

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  05/09/2022
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 - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19152</p> <p>Based on observation, interview and record review, the facility's nursing staff failed to provide reasonable accommodations for three of 32 sampled residents (Resident 47, Resident 23 and Resident 7) as follow:</p> <p>Resident 47, who was bedbound, was left in the bed for several days without getting the resident out of bed was not provided with stimulation and/or activities to increase circulation.</p> <p>Residents 23 and 7's call light were not within reach if they needed assistance</p> <p>These deficient practices resulted in the residents not receiving reasonable accommodation of needs and preferences.</p> <p>Findings:</p> <p>a. During a review of Resident 47's Admission Records (AR), the AR indicated Resident 47 was initially admitted to the facility on [DATE] and last readmitted on [DATE]. Resident 47's diagnoses included but not limited to major depressive disorder, Alzheimer's disease (a form of dementia [a progressive loss of memory]), and anxiety (extreme worry or fear) disorder.</p> <p>During a review of Resident 47's Minimum Data Set (MDS), an assessment and care-screening tool, dated 3/4/2022, the MDS indicated Resident 47's cognitive skills (thought process) for daily decision-making were severely impaired. The MDS indicated Resident 47 was totally dependent on the nursing staff for bed mobility, transferring and all of her activities of daily living ([ADLs] task such as eating, bathing, dressing, grooming and toileting).</p> <p>During observations of Resident 47 on the following days and times the resident remained in bed:</p> <p>On 5/3/2022 at 10:33 a.m., 12:20 p.m., 4:15 p.m., and 5:10 p.m.</p> <p>On 5/4/2022 at 8:18 a.m., 10:30 a.m., 1:20 p.m., and 4:50 p.m.</p> <p>On 5/5/2022 at 7:38 a.m., 9:30 a.m., 12:50 p.m., and 2 p.m.</p> <p>On 5/6/2022 10:35 a.m., and 10:55 a.m.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/6/2022 at 10:55 a.m., Certified Nursing Assistant 5 (CNA 5) was asked why Resident 47 was not out of bed, CNA 5 stated there was only one Geri-chair in the facility and another resident uses it daily.</p> <p>During an interview on 5/6/2022, at 11:04 a.m., the Director of Nursing stated the corporate department considers Geri-chairs to be restraints. The DON stated they are having ongoing discussions now about getting some more Geri-chairs.</p> <p>During a review of the facility's policy and procedure (P/P), titled Resident Care, Routine, dated 11/2012, the P/P indicated each resident shall be out of bed daily unless the physician has issued specific orders for bed rest or when the licensed nurse ascertains that bed rest is indicated, or when the resident refuses or prefers to stay in bed.</p> <p>45382</p> <p>b. During a review of Resident 23's Admission Record (AR), the AR indicated the resident was originally admitted to the facility on [DATE] and last readmitted to the facility on [DATE]. The resident's diagnoses included, but not limited to, cerebral infarction (blockage of the flow of blood brain, causing or resulting in brain tissue death), myocardial infarction (blockage of blood flow to the heart muscle), and multiple contractures (condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints) of left hand, left knee, and both ankles.</p> <p>A review of Resident 23's Minimum Data Set (MDS), a comprehensive assessment and care-screening tool, dated 2/19/2022 the MDS indicated the resident was cognitively (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, problem-solving) impaired, had moderately impaired vision, and unclear speech. The MDS indicated Resident 23 required totally dependence on staff (full staff assistance) for bed mobility (moving in bed to and from different positions such as side to side), transfers (moving from one surface to another such as bed to chair), dressing, eating, toileting, bathing, and personal hygiene. According to the MDS, Resident 23 did not walk during the assessment period and had functional limitations in range of motion (full movement potential of a joint) on one upper extremity (shoulder, elbow, wrist, hand) and both lower extremities (hip, knee, ankle, foot).</p> <p>During an observation of Resident 23's Restorative Nursing Aide (RNA) - nursing aide program that help residents maintain any progress made after therapy intervention to maintain function) exercise session on 5/4/2022 at 10:19 a.m., while in Resident 23's room, Restorative Nursing Aide 3 (RNA 3) left Resident 23's call light on the top right corner of the bed above the resident's shoulder at the end of the treatment session.</p> <p>During an observation and interview on 5/4/2022 at 10:26 a.m., while in Resident 23's room, Licensed Vocational Nurse 1 (LVN 1), stated Resident 23's call light was on the top right corner of the bed above the resident's shoulder. LVN 1 stated the call light was too high and not within the resident's reach. LVN 1 stated the staff normally placed Resident 23's call light across the resident's abdomen, closer to the body, and under the right arm because the resident has some movement in the right arm. LVN 1 clipped the call light onto the pillow to keep it in place.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/6/2022 at 11:35 a.m., the Assistant Director of Nursing (ADON) stated call lights should be within the resident's reach at the end of each RNA session and at all times. The ADON stated if the call light was not within the resident's reach, the resident would be unable to call for assistance if needed.</p> <p>A review of the facility's policy and procedure (P/P) revised 4/1/19 titled, Call light, Answering the P/P indicated call lights were to be placed within the resident's reach at all times to enable staff to meet the needs of the resident.</p> <p>45524</p> <p>c. During a review of Resident 7's Admission Record (AR), the AR indicated the resident was admitted to the facility on [DATE]with diagnoses of a fracture (broken bone) of upper and lower end of the left fibula (the outer and usually smaller of the two bones between the knee and the ankle in humans), history of falls, and dementia (long term and often gradual decrease in the ability to think and remember severe enough to affect a person's daily functioning).</p> <p>A review of Resident 7's Minimum Data Set (MDS), a standardized assessment and care-screening tool, dated 2/1/2022, the MDS indicated the resident required extensive assistance that entails staff provide weight-bearing support, and supervision with cueing for eating.</p> <p>During a concurrent observation and interview on 5/3/2022 at 9 AM, Resident 7 was observed lying on the bed and the call light was under the pillow out of resident's reach. Licensed Vocational Nurse (LVN 4) was asked to come in and verified the call light was out of reach and LVN 4 stated the call light needed to be always within the resident's reach because things like falls and accidents could occur.</p> <p>A review of the facility's policy and procedure (P/P) titled, Call Light, Answering, revised 4/1/19, the P/P indicated for the staff Make sure call cords are placed within the resident's reach at all times.</p>		

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<p>F 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>45425</p> <p>Based on observation, interview and record review, the facility failed to observe the residents' rights to examine the most recent survey results and the plan of correction by not posting a notice of the availability and the survey results in a readily accessible place for the residents for one of nine residents in attendance at the Resident Council Meeting (Resident 24).</p> <p>The deficient practices had the potential to violate the residents' rights to review the survey reports.</p> <p>Findings:</p> <p>During the facility's Resident Council Meeting conducted on 5/4/2022 at 10:54 AM, Resident 24 raised her hand in acknowledgement that she was not aware reports of the surveys were accessible and she did not know where they were located.</p> <p>During an interview on 5/9/2022, at 1:27 PM with the Director of Nursing (DON), the DON stated she was unsure where they survey results were kept, and she needed to ask the Administrator of the location.</p> <p>During an observation on 5/9/2022 at 1:27 PM, while at the receptionist desk in the front lobby of the facility, the last survey results were located on the receptionist desk in a binder.</p> <p>During an interview on 5/9/2022 at 1:27 PM, with the Administrator (ADM), the ADM stated the binder containing the last survey results are usually kept on a table in the front lobby and he was not sure why they were kept at the receptionist desk. The ADM further stated that more education needs to be done to the reception staff to keep the results accessible to the residents and their responsible parties.</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>45657</p> <p>Based on observation, interview, and record review, the facility failed to ensure prompt attempts were made to resolve the grievances for one of three sampled residents (Resident 75). Resident 75, who needed dentures was unable to eat the regular texture foods, and had been waiting for denture replacement and expressed his concern, which was not resolved.</p> <p>This deficient practice violated Resident 75's right to have his grievances addressed.</p> <p>Findings:</p> <p>During an interview on 5/3/2022 at 9:40 a.m. with Resident 75, the resident stated, The food is not good but is warm, sometimes, I am able to eat and sometimes it is hard for me to chew.</p> <p>A review of Resident 75's Admission Record (AR), the AR indicated the facility admitted Resident 75 on 10/9/19 with diagnoses that included congestive heart failure ([CHF] a weakened heart condition that causes fluid buildup in the feet, arms, lungs, and other organs), diabetes mellitus (a chronic condition that affects the way the body processes blood sugar), and hypertension (high blood pressure).</p> <p>A review of Residents 75's Minimum Data Set (MDS), an assessment and care-screening tool, dated 3/16/2022, the MDS indicated Resident 75's cognitive (relating to the process of acquiring knowledge and understanding) status and decision-making skills were intact. The MDS indicated Resident 75 needed limited assistance with dressing, eating, and personal hygiene. The MDS indicated Resident 75's oral/dental status as having no natural teeth or tooth fragments. According to the MDS, Resident 75 needed and should have dentures.</p> <p>During a review of Resident 75's order summary report, dated 7/1/2021, the report indicated Resident 75's diet was a regular texture, thin liquids consistency, double meat, fish, and eggs.</p> <p>A review of the Quality Room Rounds form, dated 3/31/2022, the form indicated Resident 75 needed a shave, was asking for dentures from a dentist due to having a hard time chewing meat. There was no documentation indicating these concerns were resolved.</p> <p>During an interview on 5/9/2022 at 3 p.m., Resident 75 stated, I don't have dentures. Resident 75 stated he had a problem chewing meat because it was too hard to eat and he would not eat it. Resident 75 stated, It's not a good feeling not being able to chew meat. Resident 75 stated his old dentures do not fit in his mouth anymore and it had been at least a couple of years now. Resident 75 stated they made imprints of dentures about four (4) months ago, but he had not heard anything more about it since then.</p> <p>During an interview on 5/9/2022 at 3:03 p.m., the Dietician Supervisor (DS) stated someone who is having difficulty in chewing can have regular diet, but the texture needs to be changed to mechanical (texture-modified diet that restricts foods that are difficult to chew or swallow) so chewing will not take much effort.</p> <p>(continued on next page)</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/9/2022 at 4:18 p.m., the Director of Nursing (DON) stated Resident 75, who had a hard time chewing, should not be on regular texture food. The DON did not know Resident 75 needed dentures. The DON stated there was no documented evidence there was a follow-up done regarding the resident's dentures. The DON stated if Resident 75 was not eating well, this will cause weight loss. The DON stated there was also the potential for choking since Resident 75 cannot chew well.</p> <p>A review of the facility's policy and procedure (P/P) titled, Grievances and Complaints, revised on 1/2018, the P/P indicated When a Facility Staff member overhears or receives a complaint from a resident . concerning the resident's medical care, treatment, food, clothing, or behavior of other residents, etc., the facility staff member are encouraged to advise the resident they may file a complaint or grievance without fear of reprisal or discrimination, and will assist the resident, or person acting on the resident's behalf, in filing a written complaint with the facility Upon receiving a resident grievance/complaint for, the Grievance Official or designee begins investigation into the allegations. The Grievance Official will take immediate action to prevent further potential violations of any resident rights while the alleged violation is being investigated. The department director of an involved employee is notified of the nature of the complaint and that an investigation is underway.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36943</p> <p>Based on observation, interview, and record review, the facility failed to accurately assess functional limitation in range of motion (limited ability to move a joint that interferes with daily functioning) for both legs for one of 32 sampled residents (Resident 106).</p> <p>This deficient practice had the potential to affect the provision of care and provided inaccurate information to the Federal database.</p> <p>Findings:</p> <p>During a review of Resident 106's Admission Record (AR), the AR indicated the facility readmitted Resident 106 on 12/11/2020. Resident 106's diagnoses included but was not limited to dementia (decline in mental ability severe enough to interfere with daily life) and personal history of COVID-19 (Coronavirus-19, a new highly contagious virus that can affect lungs and airways). Resident 106's Admission Record indicated an onset date of 3/19/2021 for the following diagnoses: left knee contracture (chronic loss of joint motion associated with deformity and joint stiffness), right knee contracture, left ankle contracture, and right ankle contracture.</p> <p>A review of Resident 106's Physical Therapy (PT), profession aimed in the restoration, maintenance, and promotion of optimal physical function) Evaluation and Plan of Treatment, dated 3/19/2021, the treatment plan indicated Resident 106 was referred to PT due to decreased range of motion (ROM, full movement potential of a joint). The PT Evaluation indicated treatment diagnoses, with onset dates of 3/19/2021, included a left knee contracture, right knee contracture, left ankle contracture, and right ankle contracture. The PT Evaluation indicated Resident 106 had ROM impairments in both legs at the hip, knee, and ankle joints.</p> <p>A review of the PT Discharge Summary, dated 5/31/2021, the summary indicated Resident 106 tolerated both knee splints (material used to restrict, protect, or immobilize a part of the body to support function, assist and or increase range of motion) for four hours and both ankle splints for 4 hours. The PT discharge recommendations included to wear both knee extension splints and both ankle splints for up to four hours to maintain joint integrity and inhibit abnormal positions.</p> <p>A review of Resident 106's Minimum Data Set (MDS), an assessment and care-screening tool, dated 5/6/2021, the MDS indicated Resident 106 did not have any impairments in functional ROM to both legs.</p> <p>A review of Resident 106's MDS, dated [DATE], the MDS indicated Resident 106 did not have any impairments in functional ROM to both legs.</p> <p>A review of Resident 106's MDS, dated [DATE], the MDS indicated Resident 106 did not have any impairments in functional ROM to both legs.</p> <p>During an observation on 5/4/2022, at 10:51 AM, in the resident's room, Resident 106 was sleeping flat in the bed with a blanket covering both legs. Certified Nursing Assistant 1 (CNA 1) uncovered Resident 106's legs, which had splints applied to both knees, ankle splints applied to both feet, and a pillow placed between the legs.</p> <p>(continued on next page)</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/9/2022, at 12:29 PM, with the Minimum Data Set nurse (MDS 2) stated she did not see documentation Resident 106 had contractures to both legs. MDS Nurse 2 stated that the MDS assessments dated 5/6/2021, 8/5/2021, and 9/25/2021 were inaccurate. MDS Nurse 2 stated it was important to accurately code the MDS assessments to ensure the facility developed the correct plan of care for the resident and to transmit correct data to the Federal data base.</p> <p>A review of the facility's policy and procedure (P/P) titled, Resident Assessment Instrument (RAI/MDS), revised on 11/2012 the P/P indicated the Resident Assessment Instrument will be completed timely and accurately, per Federal Guidelines, and will serve as a foundation for the comprehensive care planning process.</p>		



