mental health conditions that cause fear, dread and other symptoms that are out of proportion to the situation).</p> <p>During a review of Resident 530's History and Physical (H/P) dated 2/18/2025, the H/P indicated Resident 530 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 530's Minimum Data Set (MDS a resident assessment tool) dated 2/22/2025, the MDS indicated Resident 530 was severely cognitively (ability to make decisions of daily living) impaired and required moderate assistance (helper does less than half the effort) with self-care abilities such as eating and was dependent (helper does all of the effort) with oral hygiene, toileting hygiene, shower/bathe, upper and lower body dressing and putting on and taking off footwear. The MDS also indicated Resident 530 was dependent on staff for mobility such as rolling left and right.</p> <p>During a review of Resident 530's AD Acknowledgment form dated 2/18/2025, the AD Acknowledgment form indicated Resident 530 had not executed an AD and did not want any additional information at this time. The AD form did not indicate Resident 530 or the residents representative signed the form acknowledging this information was provided.</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 3/5/2025 at 12:26 p.m., with the Social Service Director (SSD), the AD Acknowledgment form for Resident 151 and Resident 530 was reviewed. The SSD stated the SSD since the family does not have the capacity to make decisions, the SSD spoke to the family and family did not want to formulate an AD for the residents since the residents did not have capacity to make decisions. SSD stated the AD Acknowledgement should have been clearer by providing two signatures of staff that were present when resident and/or family was provided with the information and whether it was a telephone consent over the phone or in person consent. The SSD stated the importance of an AD was to make sure staff are respecting the wishes of the residents. The SSD stated the AD was a legal document where the request and wishes of residents are indicated and can be honored if the resident is incapacitated.</p> <p>B. During a review of Resident 118's Admission record, the Admission record indicated Resident 118 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness or paralysis on one side of the body) following cerebral infarction (stroke - loss of blood flow to a part of the brain) and unspecified dementia (a progressive state of decline in mental abilities). The Admission record indicated Resident 118 had a Resident representative/responsible party designated to make Resident 118's decisions.</p> <p>During a review of Resident 118's MDS dated [DATE], the MDS indicated had severe impairment to cognition (ability to learn, reason, remember, understand, and make decisions).</p> <p>During a concurrent interview and record review on 3/5/2025 at 12:02 p.m. with the Social Services Director (SSD), Resident 118's Advance Directive Acknowledgement form, dated 2/17/2024, was reviewed. The Advance Directive Acknowledgement form indicated Resident 118 had not executed an Advance Directive and was not capable of making preferred intensity of care decisions at this time. The SSD stated the Advance Directive Acknowledgement form was signed by a facility staff and the physician, and not by Resident 118's Responsible Party. The SSD stated since Resident 118 did not have the capacity to make decisions, the Resident 118's Responsible party should have been given the option to execute or formulate an advance directive. The SSD stated there was no follow-up with Resident 118's Responsible Party.</p> <p>During an interview on 3/6/2025 at 2:23 p.m. with the Director of Nursing (DON), the DON stated an advance directive is the resident's right to have their wishes to be carried out if incapacitated. The DON stated if a resident does not have the capacity to formulate an advance directive, the facility should offer or discussed with the responsible party during interdisciplinary team meetings.</p> <p>During a concurrent interview and record review on 3/6/2025 at 2:24 p.m., with the Director of Nursing (DON), the AD Acknowledgement form for Resident 151 and Resident 530. The DON stated the importance of an AD was that it was the wishes of the residents decisions regarding life saving measures, in case they become incapacitated. The DON stated if a resident does not have the capacity to formulate an AD, the resident's representative would be provided with the information and make decisions on behalf of the resident. The DON stated documents should be clear whether the resident or resident representative want to formulate an AD and to whom the information was given to.</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy and procedure (P/P) titled, Advance Directive, revised 02/2025, the P/P indicated the resident has the right to formulate an advance directive, including the right to accept or refuse medical or surgical treatment .prior to or upon admission of a resident, the social services director or designee inquires of the resident, his/her family members and/or his or her legal representative, about the existence of any written advance directives .the resident or representative is provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so . if the resident is incapacitated and unable to receive information about his or her right to formulate an advance directive, the information may be provided to the resident's legal representative . information about whether or not the resident has executed an advance directive is displayed prominently in the medical record in a section of the record that is retrievable by any staff.</p> <p>50144</p>		

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 03/06/2025
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46537</p> <p>Based on observation, interview, and record review, the facility failed to ensure use of a bed alarm (an alarm with sensors that will alarm when a resident leave or attempt to leave their beds unassisted to help prevent falls by alerting staff) was assessed, monitored and documented for one of three sampled residents (Resident 165).</p> <p>This failure had the potential to result in Resident 165 inhibiting to have quality sleep and restrict the mobility.</p> <p>Findings:</p> <p>During a review of Resident 165's Admission Record, the Admission Record indicated, Resident 165 was admitted to the facility on [DATE] with diagnoses including dementia (a progressive state of decline in mental abilities), open angle glaucoma (an eye disease that causes slow, symptomless vision loss), and history of falling.</p> <p>During a review of Resident 165's History and Physical (H&P) dated 1/10/2025, the H&P indicated, Resident 165 had no capacity (ability) to understand and make decision.</p> <p>During a review of Resident 165's Minimum Data Set (MDS - a resident assessment tool), dated 1/14/2025, the MDS indicated Resident 165 required dependent assistance (Helper does all of the effort) from two or more staff for dressing, hygiene, transfer, maximal assistance (Helper does more than half the effort) from one staff for eating, oral hygiene, and bed mobility.</p> <p>During a concurrent observation and interview on 3/3/2025, at 11:23 a.m., with Resident 165 in Resident 165's room, Treatment Nurse (TN) 1 was transferring Resident 165 from his bed to wheelchair. When Resident 165 was out of bed, the bed alarm was on, and TN 1 turned it off. Resident 165 stated, the alarm was so loud, and he tried not to move too much at night because he did not want to startle or wake up his roommates. Resident 165 stated, the bed alarm made him feel very uncomfortable and he did not know how to turn it off. Resident 165 stated, he could not sleep well at night.</p> <p>During an interview on 3/4/2025, at 10:45 a.m., with TN 1, TN 1 stated, he believed that Resident 165 was at high fall risk and the bed alarm was placed to prevent the fall. TN 1 stated the bed alarm was keeping Resident 165 from getting up without supervision.</p> <p>During a concurrent interview and record review on 3/5/2025, at 11:22 a.m. with Assistant Director of Nursing (ADON) of Resident 165's Order Summary Report (OSR), dated 3/1/2025. The OSR indicated, there was no order for bed alarm. ADON stated, the bed alarm was usually considered as restraint because it could restrict the resident's movement, and it required doctor's order. ADON stated, he did not know Resident 165 had the bed alarm placed because he believed Resident 165 did not need the bed alarm due to physical limitation. ADON stated, the staff should have assessed the needs of bed alarm and tried less restrictive measure before they placed the bed alarm to minimize any complication. ADON stated, all restraints should be assessed for its needs, monitored for any injuries, and documented. ADON stated, he could not find any document regarding the bed alarm use.</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 3/6/2025, at 9 a.m., with Minimum Data Set Coordinator (MDSC), Resident 165's MDS (restraints and alarms), dated 1/14/2025. The MDS indicated, there was no restraints or any alarm. MDSC stated, she did not code for the bed alarm because she did not know Resident 165 had bed alarm. MDSC stated, she did not initiate the care plan regarding the bed alarm for the same reason. MDSC stated, there was no doctor's order or informed consent for the bed alarm for Resident 165.</p> <p>During an interview on 3/6/2025, at 2:50 p.m. with Director of Nursing (DON), DON stated, if the bed alarm restricted the resident's movement should be considered as a restraint, especially, when the resident did not want to move around freely due to loud noise. DON stated, the staff should do initial assessment to justify its use. DON stated, the informed consent should be obtained, and education should be provided. DON stated, she believed that Resident 165 did not need the bed alarm. DON stated, the staff should have assessed, monitored, and documented the use of bed alarm.</p> <p>During a review of Resident 165's Medication Administration Records (MAR), dated from 1/2025 to 3/2025, the MAR indicated, there was no monitoring documented for the bed alarm.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Use of Restraints, revised 2/2025, the P&P indicated, The definition of a restraint is based on the functional status of the resident and not the device. If the resident cannot remove a device in the same manner in which the staff applied it given that resident's physical condition, and this restricts his/her typical ability to change position or place, that device is considered a restraint. Prior to placing a resident in restraints, there shall be a pre-restraining assessment and review to determine the need for restraints. The assessment shall be used to determine possible underlying causes of the problematic medical symptom and to determine if there are less restrictive interventions that may improve the symptoms. Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (sponsor). The order shall include the following: a. The specific reason for the restraint (as it relates to the resident's medical symptom); b. How the restraint will be used to benefit the resident's medical symptom; and c. The type of restraint, and period of time for the use of the restraint full documentation of the episode leading to the use of the physical restraint. This includes not only the resident symptoms but also the conditions, circumstances, and environment associated with the episode; b. a description of the resident's medical symptoms (i.e., an indication or a characteristic of a physical or psychological condition) that warranted the use of restraints; how the restraint use benefits the resident by addressing the medical symptom; the type of the physical restraint used; e. the length of effectiveness of the restraint time; and observation, range of motion and repositioning flow sheets.</p>		

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 03/06/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50144</p> <p>Based on interview and record review, the facility failed to ensure the Minimum Data Set (MDS-a resident assessment tool) was accurately documented for one of five sampled residents (Resident 140.)</p> <p>This deficient practice had the potential to negatively affect Resident 140's plan of care and delivery of necessary care and services.</p> <p>Findings:</p> <p>During a review of Resident 140's Admission record, the Admission record indicated Resident 140 was initially admitted to the facility on [DATE] and readmitted on [DATE] with the diagnoses including unspecified psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality).</p> <p>During a review of Resident 140's MDS, dated [DATE], the MDS indicated had cognition (ability to learn, reason, remember, understand, and make decisions) was moderately impaired and requires supervision for eating and moderate assistance (helper does less than half the effort) for toileting, bathing, and dressing.</p> <p>During a review of Resident 140's Order Summary Report, dated 3/1/2025, the Order Summary Report indicated Resident 140 had an order for Olanzapine (Antipsychotic medication) Oral Tablet 5 Milligrams (MG- unit of measurement) - Give 1 tablet by mouth one time a day for Psychosis manifested by angry outbursts.</p> <p>During a concurrent interview and record review on 3/6/2025 at 8:38 a.m. with Minimum Data Set Coordinator (MDSC), Resident 140's MDS, dated [DATE]. The MDS did not indicated Resident 140 had a psychotic disorder. The MDSC stated because Resident 140 was receiving Olanzapine to treat psychosis and had a diagnosis of psychosis, the MDS should have reflected Resident 140 had a psychotic disorder.</p> <p>During an interview on 3/6/2025 at 2:23 p.m. with the Director of Nursing (DON), the DON stated it is important for MDS assessments to be patient specific and accurate to ensure the resident receives the right treatment, resources, and plan of care.</p> <p>During a review of the facility's policy and procedure (P&P), titled Charting and Documentation, revised February 2025, the P&P indicated Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.</p>		

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 03/06/2025
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50144</p> <p>Based on interview and record review, the facility failed to implement recommendations from the Level II Preadmission Screening and Resident Review (PASARR - a federal assessment requirement to help ensure that individuals who have a mental disorder or intellectual disabilities are placed in facilities that can provide the appropriate care) for one of six sampled residents (Resident 140).</p> <p>This deficient practice had the potential to negatively affect Resident 140's plan of care and delivery of necessary care and services.</p> <p>Findings:</p> <p>During a review of Resident 140's Admission record, the Admission record indicated Resident 140 was initially admitted to the facility on [DATE] and readmitted on [DATE] with the diagnosis of unspecified psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality).</p> <p>During a review of Resident 140's MDS, dated [DATE], the MDS indicated had cognition (ability to learn, reason, remember, understand, and make decisions) was moderately impaired and requires supervision for eating and moderate assistance (helper does less than half the effort) for toileting, bathing, and dressing.</p> <p>During a concurrent interview and record review on 3/6/2025 at 8:38 a.m. with Minimum Data Set Coordinator (MDSC), Resident 140's PASARR Individualized Determination Report, dated 11/14/2024, and care plans were reviewed. The PASARR individualized Determination Report indicated recommendations for psychiatry consultation and/or follow-up care. The MDSC stated Resident 140 did not have orders or care plans indicating a consult to psychiatry.</p> <p>During an interview on 3/6/2025 at 2:23 p.m. with the Director of Nursing (DON), the DON stated it is important to follow up on PASARR recommendations to ensure the resident is receiving the proper level of care and correct resources.</p> <p>During a review of the facility's policy and procedure (P&P), titled Care Plans, Comprehensive Person-Centered, revised February 2025, the P&P indicated The comprehensive, person-centered care plan:</p> <p>a. includes measurable objectives and timeframes;</p> <p>b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including:</p> <p>(1) services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment;</p> <p>(2) any specialized services to be provided as a result of PASARR recommendations; and</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(3) which professional services are responsible for each element of care.</p>

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 03/06/2025
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49573</p> <p>Based on interview, and record review, the facility failed to follow through with the Preadmission Screening and Resident Review (PASRR- a federally mandated program ensuring individuals with mental illness, intellectual/developmental disabilities, or related conditions receive appropriate placement and services) recommendation to obtain a PASARR level II evaluation for one of three sampled residents (Resident 25).</p> <p>This deficient practice had the potential to result in an inappropriate placement and delay of the resident's needed services.</p> <p>Findings:</p> <p>During a review of Resident 25's Admission Record, the Admission Records indicated Resident 25 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including paranoid schizophrenia (a mental illness that is characterized by disturbances in thought), bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior), anxiety disorder (a group of mental health conditions that cause fear, dread and other symptoms that are out of proportion to the situation), and mild cognitive impairment (a condition characterized by a subtle decline in cognitive abilities, such as memory, attention, and language, that is not severe enough to interfere with daily life).</p> <p>During a review of Resident 25's history and physical (H/P) dated 7/3/2024, the H/P indicated Resident 25 had fluctuating capacity to make decisions.</p> <p>During a review of Resident 25's Minimum Data Set ([MDS], a resident assessment tool), dated 1/15/2025, the MDS indicated Resident 25 had intact cognitive (thinking process) skills and was independent (resident completes the activity by themselves with no assistance from a helper) with self-care abilities such as eating, required moderate assistance (helper does less than half the effort) with oral hygiene, toileting hygiene, personal hygiene, and upper body dressing, and required maximal assistance (helper does more than half the effort) with shower/bathe, lower body dressing, and putting on/taking off footwear. The MDS also indicated Resident 25 required supervision (helper provides verbal cues and/or touching contact guard assistance as resident completes activity) with mobility such as rolling left and right, sit to lying position, lying to sitting on side of bed, sit to stand, bed to chair transfer, toilet transfer and required moderate assistance with shower transfers and walking 10 to 150 feet.</p> <p>During a review of Resident 25's Preadmission Screening and Resident Review (PASRR) Level 1 Screening dated 8/3/2023, the PASRR Level 1 indicated Resident 25 was positive for suspected mental illness, and a PASRR Level 11 assesment was indicated.</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 25's Department of Health Care Services document titled, Unable To Complete Level 2 Evaluation dated 8/8/2023, the document indicated after reviewing the positive Level 1 screening and speaking with staff, a Level 2 Mental Health Evaluation was not scheduled because the individual was unable to participate in the evaluation. The case is now closed. To reopen, please submit a new Level 1 screening.</p> <p>During a concurrent interview, and record review on 3/6/2025 at 10:59 a.m., with the Assistant Director of Nursing (ADON), the PASRR Level 1 and Department of Health Care Services document was reviewed. The ADON stated the facility should have reevaluated the resident for Level 1 screening to reopen the case by submitting a new Level 1 screening so a Level 2 screening could be done. The ADON stated the importance of the PASRR with residents that may have a mental disorder/development disorder was to identify and provide the care for them, to make sure the residents are in the correct facility, and the correct resources and consults are provided for the residents.</p> <p>During a concurrent interview, and record review on 3/6/2025 at 2:29 p.m., with the Director of Nursing (DON), the PASRR Level 1 and Department of Health Care Services document was reviewed. The DON stated the Level 1 PASRR should have been resubmitted. The DON stated the importance of doing a PASRR was so the services and consults that the residents need is provided to the residents if they are positive. The DON stated if Level 2 screening was positive, residents can get the right treatment and care needed for the residents</p> <p>.</p> <p>During a review of the facility's policy and procedure (P/P) titled PASARR, revised 03/2021, indicated all new admissions and readmissions are screened for mental disorders (MD), intellectual disabilities (ID) or related disorders (RD) per the Medicaid Pre-Admission Screening and Resident Review (PASARR) process .if the level I screen indicates that the individual may meet the criteria for a MD, ID, or RD, he or she is referred to the state PASARR representative for the Level II (evaluation and determination) screening process, the admitting nurse notifies the social services department when a resident is identified as having a possible (or evident) MD, ID or RD, the social worker is responsible for making referrals to the appropriate state-designated authority.</p> <p>50144</p>		