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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19152</p> <p>Based on interview and record review, the facility's nursing staff failed to develop a comprehensive care plan for care and treatment for two of 32 sampled residents (Residents 93 and 148) .</p> <p>Resident 93, who was a biological male but identified as a transgender female, a plan of care was not created.</p> <p>Resident 148 did not have an active care plan to identified the resident's specific care and interventions regarding the resident's urinary indwelling catheter (a tube placed in the bladder to drain urine).</p> <p>These deficient practices resulted in no identification and/or treatment plan for Resident 93 to address his special care needs and had the potential to cause feelings of discrimination, confusion, and lack of accommodation of need and had the potential for Resident 148 to not receive appropriate care and treatment specific to the resident's needs.</p> <p>Findings:</p> <p>a. During a review of Resident 93's Admission Record (AR), the AR indicated the resident was admitted to the facility on [DATE]. Resident 93's diagnosis included, but was not limited to history of sex reassignment.</p> <p>During a review of Resident 93's care plans indicated there was no written plan of care to address the resident's sex reassignment and/or her transgender care needs.</p> <p>During a telephone interview on 5/17/2022 at 8:51 a.m., with the Assistant Director of Nursing (ADON), the ADON stated the facility does not have a policy and procedure (P/P) specific to Resident 93's needs as it pertains to her transgender status only one that indicated no discrimination of any type.</p> <p>During a review of the facility's P/P, titled, Care Plan, Baseline and Comprehensive, dated 11/2017, the P/P indicated a baseline care plan would be implemented within 48 hours of admission what addresses immediate resident needs.</p> <p>45528</p> <p>b. During a review of Resident 148's Admission record (AR), the AR indicated the resident was initially admitted to the facility on [DATE] and last readmitted on [DATE], with diagnosis including neuromuscular dysfunction of bladder (lack of bladder control), urinary tract infection and a Stage III pressure ulcer ([caused by prolong pressure] have gone through the second layer of skin into the fat tissue) of the sacral region (at the bottom of the spine).</p> <p>(continued on next page)</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425</b></p> <p>Based on observation, interview, and record review, the facility did not meet standards of quality when licensed staff failed to follow physician medication orders for three of five residents (Residents 38, 73, and 53) during a medication pass observation as follow:</p> <ol style="list-style-type: none"> <li>1. Licensed Vocational Nurse 7 (LVN 7) intended to crush all medications being administered to Resident 38.</li> <li>2. LVN 7 intended to administer the wrong medication, Calcium with Vitamin D versus Calcium with no Vitamin D and intended to administer an enteric coated aspirin versus a chewable aspirin.</li> <li>3. LVN 8 intended to administer one tablet of a two-tablet dose of Abilify to Resident 53 (Cross reference F755).</li> </ol> <p>This deficient practice had the potential for unnecessary medication administration, drug interaction and gastric irritation.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>a. During a medication pass observation conducted on 5/4/2022 at 8:48 a.m., Licensed Vocational Nurse 7 attempted to crush Resident 38's medication.</li> </ol> <p>A review of Resident 38's Physician orders, the order indicated there was no order for crushing all the resident's medications.</p> <p>During an interview on 5/4/2022 at 8:48 AM with LVN 7, LVN 7 stated he normally crushes 2-3 of Resident 32's medications. LVN 7 stated there is a physician order. However, when LVN 7 checked for the order, he stated, I don't see the order to crush the medications.</p> <p>A review of the Resident 38's Admission Record, indicated Resident 38 was initially admitted to the facility on [DATE] with diagnoses including but not limited to chronic obstructive pulmonary disease (a chronic inflammatory lung disease that causes obstructed airflow from the lungs) and schizophrenia (a mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions).</p> <ol style="list-style-type: none"> <li>b1. A review of Resident 73's Physician's order, dated 3/7/2022, the order indicated an order, to administer Calcium Carbonate Tablet Give 500 mg tablet by mouth one time a day.</li> </ol> <p>During a concurrent interview and observation on 5/4/2022 at 10:30 AM, LVN 7 was observed attempting to administer Oyster Shell Calcium 500 mg + Vitamin D (as cholecalciferol) 5 mcg tablet to Resident 73 but was stopped prior to administration of the medication. LVN 7 stated the difference between calcium 500 mg and oyster shell calcium 500 mg with vitamin , is, It has extra Vitamin D, 200 [IU].</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  05/09/2022
NAME OF PROVIDER OR SUPPLIER  Sunset Villa Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  3232 E. Artesia Blvd. Long Beach, CA 90805	
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b2. A review of Resident 73's Physician's order dated 4/9/2022, the order indicated to administer crushed Aspirin Tablet Chewable 81 mg, give one (1) tablet by mouth one time a day for CVA prophylaxis (action taken to prevent disease).</p> <p>During an interview and concurrent observation on 5/4/2022 at 9:56 AM, LVN 7 was observed attempting to administer Enteric Coated Aspirin 81 mg Tablet, 1 tab by mouth to Resident 73 but was stopped prior to administering the medication. LVN 7 stated the order is for, Aspirin Tablet Chewable 81 mg. and it is not correct to crush enteric coated aspirin.</p> <p>A review of Resident 73's Admission Record indicated an original admitted [DATE] and a most recent admitted [DATE] with diagnoses including but not limited to osteoporosis (bones are weak and brittle).</p> <p>A review of the facility's policy and procedure (P/P) titled Medication Administration-General Guidelines dated October 2017 indicated long- acting or enteric- coated dosage forms should generally not be crushed; an alternative should be sought.</p> <p>c. A review of Resident 53's Physician's order dated 3/23/2022, the order indicated to Give Aripiprazole 12 mg by mouth one time a day for schizophrenia manifested by disorganized thoughts.</p> <p>During an interview and concurrent observation on 5/5/2022 at 8:03AM, LVN 8 was observed attempting to administer Aripiprazole (Abilify) one 2 mg tablet when the order included an additional 10 mg tablet. Then the dose was held pending the location of the missing 10 mg medication card or if it needed to be re-ordered. LVN 8 stated, I am super nervous, I usually re-check it and would normally check for another [medication] card.</p> <p>During an interview on 5/5/2022 at 10:03 AM, LVN 8 stated she found the medication card for Aripiprazole (Abilify) 10 mg dose and administered the 10 mg tablet and 2 mg tablet.</p> <p>A review of Resident 53's Admission Record (AR), the AR indicated an admitted [DATE] with the diagnoses including but not limited to schizophrenia.</p> <p>A review of the facility's P/P titled Medication Administration-General Guidelines, dated October 2017, the P/P indicated medications are administered by following the written order from the physician.</p> <p>During a review of American Nurses Association's Code of Ethics dated 2015, the code of ehtics indicated that nurses must adhere to policies that promote patient health and safety, reduce errors, and waste, and establish and sustain a culture of safety.</p>		

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<p>F 0676</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45425</p> <p>Based on observation, interview, and record review, the facility failed to provide care, treatment, and services to maintain or improve the ability to perform activities of daily living ([ADLs], daily skills like eating, toileting, bed mobility, grooming, transferring, and walking), for one of 32 sampled residents (Resident 127).</p> <p>The facility failed to:</p> <ol style="list-style-type: none"> <li>1. Notify Rehabilitation Services, including Physical Therapy [(PT), a profession aimed in the restoration, maintenance, and promotion of optimal physical function], Occupational Therapy [(OT), a profession aimed to increase or maintain a person's capability of participating in everyday life activities (occupations)], and Speech Therapy [(ST), a profession aimed in the prevention, assessment, and treatment of speech, language, communicative, and swallowing disorders] regarding Resident 127's decline in ADLs.</li> <li>2. Provide Rehabilitation Services intervention to maintain or improve Resident 127's ADL status after the resident's Change of Condition (COC) on 2/14/2022.</li> <li>3. Follow facility's policy and procedure (P/P) titled Restorative Nursing Documentation ensuring the interdisciplinary team ([IDT] a group of health care professionals with various areas of expertise who work together toward the resident's goals) provided the appropriate treatment to maintain or improve Resident 127's abilities to perform ADLs.</li> <li>4. To adhere to Resident 127's plan of care titled, ADL Self Care Performance Deficit revised on 2/15/2022, which indicated the resident had a decline in ADLs with interventions to have an occupational therapy and physical therapy evaluation and treatment (PT/OT) per the physician's orders.</li> </ol> <p>Resident 127's assessment indicated the resident required only supervision for walking, toileting, and eating on 11/9/2021. On 2/14/2022, Resident 127 experienced a significant change of condition with eating, toileting, and walking and was not provided with rehabilitative intervention to maintain or improve abilities to perform activities of daily living as per the resident's plan of care and physician order.</p> <p>These deficient practices resulted in a delay in care and services for Resident 127's change of condition and a decline with the resident becoming dependent on staff and requiring extensive assistance from staff for eating, toileting, bed mobility, transfers, and walking.</p> <p>Findings:</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 127's Admission Record (AR), the AR indicated the resident was initially admitted to the facility on [DATE] and last readmitted on [DATE]. Resident 127's diagnoses included schizophrenia (a mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions), Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements and difficulty with balance and coordination), and seizures (uncontrolled electrical activity in the brain, which may produce combination of symptoms).</p> <p>During a review of Resident 127's Minimum Data Set (MDS), an assessment and care-screening tool, dated 11/9/2021, the MDS indicated Resident 127's cognition (thought process) was moderately impaired. The MDS indicated Resident 127 required supervision for eating, bed mobility, transfers between surfaces, and walking.</p> <p>During a review of the facility's census records (record of residents' hospitalization s, room changes, and payer source changes), the records indicated Resident 127 was transferred to the hospital on 12/20/2021 at 4 PM and returned to the facility the same day (12/20/2021) at 8:57 PM.</p> <p>During a review of Resident 127's Change of Condition Evaluation (COC Evaluation), dated 2/14/2022, the COC Evaluation indicated the resident had a decline in ADL which started on 2/14/2022. The COC Evaluation indicated Resident 127's change of condition included requiring more assistance with ADLs and decreased mobility. The COC Evaluation indicated the physician and responsible party were notified and blood tests were ordered. There was no other intervention indicated for Resident 127's decline in ADLs and decreased mobility.</p> <p>A review of Resident 127's quarterly Interdisciplinary Team (IDT) conference note, dated 2/9/2022 and signed on 2/14/2022, indicated the following departments attended the meeting: nursing (registered nurse/licensed vocational nurse), dietary, social worker, and the rehab department. The IDT conference note, under Evaluations/Goals section, indicated Resident 127 required assistance to complete ADLs and to continue the plan of care. There were no evaluations or goals indicated under the Rehab Services and Restorative Summary sections of the conference note.</p> <p>A review of Resident 127's MDS, dated [DATE], the MDS indicated Resident 127 was severely impaired for cognitive skills for daily decision-making. The MDS indicated Resident 127 required extensive assistance for eating and bed mobility. The MDS indicated transfers between surfaces and walking did not occur since the activity was not performed by the resident or staff at all over the entire seven-day evaluation period (2/7/2022-2/14/2022).</p> <p>During a review of Resident 127's care plan for ADL Self Care Performance Deficit, revised on 2/15/2022, the care plan indicated Resident 127 required extensive assistance with toilet use, transfers, bed mobility, personal hygiene, dressing and eating. The care plan indicated, under staff interventions, for the resident to have an occupational therapy and physical therapy evaluation and treatment (PT/OT) per the physician's orders dated 5/25/2020.</p> <p>A review of Resident 127's Order Summary Report (physician's orders) for 6/1/2020, the report indicated there were two orders, dated 5/25/2020 for Resident 127 to have an OT and PT evaluation and treatment as indicated.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/6/2022 at 9:39 AM, during a concurrent interview and review of Resident 127's electronic health records (EHR), PT, and OT documented evaluations, the Licensed Vocational Nurse (LVN 5) stated there was no documentation in the Resident 127's EHR, PT, and OT evaluations that treatment was done before. LVN 5 stated she spoke to the Director of Rehab (DOR) on 5/6/2022 regarding the resident's order for OT/PT back on 5/25/2020 and the DOR told her Resident 127 did not require an evaluation at that time because the resident was walking.</p> <p>A review of Resident 127's most current MDS, dated [DATE], the MDS indicated Resident 127 had severely impaired cognitive skills for daily decision-making. The MDS indicated Resident 127 required an extensive assistance with eating and bed mobility. Resident 127's MDS indicated transfers between surfaces and walking did not occur since the activity was not performed by the resident or staff at all over the entire seven-day evaluation period (3/25/2022-3/31/2022).</p> <p>During a concurrent observation and interview on 5/3/2022 at 12:44 PM, while in Resident 127's room, a Certified Nursing Assistant 12 (CNA 12) was observed assisting Resident 127 with lunch. LVN 2 stated Resident 127 used to be independent with activities of daily living, but lately there has been a decrease in Resident 127's strength. LVN 2 stated Resident 127 required physical assistance to go to the restroom.</p> <p>During an interview on 5/5/2022 at 12:38 PM, CNA 3 stated Resident 127 did not need assistance with eating, toileting, or walking a couple of months ago.</p> <p>During an observation on 5/5/2022 at 12:53 PM, Resident 127 was sitting in a wheelchair with other residents watching and observing the staff.</p> <p>During an interview on 5/5/2022 at 12:54 PM, LVN 2 stated Resident 127 had a COC, including a decline in activities of daily living on 2/14/2022. LVN 2 stated the physician was notified, and orders were received (for laboratory blood test to be done) regarding Resident 127's change of condition.</p> <p>During a review of Resident 127's Order Summary Report, dated 5/6/2022, there was a physician's order, dated 5/6/2022, for PT evaluation and treatment after the staff was questioned about Resident 127's ADLs decline.</p> <p>During an interview on 5/6/2022 at 12:56 PM, the Physical Therapist (PT 3) confirmed receiving an order on 5/6/2022 to perform a PT evaluation for Resident 127 related to Resident 127's COC. PT 3 stated the nursing staff informed PT 3 that Resident 127 experienced a decline in mobility and gait (walking). PT 3 stated Resident 127 had not received any therapy services since Resident 127 could walk. During a concurrent review of Resident 127's COC Evaluation, dated 2/14/2022, the COC Evaluation indicated Resident 127 had a decline in ADLs. PT 3 stated PT and OT should have been ordered once a resident's COC was identified. PT 3 stated Resident 127 had a decline in function and did not know PT and OT were not notified of Resident 127's COC sooner.</p> <p>During an interview on 5/6/2022 at 1:40 PM, LVN 3 stated a PT evaluation was ordered on 5/6/2022, after the staff was questioned about Resident 127's decline in ADLs with a COC that was identified on 2/14/2022.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/6/2022 at 2:30 PM the DOR stated Resident 127 had only received speech therapy from 4/6/2022 to 4/12/2022. The DOR stated no other therapy services, such as PT and/or OT, were provided to address Resident 127's decline in ADLs in 2/2022. The DOR stated rehabilitation screenings (brief assessments of a resident's mobility and function) were completed for the residents quarterly, on admission, and when there was a COC.</p> <p>During an interview on 5/9/2022 at 10:44 AM, the Assistant Director of Nursing (ADON) stated a rehabilitation screening should have been completed for Resident 127's COC. The ADON stated the DOR was not notified of Resident 127's COC which should have been communicated in the electronic documentation and/or discussed at the daily meeting. The ADON stated if it was discussed with the DOR or discussed at the meeting, then there would have been a rehabilitation screening completed.</p> <p>During a subsequent interview on 5/9/2022 at 11:46 AM, the DOR stated nursing staff should put communication in the electronic documentation for rehabilitation services to perform evaluations. The DOR stated there was no other way to be notified of physician's orders for therapy unless the nursing staff told the rehabilitation staff verbally. The DOR stated she reviews the electronic documentation communications about two to three times a day, looking for updates. The DOR stated she did not remember any communication regarding Resident 127's COC, because once alerted of a COC, a rehabilitation screening would be initiated to determine if therapy services are necessary.</p> <p>During an interview on 5/9/2022 at 2 p.m., the Director of Nursing (DON) and the DOR both agreed and stated there was a delay in initiation of therapy services for Resident 127 after the COC was identified on 2/14/2022. Both the DON and DOR stated the PT evaluation was not ordered until 5/6/2022 (3 months later). The DON stated the process with identification of COCs included the nursing staff entering the information regarding a resident's COC into the electronic record communications which would have alerted the therapy department. The DON reviewed the Resident 127's electronic record communications and did not find any information related to Resident 127's COC. The DON confirmed COCs were also supposed to be discussed during daily meeting but Resident 127's COC was not. The DOR stated Resident 127's COC was missed and somehow fell through the cracks.</p> <p>During a review of the facility's policy and procedure (P/P) titled, Routine Resident Care revised on 11/2012, the P/P indicated it was the responsibility of all nursing staff to maintain the care standards of the facility and assist the residents to attain or maintain their highest practicable level of functioning.</p> <p>During a review of the facility's P/P titled, Restorative Nursing Documentation dated 11/2017, the P/P indicated the interdisciplinary team would provide the appropriate treatment to maintain or improve the resident's abilities to perform their activities of daily living . which will not deteriorate unless the deterioration is unavoidable.</p>		