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 03/06/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45891</p> <p>46415</p> <p>Based on observation, interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Implment the interventions in Resident 55's care plan to monitor, and document the effectiveness and side effects of seizure medications he was receiving. 2. Develop a comprehensive care plan for Resident 530 a comprehensive care plan for a bed sensor alarm (alarm that triggers if the resident tries to get out of bed) that was placed in her bed. 3. Develop a baseline care plan for a psychotropic (medication that affects the brain)medication for Resident 427. 4. provide bilateral bed bolsters (a long narrow pillow or cushion used to improve bed safety without the use of side rails, preventing patients from rolling too far to the left or right) as indicated in Resident 43's untitled care plan for Falls. 5. ensure Resident 43's head of bed (HOB) was elevated at least 30 degrees as indicated in Resident 43's untitled care plan for enteral nutrition (TF): at risk for complications related to aspiration. 6. ensure implementing fall prevention care plan interventions for Resident 165. <p>These deficient practices have the potential to negatively affect the quality of life and wellbeing for Residents 55, 530 , 427, 43 and 165 to prevent them from achieving their highest practical well-being.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 55's Admission Record, the Admission Record indicated Resident 55 was admitted to the facility on [DATE] with diagnoses including conversion disorder with seizures (a mental health condition where psychological distress manifests as physical symptoms, including seizures), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), colostomy (a surgical procedure that brings one end of the large intestine out through the abdominal wall to allow waste to leave the body), gastrostomy ([G-Tube], a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), and spinal stenosis (a condition where the spinal canal [, the space surrounding the spinal cord] becomes narrowed). <p>During a review of Resident 55's history and physical (H/P) dated 11/27/2024, the H/P indicated Resident 55 had the capacity to make medical decision making.</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 55's Minimum Data Set ([MDS], a resident assessment tool) dated 1/27/2025, the MDS indicated Resident 55 was moderately impaired in cognitive (ability make decisions of daily living) skills and required moderate assistance (helper does less than half the effort) with self-care abilities such as eating, oral hygiene, upper body dressing and required maximal assistance (helper does more than half the effort) for toileting hygiene, shower/bathe, lower body dressing, putting on/taking off footwear, and personal hygiene. The MDS also indicated Resident 55 required moderate assistance with mobility such as rolling left and right, sit to lying position, lying to sitting on side of bed, bed to chair transfers, and toilet transfers.</p> <p>During a review of Resident 55's Order Summary Report, the Order Summary Report indicated Resident 55 was receiving carbamazepine (medication to treat and prevent seizures, sometimes called convulsions) oral tablet 200 milligram ([mg], unit of measurement) give 1 tablet (pill) via G-Tube four times a day for seizures, Kepra (Levetiracetam, anti-epileptic drug to treat certain types of seizures) oral solution 100 mg give 5 milliliter ([mL], a unit of measurement) via G-Tube two times a day for seizures, phenobarbital (a medicine used to treat seizures, anxiety, and insomnia) oral tablet 64.8 mg give 1 tablet via G-Tube two times a day for seizures, hold G-Tube feeding for 1 hour before and after dose given, and phenytoin (used to control certain type of seizures, and to treat and prevent seizures that may begin during or after surgery to the brain or nervous system) oral suspension 125 mg/5mL give 10 mL via G-Tube two times a day for seizures.</p> <p>During a review of Resident 55's comprehensive care plan, dated 10/22/2024, the comprehensive care plan indicated Resident 55 had a seizure disorder due to epilepsy not intractable (hard to control) with goal to remain free from injury related to seizure activity through review date. The interventions/tasks indicated give medications as ordered and to monitor/document for effectiveness and side effects, give seizure medication as ordered by doctor, monitor/document side effects and effectiveness. The care plan also indicated resident has an alteration in neurological status related to epilepsy not intractable with goal to be able to function at the fullest potential possible as outlined by the interdisciplinary team through the review date with interventions/tasks indicated give medications as ordered and monitor/document side effects and effectiveness, monitor/document/report to medical doctor as needed for signs and symptoms of tremors (involuntary shaking), rigidity (stiffness and resistance to movement), dizziness (feeling of woozy, or disoriented), changes in level of consciousness, or slurred speech.</p> <p>During a review of Resident 55's nurses' notes dated 1/2025 to 3/2025, there was no documentation indicating staff were monitoring for the effectiveness and side effects of the seizure medications for the month of January 2025 and February 2025.</p> <p>During a review of Resident 55's electronic medication administration record ([EMAR], a standardized record that organizes essential information about a patient and their prescribed medications) for January 2025 and February 2025, the EMAR indicated Resident 55 was receiving the seizure medications but there was no monitoring for the side effects of the medications.</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 3/6/2025 at 9:51 a.m., with the MDS Coordinator (MDSC), the comprehensive care plan and nurses' notes were reviewed. The MDSC stated the importance of a care plan was that it was an individualized plan to meet the needs of the residents and for staff to be able to provide the care that was needed for them. The MDSC stated staff should be following the care plan by monitoring and documenting the effectiveness and side effects of the medication. The MDSC stated there was no documentation in the nurses' notes that indicated staff were monitoring the effectiveness and side effects of the medication or if Resident 55 had any of the side effects from the medication he was taking. The MDSC stated the monitoring of the side effects should have been a task where staff can monitor if side effects were being exhibited during their shift.</p> <p>2. During a review of Resident 530's Admission Record, the Admission Record indicated Resident 530 was admitted to the facility on [DATE] with diagnoses including metabolic encephalopathy (a condition where the brain's function is impaired due to an underlying metabolic disturbance), respiratory failure (a serious medical condition where the lungs are unable to adequately exchange oxygen in the blood), end stage renal disease ([ESRD], irreversible kidney failure), and anxiety disorder (a group of mental health conditions that cause fear, dread and other symptoms that are out of proportion to the situation).</p> <p>During a review of Resident 530's H/P dated 2/18/2025, the H/P indicated Resident 530 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 530's MDS dated [DATE], the MDS indicated Resident 530 was severely impaired in cognitive thinking process and required moderate assistance with self-care abilities such as eating and was dependent (helper does all of the effort) with oral hygiene, toileting hygiene, shower/bathe, upper and lower body dressing and putting on and taking off footwear. The MDS also indicated Resident 530 was dependent on staff for mobility such as rolling left and right.</p> <p>During a review of Resident 530's Order Summary Report, the Order Summary Report indicated, may apply sensor alarm while in bed.</p> <p>During a review of Resident 530's comprehensive care plan dated 2/16/2025, the comprehensive care plan did not indicate that the sensor alarm was applied while in bed.</p> <p>During an observation on 3/30/2025 at 12:17 p.m., of Resident 530 in her room, Resident 530 was resting in bed with her eyes closed. Resident 530 had a rectangular blue pad underneath her. Resident 530 stated she does not know what it was but that it was there.</p> <p>During a concurrent interview and record review on 3/6/2025 at 8:39 a.m., with the MDSC, Resident 530's comprehensive care plan was reviewed. The MDSC stated if a bed sensor alarm was ordered and put on Resident 530's bed, there should have been a comprehensive care plan for it. The MDSC stated the importance of a comprehensive care plan was that the comprehensive care plan was an individualized plan of care for resident and how the staff should be caring for the residents.</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview, and record review on 3/6/2025 at 2:12 p.m., with the Director of Nursing (DON), the comprehensive care plans for both Resident 55 and Resident 530 were reviewed. The DON stated the comprehensive care plan of the residents needed to be specific. The DON stated for Resident 55, there should have been monitoring and documentation on the effectiveness and side effects of the medication he was receiving. The DON stated staff should have implemented the interventions listed in the care plan. The DON stated for Resident 530, the care plan should be resident specific. The DON stated how the residents will be taken care of depends on what interventions were specified in the care plan. The DON stated there should have been a specific care plan where the focus was the sensor alarm being applied while Resident 530 was in bed so staff can monitor and document the effectiveness of the sensor alarm when Resident 530 is in bed.</p> <p>3. During a review of Resident 427's Admission Record, the Admission Record indicated Resident 427 was admitted to the facility on [DATE] with diagnoses including paranoid (pattern of behavior where a person feels distrustful and suspicious of other people) schizophrenia (a mental illness that is characterized by disturbances in thought), depressive episodes (persistent low mood, loss of interest or pleasure), and history of other mental and behavioral disorders (disruptive patterns of behavior that cause problems in daily life).</p> <p>During a review of Resident 427's H&P dated 3/6/2025, the H&P indicated Resident 427 had the capacity to understand and make decisions.</p> <p>During a review of Resident 427's MDS dated [DATE], the MDS indicated Resident 427's cognitive skills were mildly impaired. The MDS indicated Resident 427 required maximal assistance for bathing, toileting hygiene, chair/bed-to-chair transfer, and required moderate assistance for eating, oral hygiene, and personal hygiene. The MDS indicated Resident 427 does not have any impairments on both the upper and lower extremities and utilizes a walker.</p> <p>During a review of Resident 427's Order Summary, the Order Summary dated 3/6/2025 indicated orders for Fluphenazine Hydrochloride (HCl: used to enhance the solubility and stability of medications) ([antipsychotic medication used to treat schizophrenia]) oral tablet 10 milligram (mg: unit of mass) give 10 mg by mouth at bedtime for paranoid schizophrenia manifested by (m/b) paranoid delusions of being poisoned on 2/25/2025.</p> <p>During a concurrent interview and record review of Resident 46's CP on 3/6/2025 at 9:27 a.m. with the Minimum Data Set Coordinator (MDSC), the MDSC stated Residents taking a psychotropic medication require a care plan that is individualized based on the resident's needs. The MDSC stated there should be a care plan for Fluphenazine and indicated Resident 427 did not have one.</p> <p>During an interview on 3/6/2025 at 4:29p.m., with the DON, the DON stated care plans are needed for the continuity of care.</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. During a review of Resident 43's Admission Record, the Admission Record indicated Resident 43 was originally admitted to the facility 8/29/2023 and was readmitted on [DATE] with diagnoses of other lack of coordination, hemiplegia (cannot move one side of the body) following cerebral infarction (stroke, a lack of blood flow to an area of the brain leading the brain cells to begin to die off due to a lack of oxygen and other nutrients), seizures (a sudden burst of abnormal electrical activity in the brain that can cause changes in movement, behavior, and consciousness), encounter for attention to gastrostomy (GT, an opening into the stomach from the abdominal wall, made surgically for the introduction of food), dysphagia (difficulty swallowing), and pneumonitis (swelling and irritation, also called inflammation, of lung tissue) due to inhalation of food or vomit (aspiration).</p> <p>During a review of Resident 43's untitled care plan initiated 2/26/2024, the care plan indicated Resident 43 had a GT and was at risk for TF complications related to aspiration pneumonia. Goals for Resident 43 included Resident 43 would tolerate prescribed feeding and interventions included keeping Resident 43's HOB elevated at least 30 degrees.</p> <p>During a review of Resident 43's minimum data set (MDS, a resident assessment tool) dated 2/21/2025, the MDS indicated Resident 43 was rarely or never understood. The MDS indicated Resident 43 had a swallowing disorder and coughed or choked during meals or when swallowing medications. The MDS indicated Resident 43 received 51% or more of daily nutrition by TF. The MDS indicated Resident 43 had 1 fall since the prior assessment.</p> <p>During a review of Resident 43's Order Listing Report, the Order Listing Report indicated an order was placed 2/13/2025 and discontinued on 2/24/2025 (while Resident 43 was in the hospital from 2/22/2025 to 3/3/2025) for Resident 43 may have bilateral bed bolsters. The Order Listing Report indicated an order was placed 3/4/2025 for enteral feeding (TF) order: every evening and night shift, Jevity 1.5 (feeding formula) at 50 milliliters (ml, a unit of measurement) per hour (hr., a unit of measurement) for 20 hours, start at 12 p.m. and turn off at 8 a.m. or until dose limit completed.</p> <p>During a review of Resident 43's untitled care plan initiated 2/21/2025, the care plan focus was falls: Resident 43 was at risk for falls with or without injury with a goal of minimizing the risk for falls for Resident 43 to the extent possible. Interventions for Resident 43 included bilateral bed bolsters.</p> <p>During an observation on 3/4/2025 at 3:35 p.m., Resident 43 was observed leaning to the left side of the bed with his left arm hanging off the bed. Resident 43's bed did not have bilateral bed bolsters in place.</p> <p>During an observation on 3/6/2025 at 8:30 a.m., in Resident 43's room, Resident 43 was observed laying supine (flat) in bed with his TF (Jevity 1.5) turned on at 50 ml/ hr.</p> <p>During an observation and concurrent interview on 3/6/2025 at 8:36 a.m., Licensed Vocational Nurse (LVN) 1 entered Resident 43's room, noticed Resident 43 was laying supine. LVN 1 stated when she came into Resident 43's room to check on him, she noticed Resident 43 was lying flat</p> <p>During an interview on 3/6/2025 at 9:04 a.m., LVN 2 stated Resident 43 had history of falls. LVN 2 stated Resident 43 had the tendency to lean to the left side of the bed and he used to have bilateral bed bolsters in place but after Resident 43 was readmitted from his hospitalization stay on 3/3/2025, Resident 43 no longer had the bilateral bed bolsters in place.</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/6/2025 at 9:17 a.m., the assistant director of nursing (ADON) stated it was important to keep residents receiving tube feeding HOB at least 30 degrees to prevent complications such as aspiration. The ADON stated he reviewed Resident 43's care plans and Resident 43 had a fall risk care plan with the intervention of bilateral bed bolsters. The ADON stated bilateral bed bolster were used for body alignment and positioning for residents who were unable to do so. The ADON stated the order was overlooked and not reentered for bilateral bed bolsters when Resident 43 was readmitted from the hospital on 3/3/2025. The ADON stated it was important to follow the fall risk care plan to minimize the risk for falling and to prevent a fall from reoccurring to prevent injury.</p> <p>During a review of the facility's policy and procedure (P/P) titled Fall and Fall Risk, Managing dated 2001, the staff was to identify interventions related to the resident's specific risks and causes to try and prevent the resident from falling to minimize complications from falling. The P/P indicated the staff, with the input of the attending physician, was to implement a resident-centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or with history of falls.</p> <p>During a review of the facility's P/P titled Enteral Nutrition dated 2001, the P/P indicated the risk of aspiration was assessed by the nursing staff and provider and addressed in the individual care plan. The P/P indicated the risk of aspiration may be affected by improper positioning of the resident during feeding.</p> <p>6. During a review of Resident 165's Admission Record, the Admission Record indicated, Resident 165 was admitted to the facility on [DATE] with diagnoses including dementia (a progressive state of decline in mental abilities), open angle glaucoma (an eye disease that causes slow, symptomless vision loss), and history of falling.</p> <p>During a review of Resident 165's History and Physical (H&P), dated 1/10/2025, the H&P indicated, Resident 165 had no capacity (ability) to understand and make decision.</p> <p>During a review of Resident 165's MDS dated [DATE], the MDS indicated Resident 165 required dependent assistance (Helper does all of the effort) from two or more staff for dressing, hygiene, transfer, maximal assistance (Helper does more than half the effort) from one staff for eating, oral hygiene, and bed mobility.</p> <p>During an observation on 3/3/2025, at 11:23 a.m., in Resident 165's room, there was no red star which was the indicator for the resident who was at high fall risk placed next to the resident's name by the door. There was no red star placed on resident's footboard or anywhere in his room.</p> <p>During an interview on 3/4/2025, at 11:05 a.m., with Treatment Nurse (TN)1, TN 1 stated, Resident165 was at high risk for fall and the bed alarm was placed to prevent the fall. TN 1 stated, red star should have placed next to Resident 165's name by the door, but he did not know why the red star was not there.</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 3/6/2025, at 9 a.m., with Minimum Data Set Coordinator (MDSC), Resident 165's CP, dated 1/9/2025. The CP Interventions indicated, implement falling star fall prevention program (place falling star identifier-red star on the outside of room door), keep bed in low position with breaks locked, keep call light within reach, and keep personal items within reach. The CP indicated, there was no bed alarm listed as intervention. MDSC stated, all care plan interventions should be implemented, and all interventions practiced should be in care plan. MDSC stated, care planning was important because the care plan ensure that the resident received the most appropriate and effective care as it planned.</p> <p>During an interview on 3/6/2025, at 2:50 p.m., with Director of Nursing (DON), DON stated, the resident's care plan is the specific resident's plan of care, and it should be implemented as it stated. DON stated, the falling star sticker should be placed next to the resident's name to let the staff know the resident was at high fall risk which required frequent monitoring. DON stated, if it was not there, the staff who might not be familiar with resident such as registry staff would not know that the resident was at high risk. stated, this could lead to avoidable fall incident.</p> <p>During a review of Resident 165's Fall Risk Observation assessment dated [DATE], the Fall Risk Observation Assessment indicated, Resident 165's score was 22 (low risk 0-8, moderate risk 9-15, and high risk 16-42) that indicated Resident 165 was at high risk for fall.</p> <p>During a review of the facility's Policy and Procedure(P&P) titled, Falling Star Program Policy and Procedure, revised 2/2025, the P&P indicated, Care plans will be updated to reflect residents on the Falling Star Program and any non compliance with use of identifiers . Identifiers will aid the staff in being able to identify those who require closer monitoring due to being a Fall Risk. Identifiers include: 1. Red Star placed above/next to the resident's room plaque/sign. 2. For rooms with multiple beds a red star will be placed on the resident's footboard.</p> <p>During a review of the facility's policy and procedure (P/P) titled Care Plans, Comprehensive Person-Centered, revised 2/2025, indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident the care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment .the comprehensive, person-centered care plan includes measurable objectives and timeframes; describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment; any specialized services to be provided as a result of PASARR recommendations; and which professional services are responsible for each element of care; .assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change.</p> <p>During a review of the facility's policies and Procedures (P&P), titled Care Plans-Baseline, revised 2/2025, the P&P indicated a baseline care plan should be developed for each resident within forty-eight (48) hours of admission. The baseline care plan should include instructions needed to provide effective, person-centered care of the resident, which may include the following:</p> <p>a. Initial goals based on admission orders and discussion with the resident/representative.</p> <p>b. Physician orders;</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. Dietary orders;</p> <p>d. Therapy services;</p> <p>e. Social services; and</p> <p>f. PASARR recommendation, if applicable.</p> <p>The baseline care plan should be used until an interdisciplinary person-centered comprehensive care plan can be developed.</p> <p>During a review of the facility's P&P, titled Care Plans, Comprehensive Person-Centered, revised 2/2025, the P&P indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the residents physical, psychosocial and functional needs is developed and implemented for each resident. The comprehensive, person-centered care plan:</p> <p>a. includes measurable objectives and timeframes;</p> <p>b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including:</p> <p>(1) services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment;</p> <p>(2) any specialized services to be provided as a result of PASARR recommendations; and</p> <p>(3) which professional services are responsible for each element of care;</p> <p>c. includes the resident's stated goals upon admission and desired outcomes;</p> <p>d. builds on the resident's strengths; and</p> <p>e. reflects currently recognized standards of practice for problem areas and conditions.</p> <p>Assessments of residents are ongoing, and care plans are revised as information about the residents and the residents' conditions change.</p> <p>During a review of the facility's P&P, titled Care Plan-Interdisciplinary Team, revised 2/2025, the P&P indicated the interdisciplinary team is responsible for the development of resident care plans. Comprehensive, person-centered care plans are based on resident assessments and developed by an interdisciplinary team (IDT)</p> <p>During a review of the facility's P&P, titled Job Description: MDS Coordinator LPN/LVN revised 2/2024, the P&P indicated to review care plans daily to ensure that appropriate care is being rendered. Review resident care plans for appropriate resident goals, problems, approaches, and revisions based on nursing needs.</p> <p>49573</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>46537</p>

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 03/06/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50144</p> <p>Based on interview, and record review, the facility failed to ensure one of six sampled residents (Resident 34) received quarterly Interdisciplinary Team (IDT - a group of medical professionals from different disciplines who work together to help a resident achieve their goals) meetings for one of six sampled residents (Resident 34).</p> <p>This deficient practice had the potential to result in Resident 34 not being informed of their care and have concerns addressed.</p> <p>Findings:</p> <p>During a review of Resident 34's Admission record, the Admission record indicated Resident 34 was admitted to the facility on [DATE] with the diagnosis of major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During an interview on 03/03/25 11:23 a.m. with Resident 34 in their room, Resident 34 stated she did not know her plan of care and stated the staff did not tell her when she can leave.</p> <p>During a review of Resident 34's Minimum Data Set (MDS - a resident assessment tool), dated 12/12/2024, the MDS indicated had cognition (ability to learn, reason, remember, understand, and make decisions) was moderately impaired and requires set-up assistance for eating, supervision for toileting and dressing, and moderate assistance (helper does less than half the effort) for bathing.</p> <p>During a concurrent interview and record review on 3/6/2025 at 11:05 a.m. with Assistant Director of Nursing (ADON), Resident 34's IDT meetings were reviewed. The ADON stated Resident 34 had an IDT meeting on 5/22/2024 and 2/19/2025. The ADON stated IDT meetings occur quarterly and Resident 34 should have had an IDT meeting in November 2024.</p> <p>During an interview on 3/6/2025 at 2:23 p.m. with the Director of Nursing (DON), the DON stated IDT meets are conducted on admission, quarterly, and as needed based on changes of condition. The DON stated IDT meetings are important to updated the resident on their plan of care and to identify and address the resident's concerns.</p> <p>During a review of the facility's policy and procedure (P&P), titled Care Plans, Comprehensive Person-Centered, revised February 2025, the P&P indicated, The IDT, in conjunction with th resident and his/her family or legal representative, develops and implements a comprehensive, person centered care plan for each resident The interdisciplinary team reviews and updates the care plan .at least quarterly, in conjunction with the required quarterly MDS assessment.</p>