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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19152</p> <p>Based on observation, interview and record review, the facility's nursing staff failed to ensure one of 32 sampled residents (Resident 107) was not provided a complete bed bath and oral care during morning care, which included oral and hair care and skin maintenance. Resident 32's bath was not complete and incorrect techniques were used and oral care was not provided.</p> <p>This deficient practice resulted in Resident 107 not being thoroughly groomed and oral care provided, which had the potential to create skin breakdown, hair and scalp and teeth/gum issues, such a malodorous mouth and dental issues.</p> <p>Findings:</p> <p>During a review of Resident 107's Admission Records (AR), the AR indicated Resident 107 was initially admitted to the facility on [DATE] and last readmitted on [DATE]. Resident 107 had diagnosis including, but not limited to, dementia (a progressive loss of memory) without behavioral disturbance, muscle wasting and atrophy (partial or complete wasting away of a part of the body), lack of coordination and scoliosis (curvature of the spine).</p> <p>During a review of Resident 107's Minimum Data Set (MDS), an assessment and care-screening tool, dated 3/30/2022, the MDS indicated Resident 107's cognitive skills for daily decision-making was severely impaired. The MDS indicated Resident 107 required extensive assistance for bed mobility, transferring, and to complete her activities of daily living ([ADLs] task such as eating, bathing, dressing, grooming and toileting) and was totally dependent on staff for bathing. According to the MDS, Resident 107 had a functional limitation in range of motion ([ROM] the distance and direction a joint can move to its full potential) to one of her lower extremities. The MDS indicated Resident 107 was incontinent in her bowel and bladder functions (involuntary voiding of urine and stool).</p> <p>During a review of Resident 107's care plan, dated 2/3/2022, the care plan indicated Resident 107 had an ADL self-care performance deficit related to (r/t) general weakness, impaired cognition, decreased mobility, dementia, and scoliosis. The goal for Resident 107 was for her to improve current level of function in bed mobility, transfers, dressing and personal hygiene. Staff interventions included to provide Resident 107 with a bed bath when a full bath or shower was not tolerated. According to the care plan, the resident requires staff participation with bathing, the resident requires extensive assistance with personal hygiene care.</p> <p>During an observation of Resident 107's bed bath on 5/5/2022 at 9:30 a.m., Certified Nursing Assistant 4 (CNA 4) cleaned Resident 107 with soap and water but did not rinse the soap from the resident's skin. Following the bed bath CNA 4 applied lotion to Resident 107's arms and legs by placing the lotion on the anterior surface of the resident's upper and lower extremities using one stroke leaving the lotion clearly visible on Resident 107's skin and did not rubbed in. CNA 4 did not apply any lotion to the resident's back, buttocks, chest, or abdomen. CNA 4 did not clean Resident 107's mouth/teeth. CNA 4 did not comb Resident 107's hair and dressed the resident in the facility's gown not the resident's own clothing. Resident 107's closet was noted to have many clothing items. CNA 4 was observed changing Resident 107's bed linen without removing, what appeared to be dead skin debris from the mattress of the bed.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/5/2022, at 2:30 p.m., CNA 4 stated she was nervous and forgot to brush Resident 107's teeth but usually does a good job.</p> <p>During an interview on 5/5/2022 at 2:30 p.m., CNA 4 stated she was nervous and forgot to brush Resident 107's teeth and she should have asked housekeeping to clean Resident 107's mattress. CNA 4 stated she usually only use one basin to clean and rinse Resident 107 during her bed bath and acknowledged she was rinsing the resident's skin with soapy water. CNA 4 stated she forgot to put Resident 107's personal clothing and instead dressed the resident in a facility gown instead.</p> <p>During an interview on 5/5/2022 at 3:02 p.m., with facility's two Directors of Staff Development (DSD 1 and 2) they stated the staff are instructed to rinse the residents with clean water and either use an extra basin when they give a bed bath or dump the soapy water from the basin and add clean water. DSD 1 and DSD 2 stated any debris should be removed from the mattress before the resident's sheet are changed and lotion should be massaged into the resident's skin to ensure it is absorbed properly.</p> <p>During a review of the facility's policy and procedure (P/P), titled, Resident Care, Routine, dated 11/2012, the P/P indicated it was the policy of the facility that basic nursing care tasks will be provided for each resident based on resident needs. According to the P/P, the staff should assist residents with dressing tasks, as needed and assist residents to dress in street clothes daily during morning care unless contraindicated by medical conditions or the residents request otherwise.</p> <p>During a review of the facility's P/P titled, Resident Care, Routine, dated 11/2012, the P/P indicated for the staff should provide oral care to each resident at least twice daily. According to the P/P, oral care shall usually be given to residents as part of morning and bedtime care.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19152</p> <p>Based on observation, interview and record review, the facility's nursing staff failed to adhere to residents physician's orders and/or plan of care for three of 32 sampled residents (Residents 30, 107 and 457) as follow:</p> <p>Resident 30's consultants notes after an outside physician visit were not accesible in the resident's clinical record for continuity of care.</p> <p>Resident 107 had a physician's order for an abductor pillow (helps prevent hips from turning in or away from the body, keeps the hips straight) placed between the resident's legs that was not followed.</p> <p>Resident 457, the licensed nurses failed to obtain a treatment regimen, or documentation indicating the resident's physician was aware there was no laboratory of the resident's blood sugar due to diagnosis of diabetes mellitus (impairment in the way the body regulates and uses sugar [glucose] as a fuel)</p> <p>These deficient practice resulted in Resident 107's legs not being supported by an abductor pillow and had to potential to cause malformation of the resident's hips; for Resident 30, had the potential to delay Resident 30's care and treatment and for Resident 457, had the potential to lead to hyperglycemia (an excessive amount of glucose in the bloodstream, often associated with diabetes) or hypoglycemia (condition in which your blood sugar [glucose] level is lower than the standard range and can cause confusion, seizures, coma, and even death. Long-term hyperglycemia can cause nerve damage, circulation disorders, strokes, and heart attacks).</p> <p>Findings:</p> <p>a. During a review of Resident 30's Admission Records (AR), the AR indicated Resident 30 was admitted to the facility on [DATE], and last readmitted to the facility on [DATE].</p> <p>During a review of Resident 30's Minimum Data Set (MDS), an assessment care-screening tool, dated 2/17/2022, the MDS indicated Resident 30 was able to make independent decisions that were consistent and reasonable. The MDS indicated Resident 30 required extensive assistance for bed mobility and transfer and was dependent on staff for locomotion on/off the unit. According to the MDS, Resident 30 had functional limitation in range of motion ([ROM] the distance and direction a joint can move to its full potential) to both his upper extremities.</p> <p>During a review of Resident 30 physician's order, dated 4/8/2022 the physician order indicated the resident had an outside appointment scheduled for 4/20/2022.</p> <p>During a review of Resident 30 NPN, dated 4/20/2022, the NPN indicated Resident 30 was picked-up for an outside appointment at 2:30 p.m.</p> <p>During a review of Resident 30's NPN, dated 4/20/2022, the NPN indicated Resident 30 returned from the outside appointment at 4:45 p.m. on 4/20/2022.</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  05/09/2022
NAME OF PROVIDER OR SUPPLIER  Sunset Villa Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  3232 E. Artesia Blvd. Long Beach, CA 90805	
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 30's clinical record indicated there was no written documentation of a progress or consultation note from the outside appointment.</p> <p>During an interview on 5/6/2022 at 6:14 p.m., with the Director of Nursing (DON) after reviewing Resident 30's clinical records, the DON stated there was no documentation from Resident 30's outside appointment. The DON acknowledged the consultant's notes should be in Resident 30's clinical record.</p> <p>During a review of the facility's Policy and Procedure (P/P), titled Consultation Reports, dated 11/2017, the P/P indicated the consultant shall complete an evaluation and shall enter a progress note at the time of each visit to the resident. According to the P/P, it included residents seen and evaluated on an office visit.</p> <p>b. During a review of Resident 107's Admission Records (AR), the AR indicated Resident 107 was initially admitted to the facility on [DATE] and last readmitted on [DATE]. Resident 107 had diagnoses including but not limited to displaced fracture (broken bone)of the base of the neck of the right femur (hip fracture) with subsequent closed fracture with routine healing.</p> <p>During a review of Resident 107's MDS dated [DATE], the MDS indicated Resident 107's cognitive skills for daily decision-making were severely impaired. According to the MDS, Resident 107 required extensive assistance for bed mobility.</p> <p>During a review of Resident 107's Physician Order dated 2/10/2022, the order indicated to apply an abductor pillow (hip abduction pillow a device used to prevent the hip from moving out of the joint) in bed at all times and to put pillow in between legs when out of bed in a wheelchair every shift.</p> <p>During observations on 5/4/2022 at 8:15 a.m., 9:59 a.m., 12:15 p.m., and 1:45 p.m., on 5/5/2022 at 7:38 a.m., and 9:30 a.m., and on 5/6/2022 at 9:38 a.m., Resident 107 was observed without an abductor pillow in place.</p> <p>During an observation on 5/6/2022 at 10:36 a.m., Resident 107's closet was noted to have an abductor pillow in it. CNA 5 who was present during the observation and Resident 107's assigned nurse stated this was her first time caring for Resident 107 and she did not know about the abductor pillow.</p> <p>45271</p> <p>c. During a review of Resident 457's Admission Record (AR), the AR indicated Resident 457 was admitted to the facility on [DATE] with diagnoses that included dementia with behavior disturbance (verbal and physical aggression, wandering, and hoarding), Type II diabetes mellitus hypertensive heart disease (long-term force of the blood against the artery walls high enough that leads to health problems).</p> <p>During a review of Resident 457's Minimum Data Set (MDS), a standardized assessment and care-screening tool, dated 5/3/2022, the MDS indicated Resident 457's cognitive skills (thought process)for daily decision-making was severely impaired.</p> <p>During a review of Resident 457's Order Summary Report (Physician's Order), dated 4/29/2022, the physician's order indicated, metformin HCL (hydrochloride) 1000 mg (milligrams) give one tablet by mouth one time a day related to Type 2 Diabetes Mellitus with Diabetic Autonomic Neuropathy.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 457's Patient Results (lab results) from a prior facility, dated 4/19/2022, the lab results indicated, hemoglobin A1C ([HA1C] a test used to check for diabetes or prediabetes in adults), plasma of 6.4 % of total hemoglobin, increased risk for impaired glucose tolerance.</p> <p>During a concurrent interview and record review on 5/3/2022 at 9:47 a.m., with Registered Nurse 1(RN1), Resident 457's physician orders, dated 4/29/2022 were reviewed. The physician orders had no orders for laboratory tests related to diabetes. RN 1 stated no laboratory tests or accu-check (a proprietary blood glucose measuring system used for monitoring of glucose) were currently ordered for the resident, no HA1C since admission, last HA1C was 6.4 on 4/19/2022, which indicated the results were high and will inform the physician. RN 1 stated HA1C should be performed every 2- 3 months if normal, if abnormal then it should be done monthly. RN 1 stated Resident 457 could developed diabetic keto acidosis, which will affect everything. RN 1 stated residents with Type II diabetes treatment in general included, to make sure they take their medications, current diet, laboratory orders (such as HA1C), physical therapy if needed, and podiatry care as needed.</p> <p>During an interview on 5/5/2022, at 11:57 a.m., with RN 1, RN 1 stated she called the physician and made him aware of Resident 457's H1AC results. RN 1 stated the physician gave new orders for a stat (immediately) laboratories: complete blood count ([CBC], blood test used to evaluate the overall health and detect a wide range of disorders, including anemia, infection and/or leukemia), comprehensive metabolic panel ([CMP], test that measures 14 different substances in the blood. It provides important information about the body's chemical balance and metabolism), and HA1C. RN 1 stated the physician also ordered to check the resident's blood sugar once a day and to the physician if sugar is less than 70 or greater than 200. RN 1 confirmed it was not documented the physician was made aware of the resident's 6.4 HA1C results and/or the resident was not on blood sugar checks.</p> <p>During a concurrent interview and record review on 5/5/2022 at 1:59 p.m., with the Director of Nursing (DON), Resident 457's Care Plan, dated 5/2/2022 was reviewed, the care plan indicated, Fasting serum blood sugar as ordered by doctor, although there was no physician's order to check the resident's blood sugar. The DON stated the Minimum Data Set (MDS) staff placed, fasting serum blood sugar as ordered by doctor, in the care plan although there was no orders, knowing the doctor would order that for a resident with diabetes.</p> <p>During an interview on 5/5/2022, at 1:59 p.m., with the DON, the DON confirmed Resident 457 was a Type II diabetic. The DON stated the nursewas supposed to inform and confirm all orders with the primary physician and it should be documented. The DON stated the resident did not have an order to monitor blood sugars, but stated the physician was likely aware the resident did not have order to check blood sugar. The DON stated it was a good idea to have a baseline blood sugar check in order to determine if a resident's blood sugar was low or high upon admission.</p> <p>During a review of the facility's policy and procedure (P/P), titled Physician's Orders, Accepting, Transcribing and Implementing dated 11/2012, the P/P indicated all physician orders are to be complete and clearly defined to ensure accurate implementation. Licensed nursing shall verify each order for completeness, clarity, and appropriateness of doses.</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45657</b></p> <p>Based on observation, interview, and record review, the facility failed to assist one of four sampled residents (Resident 91) in obtaining eyeglasses. The Social Services Designee (SSD) failed to follow-up in obtaining the eyeglasses for Resident 91.</p> <p>This deficient practice had the potential to affect Resident 91's quality of life because she was unable to see clearly without eyeglasses.</p> <p>Findings:</p> <p>During an observation and concurrent interview on 5/3/2022 at 11:06 a.m., Resident 91 was in bed with a coloring book in her hands and was able to answer simple questions. Resident 91 stated her family member (FM 1) knows about her care.</p> <p>During a telephone interview on 5/4/2022 at 9:05 a.m., Resident 91's FM 1 stated Resident 91 lost her reading glasses since 1/2022 and it was brought to the attention of the Social Worker (SW) but there has been no eyeglasses given to Resident 91. FM 1 stated, It is taking a long time.</p> <p>A review of Resident 91's Admission Record (AR), the AR indicated the facility admitted Resident 91 on 1/13/2022 with diagnoses including chronic obstructive pulmonary disease (lung diseases that block airflow and make it difficult to breathe.), Type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar), and gout (arthritis characterized by severe pain, redness, and tenderness in joints).</p> <p>During a review of Resident 91's Minimum Data Set (MDS), a standardized assessment and care-screening tool, dated 3/22/2022, the MDS indicated Resident 91 needed corrective glasses.</p> <p>A review of Resident 91's most recent Quarterly MDS, dated [DATE], the MDS indicated Resident 91 was alert and able to communicate her needs.</p> <p>During a review of Resident 91's Inventory of personal effects, dated 12/27/2021, the inventory list indicated Resident 91's had glasses. A review of Inventory of personal effects dated 1/14/2022 for Resident 91 indicated there were no glasses listed.</p> <p>During a concurrent interview and record review on 5/9/2022 at 9:29 a.m., the Licensed Vocational Nurse 7 (LVN 7) stated the ophthalmology assessment for the month of 3/2022 was in the chart, but not for 4/2022. LVN stated, The checkup documentation for 4/2022 is missing. I can check the orders to see if the checkup is monthly. The initial order for Ophthalmology consults was on 1/13/2022. LVN 7 stated the SW was the one who arranged the follow-ups visit with the consultants and the nurses follow-up with the new orders.</p> <p>(continued on next page)</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/9/2022 at 9:11 a.m., the Director of Nursing (DON) stated the SW takes care of residents' follow-up appointments after the insurance was approved, and then the nurses will get the appointment for the resident. The DON stated If a resident has a Health Maintenance Organization Health Plan (HMO) the provider will come and see the resident or the provider will send a transportation for residents. The DON stated the SW will follow up with for the glasses after the ophthalmologist (a medical or osteopathic doctor who specializes in eye and vision care) comes and see residents once a month for a checkup.</p> <p>During an interview on 5/9/2022 at 10:47 a.m., the DON stated there was no documented evidence the ophthalmologist had seen Resident 91 on 4/2022. The DON stated, For now I will follow up with the appointment.</p> <p>During a concurrent interview and record review on 5/9/2022 at 2:21 p.m., the DON stated Resident 91's request for eyeglasses was done in 3/2022 but the facility failed to follow-up for the glasses. The DON stated if Resident 91 would not get her eyeglasses, there will be a negative outcome to Resident 91's quality of life because she will not be able to see.</p> <p>A review of the job description of the Social Services Director, dated 10/2010, the job description indicated the Social Services Director Ensures ongoing evaluations for dental, vision and mental health exams and follow up Directs and coordinates resident's appointments including transportations Maintain contact with family to report residents' overall medical status.</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate foot care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19152</p> <p>Based on observation, interview and record review, the facility's nursing staff failed to ensure toenails were adequately groomed for three of 32 sampled residents (Residents 30, 47, and 107).</p> <p>This deficient practice resulted in the nails of Residents 30, 47, and 107 being overgrown and jagged with sharp edges that had the potential to cause injury and lead to infection.</p> <p>Findings:</p> <p>a. During a review of Resident 30's Admission Records (AR), the AR indicated Resident 30 was initially admitted to the facility 5/8/2021 and last readmitted on [DATE]. Resident 30's diagnoses included diabetes mellitus (a chronic condition associated with abnormally high levels of sugar in the blood), diabetic neuropathy (a type of nerve damage), hemiplegia (paralysis on one side of the body) and hemiparesis (muscle weakness or partial paralysis on one side of the body) affecting the right dominant side, and contractures (a condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints).</p> <p>During a review of Resident 30's Minimum Data Set (MDS), an assessment and care-screening tool, dated 2/17/2022, the MDS indicated Resident 30's cognitive skills (thought process) for daily decision-making were severely impaired. The MDS indicated Resident 30 required extensive assistance to complete his activities of daily living ([ADLs] task such as eating, bathing, dressing, grooming and toileting) and had a functional limitation in range of motion ([ROM] the distance and direction a joint can move to its full potential) to both upper extremities.</p> <p>During a review of Resident 30's Physician Orders, dated 1/20/2022 the orders indicated for podiatry (the treatment of the feet) evaluation and treatment as needed (PRN).</p> <p>During a review of Resident 30's Podiatry Follow-Up Note, dated 3/16/2022, the note indicated the reason for the visit was infection of the nails and with pain. The Podiatric Physical Examination of Resident 30's toenails indicated they had yellow discoloration, were brittle, swollen with paronychia (infection of the skin next to the nail). The Podiatric Assessment of Resident 30's toenails indicated a diagnosis of onychomycosis (nail fungus), onychocryptosis (ingrown toenail) and dermatomycosis (fungal infection of the skin). The recommended follow-up date was left blank.</p> <p>During a concurrent observation and interview on 5/9/2022 at 8:47 a.m., Resident 30's toenails were observed broken with sharp jagged edges. Licensed Vocational Nurse 6 (LVN 6) and Certified Nursing Assistant 5 (CNA 5) stated they do not cut resident's toenails and a referral should be made by the CNAs or other nurses to social services so a podiatry order can be obtained.</p> <p>During an interview on 5/9/2022 at 9:05 a.m., the Director of Nursing (DON) stated the facility had no social service staff, but she had a list of residents to be seen by the podiatrist and the list did not include Resident 30.</p> <p>(continued on next page)</p>		