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 03/06/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45891</p> <p>Based on observation, interview, and record review the facility failed to follow professional standards of care and ensure one out of 16 sampled residents (Resident 43) who was receiving tube feeding (TF, delivers liquid nutrition through a flexible tube that goes directly into your stomach or small intestine) had the head of bed (HOB) elevated at least 30 degrees while TF was turned on.</p> <p>This deficient practice had the potential for Resident 43 to aspirate (accidental breathing in of food or fluid into the lungs).</p> <p>Findings:</p> <p>During a review of Resident 43's Admission Record, the Admission Record indicated Resident 43 was originally admitted to the facility 8/29/2023 and was readmitted on [DATE] with diagnoses of seizures (a sudden burst of abnormal electrical activity in the brain that can cause changes in movement, behavior, and consciousness), encounter for attention to gastrostomy (GT, an opening into the stomach from the abdominal wall, made surgically for the introduction of food), dysphagia (difficulty swallowing), and pneumonitis (swelling and irritation, also called inflammation, of lung tissue) due to inhalation of food or vomit (aspiration).</p> <p>During a review of Resident 43's untitled care plan initiated 2/26/2024, the care plan indicated Resident 43 had a GT and was at risk for TF complications related to aspiration pneumonia. Goals for Resident 43 included Resident 43 would tolerate prescribed feeding and interventions included keeping Resident 43's HOB elevated at least 30 degrees.</p> <p>During a review of Resident 43's minimum data set (MDS, a resident assessment tool) dated 2/21/2025, the MDS indicated Resident 43 was rarely or never understood. The MDS indicated Resident 43 had a swallowing disorder and coughed or choked during meals or when swallowing medications. The MDS indicated Resident 43 received 51% or more of daily nutrition by TF.</p> <p>During a review of Resident 43's Order Listing Report, the Order Listing Report indicated an order was placed 3/4/2025 for enteral feeding (TF) order: every evening and night shift, Jevity 1.5 (feeding formula) at 50 milliliters (ml, a unit of measurement) per hour (hr., a unit of measurement) for 20 hours, start at 12 p.m. and turn off at 8 a.m. or until dose limit completed.</p> <p>During an observation on 3/6/2025 at 8:30 a.m., in Resident 43's room, Resident 43 was observed laying supine (flat) in bed with his TF (Jevity 1.5) turned on at 50 ml/ hr.</p> <p>During an observation and concurrent interview on 3/6/2025 at 8:36 a.m., Licensed Vocational Nurse (LVN) 1 entered Resident 43's room, noticed Resident 43 was laying supine and put Resident 43's HOB up 30 degrees. LVN 1 stated when she came into Resident 43's room to check on him, she noticed Resident 43 was lying flat, so she put the HOB up 30 degrees because she wanted to prevent aspiration.</p> <p>During an interview on 3/6/2025 at 9:17 a.m., the assistant director of nursing (ADON) stated it was important to keep residents receiving tube feeding HOB at least 30 degrees to prevent complications such as aspiration.</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P/P) titled Enteral Nutrition dated 2001, the P/P indicated the risk of aspiration was assessed by the nursing staff and provider and addressed in the individual care plan. The P/P indicated the risk of aspiration may be affected by improper positioning of the resident during feeding.</p>

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 03/06/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46415</p> <p>Based on observation and interview, the facility failed to ensure one of one sampled resident (Resident 77) was provided care and services to maintain good grooming and personal hygiene.</p> <p>This deficient practice had the potential to result in a negative impact on Resident 77's quality of life and self-esteem.</p> <p>During a review of Resident 77's Admission record, the Admission Record indicated Resident 77 was admitted to the facility on [DATE] with diagnoses including dementia (a progressive state of decline in mental abilities), cerebral infarction (blood flow to the brain is interrupted causing brain cells to die), and Type II Diabetes Mellitus (DM: a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 77's Minimum Data Set ([MDS] a resident assessment tool) dated 12/10/2024, the MDS indicated Resident 77's cognitive skills (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) were moderately impaired. The MDS indicated Resident 77 was required moderate assistance for eating and was dependent on all other aspects of activities of daily living (ADL: bathing, toileting hygiene, chair/bed-to-chair transfer, oral hygiene, dressing, and personal hygiene).</p> <p>During an observation on 3/4/2025 at 11:00 a.m. in Resident 77's room, Resident 77 was observed with unkempt finger nails that had a fecal matter odor, with black substance underneath the nails on both hands.</p> <p>During a concurrent observation and interview of Resident 77's fingernails on 3/5/2025 at 4:20p.m., with Certified Nursing Assistant 1 (CNA 1) , CNA 1 stated the care she provided includes bed baths, washing the face, hands, clipping fingernails, and filing them down. CNA 1 stated Resident 77 tends to scratch himself. CNA 1 stated not cutting the fingernails will lead to scratches, skin tears, abrasions, and can lead to an infection if the wound is open. CNA 1 stated Resident 77's fingernails should not be that dirty.</p> <p>During an interview on 3/6/2025 at 4:30 p.m., with the Director of Nursing (DON), the DON stated CNA's does hygiene care and cut nails as it is part of the ADL (grooming and hygiene). DON stated not cutting the fingernails is not hygienic as the resident can eat with dirty hands.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Fingernails/Toenails, Care of, revised on 2/2025, the P&P indicated the purpose of this procedure are to clean the nail bed, to keep nails trimmed and to prevent infections. Nail care includes daily cleaning and regular trimming. Proper nail care can aid in the prevention of skin problems around the nail bed. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin.</p> <p>(continued on next page)</p>

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 03/06/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's P&P titled, Activities of Daily Living (ADL), Supporting, revised on 2/2025, the P&P indicated residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with hygiene (bathing, dressing, grooming, and oral care).</p> <p>During a review of the facility's P&P titled, Job Description: Certified Nursing Assistant, dated 2/2019, the P&P indicated the primary purpose of your job position is to provide each of your assigned residents with routine daily nursing care and services in accordance with the resident's assessment and care plan, and as may be directed by your supervisors. Assist residents with daily functions (dental and mouth care, bath functions, combing of hair, dressing and undressing as necessary).</p>		

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 03/06/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45891</p> <p>Based on observation, interview, and record review the facility failed to ensure one out of three sampled residents (Resident 43) with history of falls, had bilateral bed bolsters (a long narrow pillow or cushion used to improve bed safety without the use of side rails, preventing patients from rolling too far to the left or right) in place as care planned and recommended by the interdisciplinary team (IDT, a group of health care professionals with various areas of expertise who work together toward the goals of their clients).</p> <p>This deficient practice has a potential for Resident 43 at risk for recurring falls and injury.</p> <p>Findings:</p> <p>During a review of Resident 43's Admission Record, the Admission Record indicated Resident 43 was originally admitted to the facility 8/29/2023 and was readmitted on [DATE] with diagnoses of other lack of coordination, hemiplegia (cannot move one side of the body) following cerebral infarction (stroke, a lack of blood flow to an area of the brain leading the brain cells to begin to die off due to a lack of oxygen and other nutrients), and seizures (a sudden burst of abnormal electrical activity in the brain that can cause changes in movement).</p> <p>During a review of Resident 43's Situation-Background-Assessment-Recommendation (SBAR) Communication Form dated 2/11/2025, the SBAR Communication Form indicated Resident 43 had a fall resulting in a 1 centimeter (CM, a unit of measurement) by 0.1 cm cut noted under the right eyebrow, and a 0.5 cm by 0.1 cm cut on the upper right lip, both with a small amount of bleeding.</p> <p>During a review of Resident 43's Order Listing Report, the Order Listing Report indicated an order was placed 2/13/2025 and discontinued on 2/24/2025 (while Resident 43 was in the GACH for an unrelated event from 2/22/205 to 3/3/2025) for Resident 43 may have bilateral bed bolsters.</p> <p>During a review of Resident 43's IDT Note dated 2/14/2025, the IDT note indicated Resident 43 had a fall incident on 2/11/2025 and a certified nursing assistant (CNA, unknown) found Resident 43 on the floor. The IDT indicated Resident 43 was totally dependent (staff does all the work) on staff for bed mobility (turning and repositioning in bed) and transfers (from bed to wheelchair or chair). The IDT Note indicated Resident 43 was sent to a general acute care hospital [GACH] on 2/11/2025 for evaluation but was sent back with negative results. The IDT note indicated the IDT members recommended bilateral bed bolsters for Resident 43.</p> <p>During a review of Resident 43's minimum data set (MDS, a resident assessment tool) dated 2/21/2025, the MDS indicated Resident 43 was rarely or never understood. The MDS indicated Resident 43 had 1 fall since the prior assessment.</p> <p>During a review of Resident 43's untitled care plan initiated 2/21/2025, the care plan focus was falls: Resident 43 was at risk for falls with or without injury with a goal of minimizing the risk for falls for Resident 43 to the extent possible. Interventions for Resident 43 included bilateral bed bolsters.</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 3/4/2025 at 3:35 p.m., Resident 43 was observed leaning to the left side of the bed with his left arm hanging off the bed. Resident 43's bed did not have bilateral bed bolsters in place.</p> <p>During an interview on 3/6/2025 at 9:04 a.m., LVN 2 stated Resident 43 had history of falls. LVN 2 stated Resident 43 had the tendency to lean to the left side of the bed and he used to have bilateral bed bolsters in place but after Resident 43 was readmitted from the GACH on 3/3/2025, Resident 43 no longer had the bilateral bed bolsters in place.</p> <p>During an interview on 3/6/2025 at 9:17 a.m., the Assistant Director of Nursing (ADON) stated he reviewed Resident 43's care plans and Resident 43 had a fall risk care plan with the intervention of bilateral bed bolsters. The ADON stated the IDT team note from 2/14/2025 indicated the IDT recommended bilateral bed bolsters after Resident 43 fell out of bed on 2/11/2025. The ADON stated bilateral bed bolsters were used for body alignment and positioning for residents who were unable to do so. The ADON stated the order was overlooked and not reentered for bilateral bed bolsters when Resident 43 was readmitted from the hospital on 3/3/2025. The ADON stated it was important to follow the fall risk care plan to minimize the risk for falling and to prevent a fall from reoccurring to prevent injury.</p> <p>During a review of the facility's policy and procedure (P/P) titled Fall and Fall Risk, Managing dated 2001, the staff was to identify interventions related to the resident's specific risks and causes to try and prevent the resident from falling to minimize complications from falling. The P/P indicated the staff, with the input of the attending physician, was to implement a resident-centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or with history of falls.</p>		

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 03/06/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>28851</p> <p>Based on observations, interviews, and record review, the facility:</p> <ol style="list-style-type: none"> Failed to ensure there was documentation on the usage of an Emergency kit (E-Kit, a kit containing a small amount of medication that can be dispensed when the pharmacy services are not available) on a designated log. Failed to receive and review daily activity and discrepancy reports of the Cubex (a computerized system that stores, dispenses, and tracks medications in a healthcare setting) since 10/13/24, or for at least 4 months. <p>These deficient practices had the potential for medication errors, loss and/or diversion (transfer of medication from a lawful to an unlawful channel of distribution or use) of medications.</p> <p>Findings:</p> <ol style="list-style-type: none"> During an observation on 3/4/25 at 12:16 PM in the medication room at nursing station 4, the surveyor asked to review the E-kit and the licensed vocational nurse (LVN 3) presented a binder. Inside this binder was a loose yellow slip dated 1/9/25 and pharmacy log forms filed according to the months of a year. During a concurrent interview and a review of the e-kit pharmacy log under the tab January, LVN 3 confirmed that it was blank, or no entry. LVN 3 stated the information on the yellow slip should be entered on the log as well. <p>A review of the instructions printed on the facility's Emergency Kit Pharmacy Log indicated . Enter information completely on E-kit log .</p> <p>A review of the facility policy and procedure of Emergency kit usage did not denote the local State government regulation requirement of maintaining separate records of use</p> <ol style="list-style-type: none"> During an observation on 3/4/25 at 12:16 PM in the medication room at nursing station 4, there was a Cubex (ADD). During a concurrent interview, LVN 3 stated the Cubex was used as an E-kit and first-dose of new orders. <p>During an interview on 3/5/25 at 11:25 AM, the director of nursing (DON) stated at the start of DON's employment at this facility, 10/13/24, the Cubex was already in use. DON denied receiving any Cubex activity reports from the pharmacy.</p> <p>During an interview on 3/5/25 at 12:17 PM, DON stated the pharmacy had been sending activity reports to the previous DON.</p> <p>During an interview on 3/6/25 at 11:11 AM, the administrator (ADM) stated the previous DON left the position on 10/12/24.</p> <p>(continued on next page)</p>

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 03/06/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility's Cubex policies and procedures (dated 9/1/23), indicated .The DON . will review a generated discrepancy report . to investigate nursing activity, and to resolve any discrepancy . Controlled Substance Activity Report - both pharmacy and the facility will retain the report as required .</p>		

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 03/06/2025
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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45891</p> <p>Based on observation, interview, and record review, the facility failed to ensure dental services were provided and followed up for two of five sampled residents (Resident 9 and Resident 113) as evidenced by:</p> <p>A. Failing to follow up and update Resident 9 and Responsible Party(RP) for the status of Resident 9's denture.</p> <p>B. Failing to follow up on recommended dental services (Resident 113).</p> <p>These failures had the potential to result in Resident 9 and Resident 113 having discomfort while eating or chewing foods that could lead to unintended weight loss and lower self-esteem.</p> <p>Findings:</p> <p>A. During a review of Resident 9's Admission Record, the Admission Record indicated, Resident 9 was initially admitted to the facility on [DATE] and last re-admission was on 10/28/2024 with diagnoses including dysphagia (difficulty swallowing) and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 9's History and Physical (H&P), dated 10/28/2024, the H&P indicated, Resident 9 had fluctuating capacity (ability) to understand and make decision.</p> <p>During a review of Resident 9's Minimum Data Set (MDS - a resident assessment tool), dated 12/16/2024, the MDS indicated Resident 9 required dependent assistance (Helper does all of the effort) from two or more staff for dressing, hygiene, bed mobility, transfer, maximal assistance (Helper does more than half the effort) from one staff for eating and oral hygiene.</p> <p>During a concurrent observation and interview on 3/3/2025, at 3:59 p.m. with Resident 9 in her room, Resident 9's half of her right lower teeth were missing. Resident 9 stated, she requested partial dentures a few months ago, but no one updated her regarding her denture request. Resident 9 stated, she was having discomfort when she was trying to eat or chew foods due to missing teeth. Resident 9 stated, she felt embarrassed when she was talking to other people.</p> <p>During a concurrent interview and record review on 3/5/2025, at 11 a.m., with Registered Nurse Supervisor (RNS)1, Resident 9's Onsite Mobile Dental (Dental consultant note), dated 12/20/2024. The Onsite Mobile Dental indicated, dental x-ray (internal images of the teeth and jaws) was done. RNS 1 stated, there was no other onsite mobile dental note after 12/20/2024. RNS 1 stated, she could not find any follow up notes from Social Service or nursing. RNS 1 stated, nursing staff and Social Service staff should have followed up and notified Resident 9 and responsible party regarding the status of denture.</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 3/5/2025, at 12:03 p.m. with Social Service Director (SSD), Resident 9's Social Service Notes (SSN), dated from 12/20/2024 to 3/5/2025 were reviewed. The SSN indicated, there was one note that was written on 3/5/2025 regarding status of Resident 9's denture. The SSN indicated, social service assistant called the dental office regarding Resident 9's denture on 3/5/2025. The SSN indicated, the insurance authorization for the denture was submitted on 1/20/2025 and it was denied. SSD stated, the staff should have followed up and documented the status of Resident 9's denture. SSD stated, Resident 9 and responsible party should be informed regarding the status of Resident 9's denture. SSD stated, providing the denture was important to prevent weight loss. SSD stated, follow up with resident's ancillary services (the medical services that are not provided by skilled nursing facility) were important to prevent delays of treatments.</p> <p>During an interview on 3/6/2025, at 2:50 p.m., with Director of Nursing (DON), DON stated, nursing staff and SSD should have followed up with the status of the denture because this might cause the further delay of the care. DON stated, providing denture in timely manner was important because it could affect the ability to eat, and it could lower the self-esteem.</p> <p>During a review of Resident 9's Care Plan (CP), dated 12/18/2024, the CP Focus indicated, Resident 9 is at risk for malnutrition related edentulous (having no teeth). The CP Interventions indicated, provide dental consultation /follow up as indicated, assist with oral care provision as indicated, and provide diet per order.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Job Description: Social Services Director, revised 2/2025, the P&P indicated, Essential Duties: o Provide medically related social services so that the highest practicable physical, mental and psychosocial well being of each resident is attained or maintained. o Assist in making outpatient appointments as ordered and schedule on-site ancillary patient services to include optometry, podiatry, dentistry and psychiatric services.</p> <p>B. During a review of Resident 113's Admission Record, the Admission Record indicated Resident 113 was admitted to the facility 12/18/2021 with diagnoses of type 2 diabetes (a chronic condition that happens when you have persistently high blood sugar levels), end stage renal failure (kidney failure), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with your daily life).</p> <p>During a review of Resident 113's untitled care plan initiated 1/24/2024 with a focus on Resident 113 had the potential for oral and dental health problems related to chronic periodontitis (a serious gum infection that damages the soft tissue around teeth). Goals for Resident 113 included Resident 113 being free from infection or pain in the oral cavity (the mouth) and interventions included coordinating arrangements for dental care as needed.</p> <p>During a review of Resident 113's Onsite Mobile Dental note dated 10/18/2024, the note indicated Resident 113 was unhappy with her existing upper partial denture (fully removable dental inserts that replace one or more missing teeth) and Resident 43 was having trouble scheduling an appointment with her outside (not in facility) dental office to request approval for a new upper partial denture. The note indicated the onsite dentist recommended a new upper partial denture if Resident 113 was eligible.</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 113's MDS dated [DATE], the MDS indicated Resident 113 was cognitively intact (sufficient judgment, planning, organization, self-control, and the persistence needed to manage the normal demands of the participant's environment).</p> <p>During an observation and concurrent interview on 3/3/2025 at 12:25 p.m., Resident 113 was sitting up in her wheelchair in her room, Resident 113 was missing the four upper front teeth and was not wearing her dentures. Resident 113 stated the facility was supposed to help her get new dentures because she did not like the ones she had, but the facility had not followed up in months. Resident 113 stated she never wore her dentures because she did not like how they fit but she did not like how she looked with missing teeth. Resident 113 stated her missing teeth were embarrassing.</p> <p>During an interview on 3/6/2025 at 11:07 a.m., the social services director (SSD) stated Resident 113 was last seen by onsite dentist on 10/18/2024 and Resident 113 was requesting her dentures to be adjusted but the onsite dentist was unable to adjust the dentures due to the dentures being made by an outside dentist. The SSD stated the Onsite Mobile Dental note from 10/18/2024 indicated Resident 113 needed a new upper partial denture if eligible. The SSD stated there was no documentation for a follow up with an outside dentist or the Onsite Mobile Dentist for authorization or follow up regarding a new upper partial denture. The SSD stated there was a potential for Resident 113's missing teeth to affect her over all wellbeing.</p> <p>During an interview on 3/6/2025 at 3:02 p.m., the director of nursing (DON) stated it was important to follow up on dental services because missing teeth and ill-fitting dentures could lead to trouble eating, pain, unhappiness with physical appearance, and could affect residents' self-esteem.</p> <p>During a review of the facility's policy and procedure (P/P) titled Dental Services dated 2001, the P/P indicated social services representatives were to assist residents with dental appointments and transportation arrangements. The P/P indicated all dental services provided were to be recorded in the resident's medical record.</p> <p>46537</p>		