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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. During a review of Resident 47's AR, the AR indicated Resident 47 was initially admitted to the facility on [DATE] and was last readmitted on [DATE]. Resident 47's diagnoses included Alzheimer's disease (a form of dementia [progressive memory loss]).</p> <p>During a review of Resident 47's MDS dated [DATE], the MDS indicated Resident 47's cognitive skills (thought process) for daily decision-making were severely impaired. The MDS indicated Resident 47 was totally dependent on staff to complete her ADLs.</p> <p>During a review of Resident 47's Physician Orders dated 5/30/2021, the orders indicated for the resident to have podiatry evaluation and treatment PRN.</p> <p>During an observation of Resident 47 on 5/9/2022 at 11:15 a.m., Resident 47's toenails were observed long and slightly hanging over the toes. LVN 6 was present in the room during the observation and acknowledged Resident 47's toenails were too long.</p> <p>During a review of Resident 47's Podiatry Follow-Up Note, dated 3/16/2022, the note indicated the reason for the visit was Resident 47 had painful nails. The Podiatric Physical Examination indicated Resident 47's toenails had yellow discoloration, brittle with subungual hemorrhage (a condition where blood and fluid collect underneath the toenails) and paronychia. The Podiatric Assessment of Resident 47's toenails indicated onychomycosis, onychocriptosis, and dermatomycosis. The recommended follow-up date was left blank.</p> <p>c. During a review of Resident 107's AR, the AR indicated Resident 107 was initially admitted to the facility on [DATE] and last readmitted on [DATE]. Resident 107 had diagnoses that included diabetes mellitus and diabetic neuropathy.</p> <p>During a review of Resident 107's MDS dated [DATE], the MDS indicated Resident 107's cognitive skills for daily decision-making were severely impaired. The MDS indicated Resident 107 required extensive assistance to complete her ADLs.</p> <p>During a review of Resident 107's Physician Order dated 2/2/2022, the orders indicated for Resident 107 to have Podiatry service for treatment of hypertrophic toenails and/or other foot problems every 61 days PRN.</p> <p>During an observation on 5/6/2022 at 9:30 a.m., Resident 107 was observed with long toenails that were cut/broken with jagged sharp edges.</p> <p>During an interview on 5/6/2022, at 2:30 p.m., CNA 4 stated the physicians are the only ones who cut the residents' toenails. CNA 4 stated she lets the charge nurse know if the residents' toenails need to be cut. CNA 4 stated she only noticed Resident 107's toenails were thick and did not think it was a problem, so she did not report it to the charge nurse.</p> <p>During an interview on 5/6/2022 at 3:02 p.m., the Directors of Staff Development 1 and 2 (DSD 1 and 2) stated if there was an issue found with the resident's feet the charge nurse should be notified so the podiatrist can schedule a visit as they usually come once a month and/or as needed.</p> <p>During a review of Resident 107's Podiatry Follow-Up Progress Report dated 4/13/2022, the report indicated Resident 107 was assess with onychomycosis, onychocriptosis, and dermatomycosis diagnosis.</p> <p>(continued on next page)</p>		

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F 0687  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	During a review of the facility's policy and procedure (P/P), titled Fingernails/Toenails, Care of, dated 11/2012, the P/P indicated the residents' nails are clean and trimmed regularly and only the podiatrist or licensed nurse would provide care to diabetic residents, or residents with severe circulatory impairment.		

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<p>F 0688</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36943</p> <p>Based on observation, interview, and record review, the facility failed to ensure four of eight sampled residents (Residents 106, 55, 23, and 152) received appropriate services to prevent further a decline in range of motion ([ROM], full movement potential of a joint) and mobility by failing to:</p> <p>1a. Provide passive range of motion ([PROM], movement of a joint through the ROM with no effort from resident) to Resident 106's both legs in accordance with the Physical Therapy ([PT], profession aimed in the restoration, maintenance, and promotion of optimal physical function) discharge recommendation on 1/28/2021. As a result of this failure, Resident 106 developed contractures (chronic loss of joint motion associated with deformity and joint stiffness) to both knees and both ankles, requiring a PT evaluation on 3/19/2021. Resident 106 was discharged from PT on 5/31/2021 with recommendations for both knee and both ankle splints (material used to restrict, protect, or immobilize a part of the body to support function, assist and or increase range of motion).</p> <p>1b. Provide Resident 106 with PROM to both legs to prevent further decline in range of motion from 5/31/2021 to 5/5/2022 (approximately one year). As a result of this failure, Resident 106 developed contractures to both hips and worsening contractures to both knees.</p> <p>1c. Provide appropriate monitoring of Resident 106's range of motion on a quarterly basis to determine any changes in ROM in accordance with the facility's policy.</p> <p>These multiple failures from 1/28/2021 to 5/5/2022 resulted in Resident 106 experiencing a significant decline in range of motion to both legs, including the development of irreversible contractures (not able to be undone or altered) of both hips, knees, and ankles, and requiring an increase in care (from extensive assistance to total assistance) for activities of daily living.</p> <p>2. For Resident 55, the facility failed to provide intervention to maintain the distance of 150-200 feet of ambulation (walking) after discharge from Physical Therapy on 10/13/2021. This deficient practice had the potential for Resident 55 to have a decline in functional mobility.</p> <p>3. For Residents 152 and 23, the facility failed to provide appropriate monitoring of range of motion in both arms and legs on a quarterly basis to determine any changes in ROM in accordance with the facility's policy. This deficient practice had the potential for Residents 152 and 23 to experience an undetectable decline in range of motion.</p> <p>Findings:</p> <p>a. During a review of Resident 106's Admission Record (AR), the AR indicated Resident 106 was admitted to the facility on [DATE] and last readmitted on [DATE] with diagnoses including dementia (decline in mental ability severe enough to interfere with daily life). Resident 106's AR indicated dated 3/19/2021 indicated the resident had the following diagnoses: left knee contracture (chronic loss of joint motion associated with deformity and joint stiffness), right knee contracture, left ankle contracture, and right ankle contracture.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 106's Minimum Data Set (MDS), a standardized assessment and care-screening tool, dated 12/18/2020, the MDS indicated Resident 106 was severely impaired in cognitive (ability to think, understand, learn, and remember) skills for daily decision-making. The MDS indicated Resident 106 required extensive assistance (resident involved in activity, staff provide weight-bearing support) with bed mobility, was totally dependent on staff for transfers, and required extensive assistance from staff for dressing, eating, and personal hygiene. The MDS indicated Resident 106 had no functional limitations in ROM to both legs.</p> <p>During a review of the Physical Therapy (PT) Evaluation and Plan of Treatment, dated 12/14/2020, the PT Evaluation indicated Resident 106's prior level of function was independent with bed mobility, independent with transfers, and stand-by assist for walking 300 feet. The PT Evaluation indicated Resident 106 required, at the time of the evaluation on 12/14/2020, total assistance for bed mobility and transferring from a lying down position to a seated position. The PT Evaluation indicated the ROM in both of Resident 106's legs were within functional limits ([WFL], sufficient joint movement to functionally complete daily routines).</p> <p>A review of Resident 106's PT Discharge Summary, dated 1/28/2021, indicated Resident 106 required maximum assistance (required 51-75% assistance to complete the task) with a two persons physical assistance for bed mobility, total assistance for transfers, maximum assistance to maintain standing, and was unable to walk. The PT discharge summary recommendations for Resident 106 included to perform PROM exercises to both legs in all planes ([planes of motion], all the movements possible at a given joint) to maintain the current level of performance and in order to prevent decline.</p> <p>During a review of Resident 106's physician's orders, there were no physician's orders for Resident 106 to receive PROM to both legs as PT recommended on 1/28/2021.</p> <p>A review of Resident 106's MDS, dated [DATE], indicated Resident 106 required extensive assistance for bed mobility, transfers, dressing, and eating, and was totally dependent on staff for personal hygiene. The MDS indicated Resident 106 had no functional limitations in ROM to both legs.</p> <p>During a review of the PT Evaluation and Plan of Treatment, dated 3/19/2021, the PT Evaluation indicated Resident 106 was refer to PT for decreased ROM in both legs placing the resident at risk for contracture(s), decreased skin integrity, pressure sores (damage to skin due to prolong pressure), further decline in function and increased dependency on caregivers. The PT Evaluation indicated Resident 106 developed contractures to both knees and both ankles with an onset date of 3/19/2021. The PT Evaluation indicated Resident 106 had ROM impairments in both legs at the hip, knee, and ankle joints with the following assessments:</p> <ol style="list-style-type: none"> <li>1. Left hip flexion (movement at hip with the leg moving upward toward the head): 10-125 (115 degrees of motion, [normal is 0-120]).</li> <li>2. Left hip abduction (movement at hip with the leg moving away from midline): 0-10 degrees (10 degrees of motion, [normal is 0-45 degrees]).</li> <li>3. Left knee flexion (knee bent): 30-130 degrees (100 degrees of motion, [normal is 0-135 degrees]).</li> </ol> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Sunset Villa Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3232 E. Artesia Blvd. Long Beach, CA 90805	
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<p>F 0688</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>4. Left ankle plantar flexion (ankle bent away from body): 20-50 degrees (30 degrees of motion, [normal is 0-45 degrees]).</p> <p>5. Right hip abduction: 0-5 degrees (5 degrees of motion).</p> <p>6. Right knee flexion: 20-130 degrees (110 degrees of motion).</p> <p>7. Right ankle plantar flexion: 20-50 degrees (30 degrees of motion).</p> <p>A review of Resident 106's MDS, dated [DATE], indicated Resident 106 required extensive assistance for bed mobility, transfers, dressing and eating, and totally dependent for personal hygiene.</p> <p>During a review of the PT Discharge Summary, dated 5/31/2021, the PT Discharge Summary indicated Resident 106 tolerated both knee splints for four hours and both ankle splints for four (4) hours. The PT discharge recommendations included to wear both knee extension splints and both ankle splints for up to four hours to maintain joint integrity and inhibit abnormal positions. The PT Discharge Summary indicated Resident 106's ROM in both legs was as follows on 5/31/2021:</p> <p>1. Left hip abduction: 0-15 degrees (15 degrees of motion).</p> <p>2. Left knee flexion: 15-115 (100 degrees of motion).</p> <p>3. Left ankle plantar flexion: 20-50 degrees (30 degrees of motion).</p> <p>4. Right hip abduction: 0-10 degrees (10 degrees of motion).</p> <p>5. Right knee flexion: 10-115 degrees (105 degrees of motion).</p> <p>6. Right ankle plantar flexion: 20-50 degrees (30 degrees of motion).</p> <p>During a review of Resident 106's physician's order, dated 6/1/2021, the physician order indicated for the Restorative Nursing Aide ([RNA], nursing aide program that helps residents to maintain their function and joint mobility) to apply both knee extension and foot drop (ankle) splints for 4-6 hours daily, four times per week or as tolerated. Further review of Resident 106 physician's orders, dated 6/3/2021, indicated for the RNA to provide PROM exercises to Resident 106 both arms daily, four times per week and as tolerated. There were no physician's orders for Resident 106 to receive ROM exercises to both legs.</p> <p>During a review of Resident 106's monthly RNA documentation, from 6/2021 to 5/2022, the RNA documentation indicated an RNA provided PROM exercises to Resident 106's both arms four times per week and applied both knee extension and foot drop splints for 4-6 hours, four times per week. There was no documentation the RNA provided ROM exercises to Resident 106's legs.</p> <p>During a review of Resident 106's Rehab Screening records, Resident 106 received multiple Rehab Screenings on the following days: 6/13/2021, 8/3/2021, 11/3/2021, 12/28/2021, and 3/28/2022. Resident 106's Rehab Screenings did not indicate any assessment or monitoring of ROM in both arms and both legs. Each Rehab Screening for Resident 106 had identical information, which included the following:</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>1. Reason for screening: Quarterly review.</p> <p>2. Observation/Findings: Blank.</p> <p>3. Evaluations indicated: No evaluation required.</p> <p>4. Comments: RNA program PROM exercises to BUE (bilateral upper extremities, both arms) daily 4x (four times) week or as tolerated. RNA to apply bilateral (both) knee extension and foot drop splints (ankle splints) 4-6 hours daily 4x week or as tolerated.</p> <p>A review of Resident 106's MDS, dated [DATE], the MDS indicated Resident 106 was totally dependent on staff for bed mobility, transfers, dressing, eating, and personal hygiene. The MDS indicated Resident 106 had functional range of motion impairments to both legs.</p> <p>During an observation on 5/4/2022, at 10:51 AM, while in Resident 106's room, the resident was observed sleeping flat in the bed with a blanket covering both legs. Certified Nursing Assistant (CNA 1) uncovered Resident 106's legs. Resident 106 was observed to have splints on to both knees and both ankles. There was a pillow observed placed between the legs.</p> <p>During an interview on 5/5/2022, at 9:15 AM, CNA 1 stated Resident 106 required a total assistance for care due to the inability to move both arms and legs. CNA 1 stated the contractures in both arms and legs prevented Resident 106 from moving to assist with care.</p> <p>During a concurrent observation and interview on 5/8/2022 at 9:36 AM while in Resident 106's room, CNA 1 stated the resident used to walk but had declined in function. CNA 1, RNA 1, and RNA 2, had to use a mechanical lift (used to transfer immobile residents) to transfer Resident 106 from the bed to a Geri-chair (reclining chair that allows someone to get out of bed and sit comfortably in different positions while fully supported). CNA 1 stated Resident 106 used to require only a two persons physical assist with a mechanical lift transfer but now required three persons. CNA 1 stated Resident 106 could only sit in a Geri-chair for safety because both hips tend to slide forward in the wheelchair.</p> <p>During a concurrent interview and review of Resident 106's MDS on 5/9/2022, at 10:03 AM, the MDS nurse (MDS 1) stated Resident 106 walked and did not have any impairments to both legs prior to hospitalization on [DATE] for COVID-19 ([Coronavirus-19], a new highly contagious virus that can affect lungs and airways).</p> <p>During an interview and record review on 5/9/2022, at 10:28 AM, the Director of Rehabilitation (DOR) and Physical Therapist 3 (PT 3) stated Resident 106 returned to the facility on [DATE] after being hospitalized for COVID-19 and received a PT Evaluation on 12/14/2020. The DOR confirmed Resident 106's ROM to both legs were within functional limits prior to discharge from PT on 1/28/2021. The DOR confirmed the PT discharge recommendations to provide ROM exercises to both legs were not done and stated, We missed it. The DOR stated Resident 106 did not receive ROM exercises to both legs from 1/28/2021 to 3/19/2021 and developed contractures to both knees and both ankles. The DOR stated Resident 106 received another PT Evaluation on 3/19/2021 due to reports from nursing of decreased ROM in both legs.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and review of Resident 106's PT assessments on 5/5/2022, at 3:23 PM, the DOR and PT 1 confirmed PT 1 performed the PT Evaluation for Resident 106 on 3/19/2021 and discharged Resident 106 on 5/31/2021. PT 1 stated the application of both knee and both ankle splints were recommended to maintain ROM in Resident 106's legs. PT 1 and the DOR stated Resident 106 should have but did not receive ROM exercises to both legs from 5/31/2021 to 5/5/2022 (approximately one year). PT 1 and the DOR stated Resident 106 received quarterly Rehab Screens, but both stated these Rehab Screens did not monitor whether Resident 106's ROM was getting better or worse. PT 1 and the DOR stated the therapists relied on communication from the nursing staff to determine changes in Resident 106's ROM.</p> <p>During a concurrent interview and review of Resident 106's RNA documentation on 5/5/2022, at 4:24 PM, the Assistant Director of Nursing (ADON) stated the provision of ROM exercises were important to prevent contractures. The ADON reviewed Resident 106's clinical record and confirmed there was no documented evidence Resident 106 was provided with ROM exercises to both legs since 5/31/2021.</p> <p>During a concurrent observation and interview on 5/5/2022, at 4:34 PM, while in Resident 106's room, PT 1 stated Resident 106 developed worsening contractures to both hips and knees. PT 1 re-assessed Resident 106's ROM to both legs as followed:</p> <ol style="list-style-type: none"> <li>1. Left hip flexion: 0-40 degrees (40 degrees of motion).</li> <li>2. Left hip abduction: 0-5 degrees (5 degrees of motion).</li> <li>3. Left knee flexion: 20-80 degrees (60 degrees of motion).</li> <li>4. Left ankle plantar flexion: 10-50 degrees (40 degrees of motion).</li> <li>5. Right hip flexion: 0-58 degrees (58 degrees of motion).</li> <li>6. Right hip abduction: 0-10 degrees (10 degrees of motion).</li> <li>7. Right knee flexion: 20-100 degrees (80 degrees of motion).</li> <li>8. Right ankle plantar flexion: 10-40 degrees (30 degrees of motion).</li> </ol> <p>During a concurrent interview and review of Resident 106's MDS assessments, PT assessments, and Rehab Screenings on 5/6/2022, at 3:29 PM, the ADON, DOR, PT 1, and Director of Nursing (DON) reviewed Resident 106's MDS assessments from 5/6/2021 to 3/28/2022. The ADON, DOR, PT 1, and the DON agreed Resident 106's range of motion loss to both legs were a contributing factor to the resident's decline in function. The DOR stated Resident 106 should have, but did not, receive ROM exercises to both legs after discharge from PT on 5/31/2021. The DON stated Resident 106's ROM loss in both legs were avoidable since the resident did not receive ROM exercises and the Rehab Screens did not monitor Resident 106's ROM.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy and procedure (P/P) titled, Assessment, Joint Mobility, revised on 11/2012, the P/P indicated, all residents will be assessed for joint mobility limitations upon admission and at a minimum of every three months thereafter. According to the P/P, the Physical Therapist and Licensed nurse will assess each joint for range of motion and document findings, date it; for each joint and indicate the degree of mobility. The P/P also indicated the staff should update reassessment and changes, which will show progress of lack of progress.</p> <p>During a concurrent interview, review of Resident 106's PT assessments, and the facility's P/P on 5/9/2022, at 2:09 PM, with the ADON, the ADON stated contractures cannot be reversed. The ADON confirmed Resident 106's ROM in both legs were within functional limits when discharged from PT on 1/28/2021. The ADON confirmed Resident 106 did not receive any ROM exercises to both legs in accordance with the PT discharge recommendation from 1/28/2021 to 3/19/2021. The ADON confirmed PT re-evaluated Resident 106 on 3/19/2021 due to the development of contractures in both knees and ankles. The ADON confirmed Resident 106 was discharged from PT on 5/31/2021 and had not received any ROM exercises to both legs from 5/31/2021 to 5/5/2022 to prevent worsening contractures. The ADON stated the facility's Rehab Screen repeated the RNA order and did not monitor the resident's ROM. The ADON stated the facility did not perform the joint mobility assessment for all residents in the facility in accordance to the policy. The ADON stated Resident 106 worsening ROM in both legs, could have been detected if the facility had monitored the resident's joints in accordance with the facility's policy.</p> <p>During a review of the facility's P/P titled, Contracture Management, revised on 11/2012, the P/P indicated, Residents will be assisted to maintain normal joint mobility, prevent complications associated with joint deformity and prevent worsening of existing contractures, unless the resident's cognitive, physical or medical condition is such that contracture formation of decline is unavoidable.</p> <p>b. During a review of Resident 55's Admission Record (AR), the AR indicated the facility readmitted Resident 55 on 7/6/2021. According to the AR, Resident 55's diagnoses included but was not limited to dementia (decline in mental ability severe enough to interfere with daily life), difficulty walking, muscle weakness, displaced fracture (bone breaks in two or more pieces) of the right femur (hip), and encounter for orthopedic aftercare.</p> <p>During a review of Resident 55's Minimum Data Set (MDS), a comprehensive assessment and care-screening tool, dated 3/14/2022, the MDS indicated Resident 55 was moderately impaired for cognition (ability to think, understand, learn, and remember), had clear speech, expressed wants clearly, and understood clearly. According to the MDS, Resident 55 was required supervision for bed mobility and transfers and required limited assistance for walking.</p> <p>During review of Resident 55's Physical Therapy ([PT], professional aimed in the restoration, maintenance, and promotion of optimal physical function) Discharge Summary, dated 10/13/2021, the PT Discharge Summary indicated Resident 55 walked 200 feet with contact guard assistance (occasional physical contact provided to maintain balance or stability). The PT discharge recommendations included a referral to the restorative nursing program (nursing program that uses restorative nursing aides [RNA] to help residents maintain their function and joint mobility) for ambulation (walking).</p> <p>A review of Resident 55's physician's orders, dated 10/13/2021, the physician orders indicated for the Restorative Nursing Aide ([RNA], nursing aide program that helps residents to maintain their function and joint mobility) to provide ambulation exercises daily four times per week or as tolerated with right hip precautions (restrictions placed on hip movement after surgery).</p> <p>(continued on next page)</p>		