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 03/06/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46537</p> <p>Based on observation, interview, and record review, the facility failed to store food in a sanitary manner to prevent growth of microorganisms (an organism that can be seen only through a microscope) that could cause food borne illness (food poisoning: any illness resulting from the food spoilage of contaminated food, pathogenic bacteria, viruses, or parasites that contaminate food, as well as toxins) for 172 out of 186 total residents in the facility by not:</p> <p>A. Ensuring food Items were dated, labeled, and discarded before the used by date (expiration dates).</p> <p>B. Ensuring the temperature of a small freezer in dry storage was monitored and documented.</p> <p>C. Ensuring the proper level of the concentration of the quaternary ammonium in sanitization bucket was monitored and maintained.</p> <p>D. Ensuring Dietary Aid (DA) 1 took off her wristwatch that was not covered with gloves.</p> <p>These failures had the potential to affect residents and result in pathogen (germ) exposure and placed residents at risk for developing foodborne illness (food poisoning) with symptoms including upset stomach, stomach cramps, nausea, vomiting, diarrhea, and fever, and can lead to other serious medical complications and hospitalization .</p> <p>Findings:</p> <p>A. During a concurrent observation and interview on [DATE], at 8:24 a.m., with Assistant Dietary Supervisor (ADS), in dry storage, there were food items that were not dated, properly sealed, and discarded before the used by date as follows:</p> <p>a. Opened and used white chocolates in a plastic bin with receiving date (RD- the day of delivery) of [DATE], no open date (OD), and no used by (UB).</p> <p>b. Opened and used shredded coconut in a plastic bin with no date for RD, OD, and UB</p> <p>c. Opened and used dry spaghetti noodles in a bag with RD of [DATE], no OD and no UB.</p> <p>d. Opened and used dry pastas with RD of [DATE], OD of [DATE], no UB.</p> <p>e. Opened and used barleys in a bag with RD of [DATE], no OD and no UB.</p> <p>f. Opened and used white sugar in a plastic bin with RD of [DATE], no OD and no UB.</p> <p>g. Opened and used fudge brownie mix in a bag with no RD, OD of [DATE] and no UB. The opening of the bag was loosely wrapped with plastic wrap.</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>ADS stated, all food items should have been labeled with receiving date when the facility got delivery from vendors. ADS stated, all food items should have open date and used by date (expiration date).</p> <p>During an interview on [DATE], at 8:29 a.m., with ADS, ADS stated, it was all dietary staffs (including herself) responsibility to check all food items for labels, dates, properly stored and sealed. ADS stated these practices were important to make sure all food items were in good condition because the residents consumed these food items. ADS stated, all opened food items should be closed tightly to prevent contamination (the unwanted pollution of something by another substance). ADS stated, once the food items were opened, there should be different shelf life (a time limit on how long a product can be stored before it becomes unsuitable for consumption or use). ADS stated, all staff should refer Dry Goods Storage Guidelines for shelf life after opening and labeled UB date on food items.</p> <p>During a concurrent observation and interview on [DATE], at 8:39 a.m., with ADS, walk- in refrigerator, there were food items that were not dated, properly sealed, and discarded before the used by date as follows:</p> <ul style="list-style-type: none"> a. Opened and used thickened lemon flavor in a pack without a cap with RD of [DATE], OD of [DATE], and no UB. b. Opened and used tomato juice in a pack with RD of [DATE], OD [DATE], and no UB c. Prepared yogurt in Styrofoam cups with no labeling and no date. d. Prepared apple sauce in plastic cups with no labeling and no date. e. Prepared fruit punch liquid juice in a plastic container that covered loosely with plastic wrap, dated RD of [DATE] and no UB. <p>ADS stated, all food items should be dated, and dietary staff should follow Refrigerated Storage Guide to ensure safety of perishable items that required refrigeration. ADS stated, all pre-made or prepared food items should have the labels and UB.</p> <p>During a concurrent observation and interview on [DATE], at 8:56 a.m., with ADS, refrigerator #2 near the sink, there was opened and used cottage cheese in a plastic container with RD of [DATE], OD [DATE] and no UB. ADS stated, opened cottage cheese was good for up to one week and it was expired. ADS stated, it should have discarded to prevent food borne illness.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Storage of Food and Supplies, dated 2023, the P&P indicated, Policy: Food and supplies will be stored properly and in a safe manner. Procedures for Dry Storage. Dry bulk foods should be stored in seamless metal or plastic containers with tight covers. If using plastic bags for dry bulk food storage, food grade bags must be used Labels should be visible, and the arrangement should permit rotation of supplies so that oldest items will be used first. All food will be dated-month, day, year. All food products will be used per the times specified in the Dry Food Storage Guidelines. Dry food items which have been opened will be tightly closed, labeled, and dated.</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's Policy and Procedure (P&P) titled, Dry Goods Storage Guidelines, dated 2023, the P&P indicated, shredded coconut' shelf life (the period during which a material may be stored and remain suitable for use) was six months after opening.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Procedure for Refrigerated Storage, dated 2023, the P&P indicated, All refrigerated foods are to be kept the amount of time per the Refrigerated Storage Guidelines. Produce will be delivered frequently and rotated in the order it is delivered to assure that a fresh product is used, free of any wilting or Spoilage.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Refrigerated Storage Guide, dated 2023, the P&P indicated, cottage cheese's shelf life was seven days after opening. The P&P indicated, yogurt's shelf life was seven days after opening. The P&P indicated, prepared desserts' shelf life was three days after opening.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Labeling and Dating of Foods, dated 2023, the P&P indicated, Policy: All food items in the storeroom, refrigerator, and freezer need to be labeled and dated. Procedure: Food delivered to facility needs to be marked with a received date. Newly opened food items will need to be closed and labeled with an open date and used by the date that follow the various storage guidelines. All prepared foods need to be covered, labeled, and dated.</p> <p>B. During a concurrent observation and interview on [DATE], at 8:59 a.m. with ADS, near small freezer in dry storage room, the small freezer temperature log for ,d+[DATE] was left blank on the wall near the small freezer. ADS stated, the staff forgot to document the temperature of ,d+[DATE]. ADS stated, the temperature of freezer should be monitored and documented to prevent food spoilage for safety.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Procedure for Freezer Storage, dated 2023, the P&P indicated, Procedure: 3. Freezer temperature should be recorded twice daily. Temperatures are to be recorded upon opening and closing of kitchen by a designated employe.</p> <p>C. During a concurrent observation and interview on [DATE], at 9:17 a.m., with ADS, ADS tested the concentration of the ammonium in the quaternary sanitizer (a type of chemical that is used to kill bacteria, viruses, and mold) in red sanitizing bucket. The test strip indicated between ,d+[DATE] parts per million (ppm). ADS stated, the test strip should be indicated 200 ppm to kill bacteria and other microorganisms effectively.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Quaternary Ammonium Log Policy, dated 2023, the P&P indicated, Policy: The concentration of the ammonium in the quaternary sanitizer will be tested to ensure the effectiveness of the solution. Procedure: The quaternary solution, used for sanitizing clen work surfaces in the kitchen .The concentration will be tested at least every shift or when the solution is cloudy. The solution will be replaced when the reading is below 200 ppm. The replacement solution will be tested prior to usage.</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>D. During a concurrent observation and interview on [DATE], at 9:20 a.m. with Dietary Aid (DA) 1 in the kitchen, DA 1 was rinsing the dishes and was wearing a wristwatch. DA 1's wristwatch was not covered with her gloves. DA 1 stated, she was not aware of the facility's dress code policy for the kitchen staff. DA 1 stated, she was assisting the cook to prepare the meals and was wearing her wristwatch. DA 1 stated, the gloves were not long enough to cover it.</p> <p>During an interview on [DATE], at 12:33 p.m., with Dietary Supervisor (DS), DS stated, all staff should perform hand hygiene and wear Personal Protective Equipment ([PPE]- equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses) such as gloves properly to prevent spreading germs and cross contamination. DS stated, Jewelry and wristwatch should be off during the meal preparation for infection control purpose.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Dress Code, dated 2023, the P&P indicated, Procedure: Proper Dress. No excessive jewelry, just wedding rings on hand, non-dangling earrings on ears, and wristwatch. Wristwatch and wedding rings need to be covered with gloves when handling food.</p>		