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<p>F 0688</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Interdisciplinary Team (IDT) Progress Notes - Restorative Nursing (IDT RNA Progress Notes), dated 10/22/2021, indicated the Assistant Director of Nursing (ADON), the RNA (unnamed), the Director of Staff Development (DSD), and the Director of Rehabilitation (DOR) were present for the IDT meeting to discuss Resident 55's RNA services. The IDT RNA Progress Notes, dated 10/22/2021, indicated Resident 55 ambulated 50-100 feet with a front wheeled walker ([FWW], assistive device with two front wheels used for stability when walking).</p> <p>During a concurrent interview and review of Resident 55's PT assessments and IDT RNA Progress Notes, on 5/5/2022, at 3:23 PM, Physical Therapist 1 (PT 1) stated PT 1 usually wrote the distance for the RNA to walk with the resident to maintain the resident's functional mobility after a resident's discharge from PT services. PT 1 confirmed Resident 55 walked 150-200 feet when discharged from PT services. The ADON stated the RNAs only walked 50 feet with Resident 55 upon Resident 55's discharge from PT's services. The ADON stated this was significantly less distance than when Resident 55 was discharged from PT.</p> <p>During a concurrent interview and review of Resident 55's PT assessments and RNA physician's orders, on 5/9/2022, at 11:16 AM, the ADON stated Resident 55's physician's order for RNA should have included the level of assistance required for walking, the distance to walk, and the assistive device needed for walking.</p> <p>A review of the facility's policy and procedure (P/P) titled, Restorative Nursing Documentation, dated 11/2017, the P/P indicated the interdisciplinary team shall provide residents with the appropriate treatment, and attention to maintain or improve his/her abilities and that the resident's activities of daily living (ADL), and range of motion (ROM), will not deteriorate unless the deterioration was unavoidable.</p> <p>c. A review of Resident 152's AR, the AR indicated the facility readmitted Resident 152 on 7/26/2021. Resident 152's diagnoses included but was not limited to Alzheimer's disease (progressive memory loss, generalized brain deterioration that leads to progressive decline in mental ability severe enough to interfere with daily life), Parkinson's disease (a progressive disease of the nervous system resulting impaired movement), dysphagia (difficulty swallowing), and palliative care (specialized medical care that focuses on providing patients relief from pain and other symptoms of a serious illness).</p> <p>A review of Resident 152's Minimum Data Set (MDS), a comprehensive assessment and care-screening tool, dated 4/13/2022, the MDS indicated Resident 152 was severely impaired for daily decision-making, required extensive assistance for bed mobility, dressing, and eating, and was totally dependent for transfers and personal hygiene. The MDS also indicated Resident 152 had functional range of motion ([ROM], full movement potential of a joint) impairments to both arms and both legs.</p> <p>A review of Resident 152's physician's orders, dated 8/26/2021, the orders indicated for the Restorative Nursing Aide ([RNA], nursing aide program that helps residents to maintain their function and joint mobility) to provide both leg Passive Range of Motion ([PRM], movement of a joint through the ROM with no effort from the resident) exercises daily four times per week or as tolerated. Another physician's order for Resident 152, dated 10/19/2021, the order indicated for RNA to provide both arm Active Assistive Range of Motion ([AAROM], use of muscles surrounding the joint to perform the exercise but requires some help from a person or equipment) exercises everyday four times per week.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 152's Rehab Screening record, dated 9/16/2021, Resident 152's Rehab Screen did not indicate any assessment or monitoring of ROM in both arms and both legs. Resident 152's Rehab Screen included the following:</p> <ul style="list-style-type: none"> <li>- Reason for screening: Quarterly review</li> <li>- Observation/Findings: Blank</li> <li>- Evaluations indicated: No evaluation required</li> <li>- Comments: RNA to provide both leg PROM exercises daily four times per week or as tolerated.</li> </ul> <p>During a review of Resident 152's Rehab Screening record, dated 12/23/2021 and 3/31/2022, Resident 152's Rehab Screen did not include any assessment or monitoring of ROM in both arms and both legs. Resident 152's Rehab Screen on 12/23/2021 included the following:</p> <ul style="list-style-type: none"> <li>- Reason for screening: Quarterly review</li> <li>- Observation/Findings: Blank</li> <li>- Evaluations indicated: No evaluation required</li> <li>- Comments: RNA to provide AAROM to both arms exercises everyday four times per week. RNA to provide both leg PROM exercises daily four times per week or as tolerated.</li> </ul> <p>During an interview and review of Resident 152's Rehab Screen records on 5/5/2022, at 3:23 PM, the Director of Rehabilitation (DOR) and Physical Therapist 1 (PT 1) stated Resident 152's Rehab Screen did not monitor whether Resident 152's ROM was getting better or worse. PT 1 and the DOR stated the therapists relied on communication from the nursing staff to determine changes in ROM.</p> <p>During a review of the facility's policy and procedure (P/P) titled, Assessment, Joint Mobility, revised on 11/2012, the P/P indicated, all residents will be assessed for joint mobility limitations upon admission and at a minimum of every three months thereafter. According to the P/P, the Physical Therapist and Licensed nurse will assess each joint for range of motion and document findings .For each joint and indicate the degree of mobility. The P/P also indicated the staff should date, and then update reassessment and changes, which will show progress of lack of progress.</p> <p>During a concurrent interview and review of Resident 152's Rehab Screen records and the facility's P/P on 5/9/2022, at 2:09 PM, the Assistant Director of Nursing (ADON) stated Resident 152's Rehab Screens did not monitor Resident 152's ROM. The ADON stated the facility did not monitor Resident 152's ROM according to their policy.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>d. A review of Resident 23's Admission Record (AR), the AR indicated the facility readmitted Resident 23 on 1/20/2022. According to the AR, Resident 23's diagnoses included but was not limited to cerebral infarction (brain damage due to a loss of oxygen to the area) due to unspecified occlusion (blockage) or stenosis (narrowing) of unspecified cerebral artery (blood vessel delivering oxygen to the brain), hemiplegia and hemiparesis (weakness or paralysis to one side of the body) following cerebral infarction affecting left non-dominant side, contracture (chronic loss of joint motion associated with deformity and joint stiffness) to the left hand, contracture to the left knee, contracture to the right ankle, and contracture to the left ankle.</p> <p>During a review of Resident 23's Minimum Data Set (MDS), a comprehensive assessment used as a care-screening tool, dated 2/19/2022, the MDS indicated Resident 23 was severely impaired for cognition (ability to think, understand, learn, and remember) and was totally dependent for bed mobility, transfers, eating, personal hygiene, dressing, and bathing. The MDS indicated Resident 23 had functional range of motion ([ROM], full movement potential of a joint) impairments to one arm and both legs.</p> <p>A review of Resident 23's physician's orders, dated 1/24/2022, the orders indicated for the Restorative Nursing Aide ([RNA], nursing aide program that helps residents to maintain their function and joint mobility) to apply the left resting hand splint (material used to restrict, protect, or immobilize a part of the body to support function, assist and/or increase range of motion) for 4-6 hours or as tolerated daily four times per week or as tolerated. Resident 23's physician's order, dated 4/4/2022, also included the following:</p> <ul style="list-style-type: none"> <li>- RNA to apply left knee splint and bilateral (both) PRAFO/Foot drop splints (Passive Range Ankle Foot Orthosis, material placed to foot to prevent the ankle from bending away from the body) for 4-6 hours or as tolerated every day, seven times a week or as tolerated.</li> <li>- RNA to provide Passive Range of Motion ([PROM], movement of a joint through the ROM with no effort from the resident) exercises to both arms daily four times per week or as tolerated.</li> <li>- RNA to provide PROM exercises to both legs daily four times per week or as tolerated.</li> </ul> <p>During a review of Resident 23's Rehab Screening record, dated 2/18/2022, Resident 23's Rehab Screen did not indicate any assessment or monitoring of ROM in both arms and both legs. Resident 23's Rehab Screen included the following:</p> <ul style="list-style-type: none"> <li>- Reason for screening: Quarterly review</li> <li>- Observation/Findings: Blank</li> <li>- Evaluations indicated: No evaluation required</li> <li>- Comments: RNA to provide PROM exercises to both arms and left leg daily four times per week or as tolerated. RNA to apply the left resting hand splint for 4-6 hours daily four times per week or as tolerated. RNA to apply the left knee and both foot drop (ankle) splints for 4-6 hours or as tolerated four times per week.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and review of Resident 23's Rehab Screen record on 5/5/2022, at 3:23 PM, the Director of Rehabilitation (DOR) and Physical Therapist 1 (PT 1) stated Resident 23's Rehab Screen did not monitor whether Resident 23's ROM was getting better or worse. PT 1 and the DOR stated the therapists relied on communication from the nursing staff to determine changes in ROM.</p> <p>During a review of the facility's policy and procedure (P/P) titled, Assessment, Joint Mobility, revised on 11/2012, the P/P indicated, all residents will be assessed for joint mobility limitations upon admission and at a minimum of every three months thereafter. According to the P/P, the Physical Therapist and Licensed nurse will assess each joint for range of motion and document findings .For each joint and indicate the degree of mobility. The P/P also indicated the staff should date, and then update reassessment and changes, which will show progress of lack of progress.</p> <p>During a concurrent interview and review of Resident 23's Rehab Screen and the facility's P/P on 5/9/2022, at 2:09 PM, the Assistant Director of Nursing (ADON) stated Resident 23's Rehab Screen did not monitor Resident 23's ROM. The ADON stated the facility did not monitor Resident 23's ROM according to their policy.</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  05/09/2022
NAME OF PROVIDER OR SUPPLIER  Sunset Villa Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3232 E. Artesia Blvd. Long Beach, CA 90805	
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45382</p> <p>Based on observation, interview and record review, the facility failed to ensure two of 32 sampled residents (Residents 23 and 148), who were at risk for falls, beds were placed in the lowest position to prevent a fall incidents.</p> <p>Residents 23 and 148, who had a high fall risk, beds were observed elevated in a high position.</p> <p>This deficient practice placed the residents at increased risk for falls and injuries.</p> <p>Findings:</p> <p>a. During a review of Resident 23's Admission Record (AR), the AR indicated the resident was originally admitted to the facility on [DATE] and last readmitted to the facility on [DATE] with diagnoses including, but not limited to, cerebral infarction (blockage of the flow of blood brain, causing or resulting in brain tissue death), myocardial infarction (blockage of blood flow to the heart muscle), and multiple contractures (condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints) of left hand, left knee, and both ankles.</p> <p>A review of Resident 23's Minimum Data Set (MDS), a comprehensive assessment and care-screening tool, dated 2/19/2022, the MDS indicated the resident was cognitively (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, problem-solving) impaired, had moderately impaired vision, and unclear speech. The MDS indicated Resident 23 was totally dependent (full staff assistance) for bed mobility (moving in bed to and from different positions such as side to side), transfers (moving from one surface to another such as bed to chair), dressing, eating, toileting, bathing, and personal hygiene. Resident 23 did not walk during the assessment period. According to the MDS, the resident had functional limitations in range of motion (full movement potential of a joint) on one upper extremity (shoulder, elbow, wrist, hand) and both lower extremities (hip, knee, ankle, foot).</p> <p>A review of Resident 23's Fall Risk Assessment (FRA), the FRA, dated 2/19/2022, indicated the resident had fallen one to two times in the last six months and had a total score of 16, indicating high fall risk.</p> <p>A review of Resident 23's undated care plan indicated the resident was a high fall risk. The staff's intervention included to maintain a low bed.</p> <p>During an observation of Resident 23's Restorative Nursing Aide (RNA - nursing aide program that help residents maintain any progress made after therapy intervention to maintain function) exercise session on 5/4/2022 at 10:19 a.m., Restorative Nursing Aide 3 (RNA 3) left Resident 23's bed approximately three to four feet off the floor at the end of the treatment session.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview with Licensed Vocational Nurse 1 (LVN 1) on 5/4/2022 at 10:26 a.m., while in Resident 23's room, LVN 1 confirmed Resident 23's bed was not left in the lowest position at the end of the RNA session. LVN 1 stated the bed should be placed as low as possible to the floor because Resident 23 was a high fall risk. LVN 1 lowered Resident 23's bed to the lowest position and stated that position was how low the resident's bed should be placed.</p> <p>During an interview on 5/6/2022 at 11:35 a.m., the Assistant Director of Nursing (ADON) stated the resident's bed should be as low to the floor as possible to prevent injury. The ADON stated residents may slide off the bed and injure themselves if the bed was not placed low to the floor.</p> <p>A review of the facility's policy and procedure (P/P) revised 11/2012 titled, Resident Safety the P/P indicated the staff would keep high beds in the low position, except when delivering resident care to maintain resident safety.</p> <p>45528</p> <p>b. A review of Resident 148's Admissions Record (AR), the AR indicated Resident 148 was initially admitted to the facility on [DATE] and last readmitted to the facility on [DATE]. Resident 148's diagnoses included traumatic brain injury (brain dysfunction that is caused by an outside force, usually a violent blow to the head), other symptoms and signs involving the musculoskeletal system, contracture, left hand, contracture, right hip, contracture, right knee, contracture, left ankle and generalized weakness.</p> <p>A review of Resident 148's Minimum Data Set (MDS), an assessment and care-screening tool, dated 4/22/2022, under functional status, the MDS indicated Resident 148 required a two-persons physical assist for bed mobility and was totally dependent of full staff performance every time during entire seven-day period.</p> <p>During a review of Resident 148's fall care plan, dated 4/2/2022, the care plan indicated the resident was at risk for falls/injuries related to generalized weakness, impaired mobility, cognitive impairment, incontinence, contractures to lower extremity and poor safety awareness. The goal indicated the resident will be free of falls with interventions which included the bed being in low position.</p> <p>During an observation on 5/4/2022, Resident 148 was seen in an elevated bed and during a concurrent interview with Resident 148, the resident denied requesting to have the bed in an elevated position and he moved his head side to side, indicating No. During a concurrent interview at the resident's bedside with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated the resident's bed should be in the lowest position to prevent falls CNA 1 stated, It's not, I am sorry, I will lower it.</p> <p>During a concurrent interview and review on 5/9/2022 with the Assistant Director of Nursing (ADON) of Resident 148's care plan, the ADON stated Resident 148 was on fall precautions.</p> <p>A review of the facility's policy and procedure (P/P) titled, Falls Management the P/P indicated it was the policy of the facility that the physical environment remain as free of accidents hazards as possible.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19152</p> <p>Based on observation, interview and record review, the facility's nursing staff failed to maintain infection control measures for four of 32 sampled residents (Residents 93, 128, 56, and 148) as follow:</p> <p>Residents 93, 128 and 148 had indwelling urinary catheters (a tube placed in the bladder to drain urine) and the indwelling catheters were observe lying or touching the floor.</p> <p>Resident 56, the staff failed to accurately monitor and document signs and symptoms of urinary tract infection ([UTI]- an infection in any part of the urinary system, the kidneys, bladder or urethra) who was on daily monitoring every shift with an indwelling urinary catheter.</p> <p>These deficient practices resulted in the residents not receiving the necessary care and treatment for an indwelling urinary catheter and had the potential for delayed of UTI identification, care and treatment, and UTI reoccurrence and high risk for infection for Residents 93, 128, 56, and 148.</p> <p>Findings:</p> <p>a. During a review of Resident 93's Admission Record (AR), the AR indicated the resident was admitted to the facility 6/9/2021. Resident 93's diagnoses included but not limited to neuromuscular dysfunction of the bladder (lack of bladder control), disorder of the kidney and ureter (the duct by which urine passes from the kidney to the bladder) and cystitis (inflammation of the bladder) without hematuria (presence of blood in the urine).</p> <p>During a review of Resident 93 Physician's Orders, dated 4/12/2022, the physician orders indicated for Resident 93 to have an indwelling urinary catheter inserted.</p> <p>During observations on 5/3/2022, at 10:21 a.m.; 5/4/2022, at 8:10 a.m., and 10:45 a.m., Resident 93's indwelling catheter was lying on the floor and on 5/6/2022, at 7:39 a.m., Resident 93's indwelling catheter was sitting on top of a chair cushion that was on lying on the floor.</p> <p>b. During a review of Resident 128's AR, the AR indicated Resident 128 was admitted to the facility on [DATE]. Resident 128 had diagnoses including but not limited to a urinary tract infection ([UTI] an infection affecting any part of the urinary tract; kidneys, bladder, or urethra) and neuromuscular dysfunction of the bladder.</p> <p>During a review of Resident 128 Physician's Order, dated 3/4/2022, the physician order indicated an order for Resident 128 to have an indwelling urinary catheter inserted.</p> <p>During observations on 5/3/2022 at 11:20 a.m., 2:20 p.m., and 4:15 p.m., Resident 128 was lying on a low bed with the indwelling urinary catheter in contact with the floor.</p> <p>During an interview on 5/9/2022 at 8:25 a.m., Licensed Vocational Nurse 8 (LVN 8) stated indwelling urinary catheters should hang from the resident's bed rail and not contact the floor.</p> <p>(continued on next page)</p>		

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<p>F 0690</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 Catheters, Urinary, Change Indwelling Urinary Catheters, dated 11/2012, the P/P indicated for the staff to maintain a closed indwelling urinary catheter system to decrease the incidence of catheter associated urinary tract infections. According to the P/P, the staff should secure the drainage tubing to bottom of bed sheet with clip from drainage set.</p> <p>45271</p> <p>c. During a review of Resident 56's Admission Records (AR), the AR indicated the resident was admitted to the facility on [DATE], with diagnoses that included hemiplegia and hemiparesis (paralysis of one side of the body), urinary tract infection (an infection in any part of your urinary system - your kidneys, ureters, bladder and urethra), malignant neoplasm of prostate (cancer marked by an uncontrolled [malignant] growth of cells in the prostate gland), benign prostatic hyperplasia with lower urinary tract symptoms (also called prostate gland enlargement a common condition as men get older).</p> <p>During a review of Resident 56's Minimum Data Set (MDS), a comprehensive assessment and care-screening tool, dated 3/13/2022, the MDS indicated Resident 56 was severely impaired. According to the MDS, Resident 56 had an indwelling urinary catheter.</p> <p>During a review of Resident 56's History and Physical, (H/P), dated 3/10/2022, the H/P indicated Resident 56 did not have the mental capacity to make decisions.</p> <p>During a review of Resident 56's Order Summary Report (physician's orders), dated 3/8/2022, the physician's orders indicated Resident 56 had an order to monitor for change in urine catheter character every shift, for signs and symptoms of possible urinary infection and to notify the physician every shift, and provide catheter care every shift.</p> <p>During a concurrent interview and record review on 5/6/2022 at 12:28 p.m., with Licensed Vocational Nurse 6 (LVN 6), Resident 56's Medication Administration Record (MAR), for the month of 3/2022 was reviewed. The MAR indicated there were no licensed staff initials in the box for several dates. LVN 6 stated all checks indicated that monitoring of indwelling catheter was carried out and was all within normal. LVN 6 stated if abnormal then the nurse would document in the progress notes. LVN 6 stated there were no notes to indicate there anything abnormal with the resident's urine characteristics and/or the indwelling catheter during monitoring. LVN 6 stated she observed urine from bag and tubing. LVN 6 stated if not checked off then it was not monitored and confirmed missing documentation. LVN 6 stated the order was for every shift, but there were missing documentation for 3/2022 MAR during the evening shift for catheter care; monitor for change in urine character; and monitor for s/s (signs and symptoms) of possible urinary infection and notify physician on the following days:</p> <p>3/9/2022</p> <p>3/10/2022</p> <p>3/12/2022</p> <p>3/13/2022</p> <p>(continued on next page)</p>		