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 03/06/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46537</p> <p>Based on observation, interview and record review, the facility failed to implement infection control measures by failing to ensure Quality Assurance Nurse (QAN-a nurse who is evaluating nursing practices within an agency and recommending changes for improvement) 1 performed hand hygiene while she was checking lunch trays in dining room.</p> <p>This failure had the potential to result in compromised infection control measures to prevent the potential spread of infection among residents, staff, and visitors.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 3/5/2025, at 12:12 p.m., with QAN 1 in dining room, QAN 1 was checking the residents' tray against the printed sheets of diet orders. QAN 1 pulled the tray out of the lunch tray cart, and she lifted the plate cover up to check the food items on the plate. QAN 1 noticed the metal closure part from the lunch cart was coming down and left side door was moving toward the center while she was checking the tray. QAN1 pushed the metal closure part up and turn to right side and pushed the door to the right side to open. After touching the surfaces of the lunch cart, QAN1 did not perform hand hygiene, and she touched another resident's trays and food items on the tray. QAN 1 stated, she did not realize she was cross contaminated (the physical movement or transfer of harmful bacteria from one person, object or place to another). QAN 1 stated, hand washing/sanitization should be performed between the tasks and touched other surfaces to prevent spreading infection and cross contamination.</p> <p>During an interview on 3/6/2025, 9:40 a.m., with Infection Preventionist Nurse (IPN), IPN stated, hand hygiene should be performed between tasks and after touching high touch surfaces (those that people frequently touch with their hands, which could therefore become easily contaminated with microorganisms and picked up by others on their hands). IPN stated, the staff should have sanitized the hands when touching the trays after touching the door and metal parts of the tray cart.</p> <p>During an interview on 3/6/2025, at 2:50 p.m. with Director of Nursing (DON), DON stated, all staff should perform hand hygiene before, after, and between the tasks. DON stated hand hygiene was the first line of defense against the infection. DON stated, touching the surfaces could cause cross contamination and staff should have performed hand hygiene to protect the residents and themselves.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Handwashing/Hand Hygiene, reviewed 2/2025, the P&P indicated, Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of healthcare -associated infections. The P & P indicated all personnel are trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. It also indicated that all personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors . Indications for Hand Hygiene: 1. Hand hygiene is indicated: c. after contact with blood, body fluids, or contaminated surfaces. e. after touching the resident's environment.</p>		

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 03/06/2025
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50144</p> <p>Based on interview and record review, the facility failed to implement the antibiotic stewardship program policy when the antibiotic (a substance used to kill bacteria and to treat infections) did not meet Loeb's or McGeer's Criteria (criteria used to determine appropriate use of antibiotics) for one of three sampled residents (Resident 164)for prescribed doxycycline (antibiotic used to treat bacterial infections).</p> <p>This deficient practice had the potential to increase antibiotic resistance and provide antibiotics unnecessarily.</p> <p>Findings:</p> <p>During a review of Resident 164's Admission Record, the record indicated Resident 164 was admitted to the facility on [DATE] with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness or paralysis on one side of the body) following unspecified cerebral infarction (CVA-stroke, loss of blood flow to a part of the brain) affecting left non-dominant side and sepsis (a life-threatening blood infection).</p> <p>During a review of Resident 164's Minimum Data Set (MDS-a resident assessment tool) dated 1/14/2025, the MDS indicated Resident 164's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact, required partial assistance (helper provides less than half the effort) for eating and oral hygiene, and required substantial assistance (helper provides more than half the effort) for bathing and dressing.</p> <p>During a review of Resident 164's physician order summary, the order indicated Doxycycline Hyclate Oral Tablet 100 milligrams (mg - a unit of measurement), give 1 tablet by mouth two times day for sepsis for 5 days, order date 2/2/2025.</p> <p>During a concurrent interview and record review on 3/5/2025 at 3:45 p.m. with the Infection Preventionist Nurse (IPN), Resident 164's medical record. The IPN stated the Infection Screening Evaluation dated 2/2/2025 indicated Resident 164's infection did not meet Loeb or McGeer's Criteria. The IPN stated there was no documentation indicated the physician was notified that the infection did not meet criteria. The IPN stated it is important to inform the physician that the infection did not meet criteria to prevent possible misuse of antibiotics.</p> <p>During an interview on 3/6/3035 at 2:23 p.m. with the Director of Nursing (DON), the DON stated if the resident does not meet criteria, there can be a negative outcome for the resident. The DON stated the physician should be notified if a resident does not meet criteria.</p> <p>During a review of the facility's policy and procedure (P&P), titled Infection Preventionist, revised February 2025, the P&P indicated, the infection preventionist collects, analyzes and provides infection and antibiotic usage data and trends to nursing staff and health care practitioners.</p>		

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 03/06/2025
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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>46415</p> <p>Based on interview and record review, the facility failed to provide documented evidence of facility employees' screening, education, offering, and current Corona virus disease, ([COVID-19] a contagious infectious disease), vaccination (medications used to prevent diseases usually given by injection or by mouth) status.</p> <p>This deficient practice had the potential to place the facility staff and residents at risk for outcomes such as severe pneumonia (inflammation of lungs that cause difficulty breathing) which could lead to hospitalization due to COVID-19.</p> <p>Findings:</p> <p>During an interview on 3/6/2025 at 11:14 a.m. with the Infection Prevention Nurse (IPN), the IPN stated she did not finish auditing the employee Covid-19 vaccination status and indicated she does not easily have access to Certified Nursing Assistant 1 (CNA 1)'s Covid-19 vaccination status and would have to look in her employee file. The IPN stated the facility would need to know everyone's vaccination status including activities staff, admissions staff, the Administrator (ADM), social services staff, CNA's, Licensed Vocational Nurses (LVN), Registered Nurses (RN), kitchen staff, Occupational Therapists (OT: healthcare professional who help people improve their ability to perform daily activities [dressing, bathing, oral hygiene]), Physical Therapists (PT: healthcare professional who help patients improve their physical function and mobility), and Speech Therapists (ST: healthcare professional who evaluates and treat disorders related to speech, language, and swallowing). The IPN stated she does not have the medical directors' (MD) and consultants' Covid-19 vaccination status. The IPN stated knowing the vaccination status is important to limit exposure to residents.</p> <p>During an interview on 3/6/2025 at 4:27p.m., with the Director of Nursing (DON), the DON stated the Covid-19 vaccination status for all employees DON stated they keep employee Covid-19 record to ensure safety and infection control.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Coronavirus Disease (Covid-19)-Vaccination of Staff, revised on 6/2023, the P&P indicated staff means individuals who provide any care, treatment or other services for the facility and/or its residents, regardless of clinical responsibility of resident contact, including:</p> <p>a. facility employees, for example:</p> <p>(1) clinical and administrative staff;</p> <p>(2) leadership and board members;</p> <p>(3) housekeeping, food services, etc.; and</p> <p>(4) others;</p> <p>(continued on next page)</p>		

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 03/06/2025
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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. licensed practitioners;</p> <p>c. students, trainees and volunteers; and</p> <p>d. individuals under contract or other arrangement, for example:</p> <p>(1) hospice, dialysis, therapy personnel;</p> <p>(2) mental health professionals and social workers; and</p> <p>(3) portable x-ray suppliers.</p> <p>Staff members will provide documentation of vaccination (i.e., a vaccine administration card or medical record indicating the type of vaccine, manufacturer, lot number, dates administered, and the clinic or provider who administered the vaccine). The infection preventionist maintains a tracking worksheet of staff members and their vaccination status. The tracking worksheet provides the most current vaccination status of all staff who provide any care, treatment or other services for the facility and/or its residents. The worksheet includes:</p> <p>a. staff name (and/or employee ID);</p> <p>b. initial start of employment or service;</p> <p>c. termination of employment or service (if applicable);</p> <p>d. job title or role;</p> <p>e. assigned work area;</p> <p>f. a brief description of how they interact with residents;</p> <p>g. vaccination status:</p> <p>(1) the specific vaccine(s) received; and</p> <p>(2) dates of each dose.</p>		