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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3/15/2022</p> <p>3/16/2022</p> <p>3/17/2022</p> <p>3/18/2022</p> <p>3/21/2022</p> <p>3/23/2022</p> <p>3/24/2022</p> <p>3/28/2022</p> <p>3/29/2022</p> <p>3/31/2022</p> <p>During a concurrent interview and record review on 5/6/2022 at 3:58 p.m., with the Director of Nursing (DON), Resident 56's Medication Administration Record (MAR,) dated 3/2022 was reviewed. The MAR indicated there were no licensed staff initials in the box for several dates. The DON stated the nursing staff were to monitor Resident 56's urine daily every shift and report any abnormal findings to the physician. The DON stated if missing blank spaces then that indicates a staff did not monitor for infection.</p> <p>During a review of the facility's policy and procedure (P/P) titled, Documentation, revised 11/2012, the P/P indicated it was the facility's policy that nursing personnel would maintain complete and accurate documentation, in accordance with State and Federal Guidelines.</p> <p>45528</p> <p>d. During a review of Resident 148's Admission Record (AR), the AR indicated the resident was initially admitted to the facility on [DATE] and last readmitted to the facility on [DATE]. According to the AR, Resident 148's diagnosis included neuromuscular dysfunction of bladder (lacks bladder control), urinary tract infection and a Stage III pressure ulcer ([caused by prolong pressure] have gone through the second layer of skin into the fat tissue) of sacral region (at the bottom of the spine).</p> <p>A review of Resident 148 's Minimum Data Set (MDS), a standardized assessment and care-screening tool, dated 4/22/2022, the MDS indicated Resident 148 had an indwelling catheter and always incontinent (inability to control) bowel and was totally dependent on staff for care.</p> <p>During an observation on 5/4/2022 at 9:50 am., Resident 148 was lying in bed with the urinary indwelling catheter bag on the right side with base of urinary indwelling catheter drainage bag touching the floor.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/4/2022 at 9:53 AM with Certified Nursing Assistant 1(CNA 1), CNA 1 stated the urinary indwelling catheter should be off the floor to prevent infection.</p> <p>During an interview with Assistant Director of Nursing (ADON) on 5/9/2022 at 10 AM, the ADON stated urinary indwelling catheters should not the touch the floor to prevent infection and the ADON stated in the meantime they have placed something that was easy to disinfect between the bag and the floor.</p> <p>A review of the facility's policy and procedure (P/P) titled Urinary Catheter, Change Indwelling Urinary Catheters, revised 11/2012, the P/P indicated to maintain a closed indwelling urinary catheter system, to decrease the incidence of catheter associated urinary tract infection.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19152</p> <p>Based on interview and record review, the facility's nursing staff failed to ensure the fluid output was measured appropriately for one of 32 sampled residents (Resident 30).</p> <p>This deficient practice resulted in Resident 30's fluid output being unknown and had the potential for unrecognized fluid changes and dehydration.</p> <p>Findings:</p> <p>During a review of Resident 30's Admission Record (AR), the AR indicated the resident was admitted to the facility on [DATE] and last readmitted on [DATE].</p> <p>During a review of Resident 30's Minimum Data Set (MDS), an assessment and care-screening tool, dated 2/17/2022, the MDS indicated Resident 30 was able to make independent decisions that were consistent and reasonable. The MDS indicated Resident 30 required an extensive assistance for bed mobility, transferring and was totally dependent on staff for locomotion on/off the unit. According to the MDS, Resident 30 had a functional limitation in range of motion ([ROM] the distance and direction a joint can move to its full potential) to both his upper extremities.</p> <p>During a review of Resident 30's Physician Orders, dated 1/20/2022, the order indicated for I &amp; O ([Intake and Output] the measurement of the fluids entering the body {intake} and the fluids that leave the body [output] the two measurements should be equal) monitoring: Fluid intake and output every shift for seven days and the night shift to document and initiate the weekly I &amp; O summary.</p> <p>During a review of Resident 30's Medication Administration Record (MAR), for the month of 1/2022, dated 1/21/2022 - 1/31/2022, the MAR indicated Resident 30's fluid output was documented as follows using x 3. Further review of the I &amp; O documentation indicated there were no weekly summary of Resident 30's fluid intake and output.</p> <p>During an interview on 5/6/2022 at 6:14 p.m., the Director of Nursing (DON) stated the purpose of measuring the resident's fluid intake and output was to determine a fluid balance. The DON stated documentation of x 3 indicated how many times the resident urinated, but the DON stated Resident 30 was incontinent and wears a diaper so there was no way to gauge how much urine output it was.</p> <p>During a review of the facility's policy and procedure (P/P), titled Intake and Output (I &amp; O), Monitoring of, dated 10/24/2017, the P/P indicated it was the policy of the facility to ensure intake and output was monitored and accurately documented when ordered by the resident's physician or implemented by the licensed nurse or interdisciplinary team, to evaluate hydration, fluid restrictions, or assist in assessment and management of fluid needs. According to the P/P, at the end of each 7-day period, nursing personnel will complete the weekly I &amp; O evaluation section of the electronic form.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45524</p> <p>Based on observation, interview, and record review, the facility failed to label the bag of the water flush for the feeding tube (a medical device used to provide liquid nourishment, fluids, and medications by bypassing oral intake) administered via the gastrostomy tube ([G-tube] a tube that placed directly into the stomach through an abdominal wall incision for administration of food, fluids, and medications) for one of two resident (Resident 115) investigated for tube feeding.</p> <p>This deficient practice placed Resident 115 at risk for having cross contamination illness because of lack of awareness of knowing when the bag was changed by staff.</p> <p>Findings:</p> <p>During a review of Resident 115 Admission Record (AR), the AR indicated the resident was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease ([COPD]- chronic inflammatory lung disease that causes obstructed airflow from the lungs), adult failure to thrive (downward spiral of poor nutrition, weight loss and decreasing functional ability), and vitamin D deficiency.</p> <p>A review of Resident 115's Minimum Data Set (MDS), a standardized assessment and care-screening tool, dated 4/2/2022 indicated Resident 115 was totally dependent on staff for all activities</p> <p>During an observation and concurrent interview on 5/3/2022 at 11 AM, with Licensed Vocational Nurse 4 (LVN 4), Resident 115's feeding tube was connected to gastrostomy tube. The bag was labeled as Isosource (feeding formula) 1.5 calories dated 5/2/2022 running at 80 milliliters per hour (ml/hr) with a flush of 40mls every hour. The water for the water flush was not labeled. LVN 4 stated the water bag needed to be labeled as well.</p> <p>A review of Resident 115's physician orders, dated 2/2/2022 indicated for the resident to receive Isosource 1.5 calories at 80 ml/hr for 20 hours (1600 ml and 2400 calories) through G-tube from 12 pm until 8 am or until completely infused.</p> <p>During a review of Resident 115's enteral feeding care plan, dated 11/18/2021, the care plan indicated to discard continuous enteral feeding containers and administration sets every 24 hours or per manufacturers' instruction.</p> <p>During an interview on 5/9/2022 at 8:30 AM with the Director of Nursing (DON), the DON stated All Feeding bags needs to be labeled as well as the flush, and initialed by the nurse hanging the setup. Labeling is important to know out when the last time the bag was hung.</p> <p>A review of the facility's policy and procedure (P/P) titled, Enteral Nutrition Policy revised 11/2012, the P/P indicated to label formula container with resident's name, room, date, starting time, rate, and your initials. Each new enteral bottle may be used for up to 36 hours from the date opened.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19152</p> <p>Based on interview and record review, the facility's nursing staff failed to conduct a post-dialysis (a process for removing waste and excess water from the blood when the kidneys do not function properly) assessment in a timely manner and they failed to complete dialysis forms for one of 32 sampled residents (Resident 30).</p> <p>This deficient practice resulted in Resident 30's post-dialysis assessment being completed 1.5 hours following the resident's return from the dialysis treatment and had the potential for post-dialysis complications, including but not limited to hypotension (abnormally low blood pressure), shortness of breath (SOB), nausea, vomiting and bleeding out of the catheter site, to be recognized timely</p> <p>Findings:</p> <p>During a review of Resident 30's Admission Record (AR), the AR indicated Resident 30 was admitted to the facility on [DATE], and last readmitted on [DATE].</p> <p>During a review of Resident 30's Minimum Data Set (MDS), an assessment and care-screening tool, dated 2/17/2022, the MDS indicated Resident 30 was able to make independent decisions that were consistent and reasonable. The MDS indicated Resident 30 required extensive assistance for bed mobility and transferring and was totally dependent on staff for locomotion on/off the unit. According to the MDS, Resident 30 had a functional limitation in range of motion ([ROM] the distance and direction a joint can move to its full potential) to both his upper extremities.</p> <p>During a review of Resident 30 Physician's Order, dated 1/20/2022, the physician order indicated to monitor Resident 30's right chest permacath (port for dialysis treatment) for redness, swelling, drainage, and pain each shift and to notify the physician if positive.</p> <p>During a review of Resident 30 Physician's Order, dated 3/10/2022, the physician's order indicated for Resident 30 to have dialysis treatment on Tuesday, Thursdays, and Saturdays.</p> <p>During a review of Resident 30's SNF: Post dialysis Assessment (PDA) section of the resident's dialysis form, dated 5/5/2022, the PDA indicated all areas of that section of the form was blank after returning from dialysis.</p> <p>During an interview on 5/5/2022 at 7:35 a.m., the Director of Nursing (DON) stated residents should be assessed immediately upon returning from dialysis to check for catheter site bleeding blood pressure and other changes.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Sunset Villa Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  3232 E. Artesia Blvd. Long Beach, CA 90805	

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/5/2022 at 12:23 p.m., Licensed Vocational Nurse 8 (LVN 8) stated monitoring residents post-dialysis included watching for signs of bleeding, pain, swelling, and redness. LVN 8 stated Resident 30 returned from dialysis at approximately 8 a.m. that day (5/5/2022). LVN 8 stated she was not able to assess Resident 30 when he returned from his dialysis treatment, but stated she did obtain his vital signs (pointing to a paper with Resident 30's vital signs written on it) and administered his medication at approximately 9:35 a.m., (1.5 hours after Resident 30 returned from dialysis treatment). LVN 8 stated the transportation staff who brought Resident 30 back to the facility handed Resident 30's dialysis paperwork to the RN Supervisor (RN 1) and RN 1 should have assessed Resident 30 if she (LVN 8) was unable to do it.</p> <p>During an interview on 5/5/2022 at 3:02 p.m., with the Directors of Staff Development (DSD 1 and DSD 2) both stated the dialysis form was completed by the charge nurse when the resident leaves and returns from dialysis. DSD 1 and DSD 2 stated when the resident arrives from dialysis, he should be assessed immediately so the resident's condition was known when he arrives at then throughout the shift.</p> <p>During an interview on 5/9/2022 at 8:54 a.m., with RN 1, RN 1 stated residents should be immediately assess upon their return from dialysis treatment, preferably within an hour. RN 1 stated LVN 8 looked at Resident 30 but acknowledged there was no assessment documented. RN 1 stated she was willing to assist, but she had to be made aware assistance were needed. RN 1 stated she did not know when Resident 30 returned from the dialysis treatment or that LVN 8 was busy. RN 1 stated the transportation staff did not hand her the dialysis forms, but placed the paperwork on the desk, and she did not see it.</p> <p>During a review of Resident 30's Dialysis Forms indicated the following:</p> <p>4/8/2022 - No access site identified by the facility Pre-Dialysis Assessment and yes checked for the presence of bruit (an audible vascular [vessels that carry blood through the body]) sound associated with turbulent blood flow usually heard using a stethoscope and thrill (a vibrating sensation that can be felt with the hand/fingers to detect the presence of turbulent blood flow). However, Resident 30 had a right chest Permacath that requires no bruit or thrill assessment.</p> <p>4/21/2022 - No assessment of the access site by the facility, no access site assessment by the dialysis center</p> <p>4/23/2022 - No access site assessment by the facility</p> <p>4/26/2022 - No access site assessment by the facility</p> <p>5/3/2022 - No access site assessment by the facility</p> <p>5/5/2022 - No access site assessment by the facility or by the Dialysis Unit, no SNF: Post Dialysis Assessment.</p> <p>(continued on next page)</p>

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<p>F 0698</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 Dialysis, Coordination of Care &amp; Assessment of Resident, dated 1/2018, the P/P indicated the purpose was to provide nursing care that prevents complication, e.g., infections, bleeding, and trauma and to identify specific measures to be follow if complications occur. While at the skilled facility, the facility has direct responsibility for the care of the resident, including the customary standard of care provided by the facility and the following: assessment of the resident. The P/P indicated the facility would notify the Dialysis Center by telephone or in writing via a Dialysis communication Paper of any of the following prior to or at the time of treatments: the condition of the resident's dialysis access site or device. The Dialysis Center, by telephone or in writing, will notify the facility of the following: changes in the resident's condition, the resident's vital signs and weight after dialysis, any medications given during dialysis care, the condition of the access site or device, the resident's fluid intake and output during treatment.</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>45657</p> <p>Based on observation, interview, and record review, the facility failed to ensure the Actual Daily Nursing Staffing information (posting information that contains the calculation of the actual number of hours worked by staff for resident care) was posted and placed in a visible and prominent place daily.</p> <p>This deficient practice resulted in the nursing staffing not being readily accessible to the residents and visitors.</p> <p>Findings:</p> <p>During an observation on 5/6/2022 at 3:38 p.m. at the receptionist area at the facility's lobby, with the Director of Staff Development (DSD), the Actual Daily Nursing Staffing Information was not posted. In a concurrent interview, the DSD stated the actual daily nursing staffing information was posted in the lobby at the receptionist area. The DSD stated there was no actual staffing nursing information posted. The DSD stated, I will take full responsibility, as I had not posted the actual staffing ratio.</p> <p>During an observation on 5/9/2022 at 10:30 a.m., while at the receptionist area at the facility's lobby, with the Director of Staff Development (DSD), the Actual Daily Nursing Staffing Information was not posted.</p> <p>During an interview on 5/9/2022 at 10:41 a.m., the DSD stated there was still no actual staffing information posted. The DSD stated the staffing information was not readily accessible to the residents and visitors.</p> <p>A review of the facility's policy and procedure (P/P) titled, Nurse Staffing Policy and Procedure, revised on 7/1/19, the P/P indicated Required Nurse Staffing Information will be posted and upon oral or written request will make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>A review of the facility's Nursing Staffing Information form, dated 5/6/2022, the form indicated the facility will, Post the Staffing in a prominent place during the shift and make amendments to the staffing information as needed.</p>		



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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425</b></p> <p>Based on observation, interview, and record review the facility failed to ensure medication pass was accurate for three of five sampled residents (Residents 38, 55 and 73), as per the physician's orders and failed to ensure the change of shift narcotics reconciliation records, titled Narcotic Count Sheet had the signatures of three (3) licensed nurse for two (2) of four (4) sampled medication carts, out of eight (8) total medication carts at the facility.</p> <p>These deficient practices had the potential to cause harm to Residents 38, 55 and 73 due to potential drug interactions and not receiving medications as ordered by the physician; and had the potential for loss of accountability, which affected the controls against drug loss, diversion, or theft.</p> <p>Findings:</p> <p>a. During an interview on 5/4/2022 at 8:48 AM with LVN 7, LVN 7 stated he normally crushes 2-3 of Resident 38's medications. LVN 7 stated there was a physician order. However, when LVN 7 checked for the order, he stated, I don't see the order to crush the medications.</p> <p>A review of the Resident 38's Admission Record, indicated Resident 38 was initially admitted to the facility on [DATE] with diagnoses including but not limited to chronic obstructive pulmonary disease (a chronic inflammatory lung disease that causes obstructed airflow from the lungs) and schizophrenia (a mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions).</p> <p>A review of Resident 38's Physician orders indicated there was no order for crushing all medications.</p> <p>b1. A review of Resident 73's Physician's Order, dated 3/7/2022, the order indicated to administer Calcium Carbonate Tablet Give 500 mg tablet by mouth one time a day.</p> <p>During a concurrent interview and observation on 5/4/2022 at 10:30 AM, LVN 7 was observed attempting to administer Oyster Shell Calcium 500 mg + Vitamin D (as cholecalciferol) 5 mcg tablet to Resident 73 but was stopped prior to administration of the medication. LVN 7 stated the difference between calcium 500 mg and oyster shell calcium 500 mg with vitamin D, is, It has extra Vitamin D, 200 [IU].</p> <p>b2. A review of Resident 73's Physician's order dated 4/9/2022, the order indicated to administer Aspirin Tablet Chewable 81 mg, give 1 tablet by mouth one time a day for CVA prophylaxis (action taken to prevent disease).</p> <p>During an interview and concurrent observation on 5/4/2022 at 9:56 AM, LVN 7 was observed attempting to administer Enteric Coated Aspirin 81 mg Tablet, 1 tab by mouth to Resident 73 but was stopped prior to administering the medication. LVN 7 stated the order is for, Aspirin Tablet Chewable 81 mg. and it is not correct to crush enteric coated aspirin.</p> <p>(continued on next page)</p>		

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<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 Resident 73's Admission Record indicated an original admitted [DATE] and a most recent admitted [DATE] with diagnoses including but not limited to osteoporosis (bones are weak and brittle).</p> <p>A review of the facility's policy and procedure (P/ P) titled Medication Administration-General Guidelines dated 10/2017 the P/P indicated long-acting or enteric-coated dosage forms should generally not be crushed; an alternative should be sought.</p> <p>c. A review of Resident 53's Admission Record indicated an admitted [DATE] with the diagnoses including but not limited to schizophrenia.</p> <p>A review of Resident 53's Physician's order dated 3/23/2022, the order indicated to administer Give Aripiprazole 12 mg by mouth one time a day for manifested by disorganized thoughts.</p> <p>During an interview and concurrent observation on 5/5/2022 at 8:03AM, LVN 8 was observed attempting to administer Aripiprazole (Abilify) one 2 mg tablet when the order included an additional 10 mg tablet. Then dose was held pending the location of the missing 10 mg medication card or if it needed to be re-ordered. LVN 8 stated, I am super nervous, I usually re-check it and would normally check for another [medication] card.</p> <p>During an interview on 5/5/22 at 10:03 AM, LVN 8 stated she found the medication card for Aripiprazole (Abilify) 10 mg dose and administered the 10 mg tablet and 2 mg tablet.</p> <p>A review of the facility's policy and procedure (P/P) titled, Medication Administration-General Guidelines, effective dated October 2017, the P/P indicated medications are administered by following the written order from the physician.</p> <p>45657</p> <p>d. During a review of the shift change narcotic reconciliation records, titled, Narcotic Count Sheet, at Station 2, Medication Cart 2B, on 5/3/2022, at 2:01 p.m., there were two (2) missing licensed nurse signatures on the signature box for the incoming nurse on 4/20/2022, at 3 p.m., and on the signature box for outgoing nurse on 4/20/2022, at 11 p.m.</p> <p>During an interview on 5/3/22, at 2:03 p.m., with the Medical Records Director (MRD) regarding the two missing licensed nurse signatures (on the Narcotic County Sheet at Station 2, Medication Cart 2B on 4/20/2022), MRD stated, Yes, Sir, to validate the missing signatures.</p> <p>During a review of the shift changes narcotic reconciliation records, titled, Narcotic Count Sheet at Station 2, Medication Cart 2A, on 5/3/2022, at 3:51 p.m., there was one (1) missing licensed nurse signature in the signature box for the outgoing nurse on 4/26/2022, at 7 a.m.</p> <p>During an interview on 5/3/2022, at 3:54 p.m., with Licensed Vocational Nurse (LVN) 1 regarding the missing licensed nurse signature on 4/26/2022, at 7 a.m. shift outgoing nurse, LVN 1 stated, That would be the outgoing nurse, the night shift.</p> <p>(continued on next page)</p>		

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<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 policy and procedures (P/P), titled, Controlled Medications Storage, dated 8/2014, the P/P indicated, Policy Statement .At each shift change, a physical inventory of all controlled medications, including the emergency supply is conducted by two licensed nurses and is documented on the controlled medications accountability record.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19152</p> <p>Based on interview and record review, the facility failed to ensure irregularities in the medication regimen review (MRR) for one of 32 sampled residents (Resident 47) were identify. Resident 47, who had a diagnosis of dementia and was receiving a black box warning medication (seroquel [antipsychotic]) to control behaviors, the pharmacist consultant failed to identify it as an irregularity ( crossed reference to F 758).</p> <p>This deficient practice resulted in Resident 47 receiving medication that was not indicated for her use and had the potential to cause harm.</p> <p>Findings:</p> <p>During a review of Resident 47's Admission Records (AR), the AR indicated Resident 47 was initially admitted to the facility on [DATE] and last readmitted on [DATE]. Resident 47's diagnoses included major depressive disorder, Alzheimer's disease (a form of dementia [a progressive loss of memory]), anxiety disorder (a group of mental illnesses that cause intense, excessive, and persistent worry and fear about everyday situations) and unspecified psychosis (commonly used if there is inadequate information to make the diagnosis of a specific psychotic [a mental disorder characterized by a disconnection to reality] disorder).</p> <p>During a review of Resident 47's Minimum Data Set (MDS), an assessment and care-screening tool, dated 3/4/2022, the MDS indicated Resident 47's cognitive skills (thought process) for daily decision-making were severely impaired. The MDS indicated Resident 47 was totally dependent on the nursing staff for bed mobility, transfers, and the completion of her activities of daily living ([ADLs] task such as eating, bathing, dressing, grooming and toileting).</p> <p>During a review of Resident 47's Physician Orders dated 12/9/2021, the orders indicated to administer Seroquel (antipsychotic medication) 25 milligrams ([mg] unit of measurement) give 12.5 mg by mouth two times a day for psychosis manifested by (m/b) yelling and inability to sit still related to (r/t) Alzheimer's disease.</p> <p>According to DailyMed an on-line drug source for Seroquel (Quetiapine), it indicated seroquel was for diagnosis of schizophrenia and the acute treatment of manic episodes associated with bipolar I disorder (a mental illness characterized by periods of elevated mood and periods of depression). Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Seroquel is not approved for the treatment of patient with dementia-related psychosis. <a href="https://dailymed.[NAME].nih.gov">https://dailymed.[NAME].nih.gov</a></p> <p>During a review of Resident 47's Chronological Record of Medication Regimen Review (MRR), by the facility's Pharmacist Consultant (PC), from 6/2/2021 - 3/7/2022, the MRRs indicated there were no medication irregularities identified.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/9/2022, at 10:10 a.m. with the Director of Nursing (DON), the DON stated the PC comes to the facility monthly to review the resident's medications and no irregularities were found for Resident 47.</p> <p>During a review of the facility's policy and procedure (P/P), titled Consultant Pharmacist Reports, Medication Regimen Review (Monthly Report), dated 8/2014 the P/P indicated the consultant pharmacist performs a comprehensive medication regimen review (MRR) at least monthly. The MRR included evaluating the resident's response to medication therapy to determine that the resident maintains the highest practicable level of functioning and prevents or minimizes adverse consequences related to medication therapy.</p> <p>During a review of the facility's P/P titled, Consultant Pharmacist Services Provider Requirements, dated 10/2017, the P/P indicated a resident's drug regimen must be free of unnecessary drugs. According to the P/P, an unnecessary drug was any drug when used without adequate indication for its use.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19152</p> <p>Based on observation, interview and record review, the facility's nursing staff failed to ensure one of 32 sampled residents (Resident 47), who was prescribed and/or administered an anti-psychotic medication, ([Seroquel] a class of medicines used to treat psychosis (an abnormal condition of the mind)), that the medication was prescribed and/or administered for appropriate indications, detailed evidence of resident behaviors were documented, non-pharmacological interventions were attempted and evaluated prior to the administration/continuance of the medication and gradual dose reductions (GDR) were attempted per regulation (cross referenced to F756).</p> <p>These deficient practices resulted in the unnecessary administration of anti-psychotic medication to Resident 47 and placed her at risk for adverse reactions associated with the medication's use, chemical restraints, the inability to diagnose and/or treat symptoms associated with other medical conditions and death.</p> <p>Findings:</p> <p>During a review of Resident 47's Admission Records (AR), the AR indicated Resident 47 was initially admitted to the facility on [DATE] and last readmitted on [DATE]. Resident 47 had diagnoses including but not limited to major depressive disorder, Alzheimer's disease (a form of dementia [a progressive loss of memory]), anxiety disorder (a group of mental illnesses that cause intense, excessive, and persistent worry and fear about everyday situations) and unspecified psychosis (commonly used if there is inadequate information to make the diagnosis of a specific psychotic [a mental disorder characterized by a disconnection to reality] disorder).</p> <p>During a review of Resident 47's Minimum Data Set (MDS), an assessment and care-screening tool, dated 3/4/2022, the MDS indicated Resident 47's cognitive skills ( thought process) for daily decision-making were severely impaired. The MDS indicated Resident 47 was totally dependent on the nursing staff for bed mobility, transfers, and the completion of her activities of daily living ([ADLs] task such as eating, bathing, dressing, grooming and toileting)</p> <p>During a review of Resident 47's Physician Orders dated 12/9/2021, the orders indicated to administer Seroquel tablet 25 milligrams (mg) give 12.5 mg by mouth two times a day for psychosis manifested by (m/b) yelling and inability to sit still related to (r/t) Alzheimer's disease.</p> <p>During a review of Resident 47's Physician's Orders, dated 3/16/2022, the order indicated Seroquel tablet 25 mg give 12.5 mg by mouth two times a day for unspecified psychosis not due to a substance or know physiological condition, psychosis m/b yelling and inability to sit still causing resident not to get needed rest.</p> <p>1.No indication for its use:</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>According to DailyMed an on-line drug source for Seroquel (Quetiapine), it indicated seroquel was for diagnosis of schizophrenia and the acute treatment of manic episodes associated with bipolar I disorder (a mental illness characterized by periods of elevated mood and periods of depression). Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Seroquel is not approved for the treatment of patient with dementia-related psychosis. <a href="https://dailymed.[NAME].nih.gov">https://dailymed.[NAME].nih.gov</a></p> <p>2.Detailed documentation of Resident's behavior:</p> <p>During a review of Resident 47's Medication Administration Record (MAR) for the months of 3/2022, 4/2022 and 5/2022 indicated the following:</p> <p>3/17/2022 - 3/31/2022</p> <p>7 a.m. - 3 p.m. shift = 41 episodes of yelling and inability to sit still</p> <p>3 p.m.-11 p.m. shift = 17 episodes of yelling and inability to sit still</p> <p>11 p.m. - 7 a.m. shift = 0 episodes of yelling an inability to sit still</p> <p>4/1/2022 - 4/30/2022</p> <p>7 a.m. - 3 p.m. shift = 42 episodes of yelling and inability to sit still</p> <p>3 p.m. - 11 p.m. shift = 18 episodes of yelling and inability to sit still</p> <p>11 p.m. - 7 a.m. shift = 36 episodes of yelling and inability to sit still</p> <p>5/1/2022 - 5/9/2022</p> <p>7 a.m. - 3 p.m. shift = 9 episodes of yelling and inability to sit still</p> <p>3 p.m. - 11 p.m. shift = 9 episodes of yelling and inability to sit still</p> <p>11 p.m. - 7 a.m. shift = 0 episodes of yelling and inability to sit still</p> <p>During a review of Resident 47's Nursing Progress Note (NPN), dated 3/2022-5/2022 the NPNs indicated there were no written indication of Resident 47's behavior as documented above on the MARs.</p> <p>3. Non-Pharmacological Interventions</p> <p>During a review of Resident 47's, MARs dated 3/2022 -5/2022 indicated there was no non-pharmacological interventions used prior to and/or during the administration of Seroquel.</p> <p>During an interview on 5/6/2022 at 12:24 p.m. with Resident 47's roommate, Resident A stated Resident 47 does yells out for her mother and husband in the middle of the night and it sometimes keeps her awake but she talks to her and call the resident by her name to calm her down and Resident 47 will stop. Resident A stated sometimes the nurses give her medication and that helps to calm her down.</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  05/09/2022
NAME OF PROVIDER OR SUPPLIER  Sunset Villa Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  3232 E. Artesia Blvd. Long Beach, CA 90805	

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Gradual Dose Reductions (GDR)</p> <p>During a review of Resident 47's clinical record there was no written documentation that a GDR was conducted.</p> <p>During an interview on 5/19/2022, at 1:07 p.m., the Director of Nursing (DON) stated there was no GDR done.</p> <p>During a review, a facility policy and procedure (P/P), titled Psychotropic Medication Management, dated 10/24/2017, the P/P indicated it was the policy of the facility that residents in need of psychotherapeutic medications receive appropriate assessment and intervention in order to achieve their highest practicable level of functioning, and that psychotropic medications are evaluated regularly and opportunities for reduction are identified and attempted as appropriate, when determined by the IDT and the resident's physician. When psychoactive medications are prescribed for a specified condition or targeted behavior, the clinical record will be reflective of the diagnosis, reasons for use (functional impairment), and have a care plan in place with medication use and non-drug interventions that had been attempted to alleviate the condition. The effectiveness of these medications and non-drug approaches should be regularly documented in the nurses' notes. Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record.</p> <p>During a review of the facility's P/P, titled Psychoactive Drug Use, dated 11/28/2017, the P/P indicated gradual dose reductions consist of tapering the patient's daily dose to determine if the patient's symptoms can be controlled by a lower dose or to determine if the dose can be eliminated altogether. Convenience, any action taken by the center to control a patient's behavior or manage a patient's behavior with a lesser amount of effort by the center and not in the patient's best interest. Chemical Restraint, any drug that is used for discipline or convenience and not required to treat medical symptoms.</p>



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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425</b></p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure medications for three of five sampled residents (Residents 38, 53, and 73) were administered per physicians' order during medication pass observation of three nurses and 26 opportunities for error (Cross referenced F658 and F755).</p> <p>This deficient practice resulted in a medication error rate of 15.38% and had the potential for unnecessary medication administration, drug interaction and gastric irritation.</p> <p>Findings:</p> <p>On 5/4/2022, during a medication pass observation:</p> <p>a. During an interview on 5/4/2022 at 8:48 AM with LVN 7, LVN 7 stated he normally crushes 2-3 of Resident 38's medications. LVN 7 stated there was a physician order. However, when LVN 7 checked for the order, he stated, I don't see the order to crush the medications.</p> <p>A review of Resident 38's Physician orders, the order indicated there was no order for crushing all the resident's medications.</p> <p>A review of the Resident 38's Admission Record, indicated Resident 38 was initially admitted to the facility on [DATE] with diagnoses including but not limited to chronic obstructive pulmonary disease (a chronic inflammatory lung disease that causes obstructed airflow from the lungs) and schizophrenia (a mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions).</p> <p>b 1. During a concurrent interview and observation on 5/4/2022 at 10:30 AM, LVN 7 was observed attempting to administer Oyster Shell Calcium 500 mg + Vitamin D (as cholecalciferol) 5 mcg tablet to Resident 73 but was stopped prior to administration of the medication. LVN 7 stated the difference between calcium 500 mg and oyster shell calcium 500 mg with vitamin D, is, It has extra Vitamin D, 200 [IU].</p> <p>A review of Resident 73's Admission Record (AR), the AR indicated an original admitted [DATE] and a most recent readmission of 4/15/2019 with diagnoses including but not limited to osteoporosis (bones are weak and brittle).</p> <p>A review of Resident 73's Physician's Order, dated 3/7/2022, the order indicated an order to administer Calcium Carbonate Tablet Give 500 mg tablet by mouth one time a day.</p> <p>b2. A review of Resident 73's Physician's order dated 4/9/2022, the order indicated to administer Aspirin Tablet Chewable 81 mg, give 1 tablet by mouth one time a day for CVA prophylaxis (action taken to prevent disease).</p> <p>(continued on next page)</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview and concurrent observation on 5/4/2022 at 9:56 AM, LVN 7 was observed attempting to administer an Enteric Coated Aspirin 81 mg Tablet, 1 tab by mouth to Resident 73 but was stopped prior to administering the medication.</p> <p>LVN 7 stated the order is for, Aspirin Tablet Chewable 81 mg. and it is not correct to crush enteric coated aspirin.</p> <p>A review of Resident 73's Admission Record indicated an original admitted [DATE] and a most recent admitted [DATE] with diagnoses including but not limited to osteoporosis (bones are weak and brittle).</p> <p>A review of the facility's policy and procedure (P/P) titled Medication Administration-General Guidelines dated October 2017, the P/P indicated that long- acting or enteric-coated dosage forms should generally not be crushed; an alternative should be sought.</p> <p>c. A review of Resident 53's Admission Record indicated an admitted [DATE] with the diagnoses including but not limited to schizophrenia.</p> <p>A review of Resident 53's Physician's order dated 3/23/2022, the order indicated to administer Aripiprazole 12 mg by mouth one time a day for manifested by disorganized thoughts.</p> <p>During an interview and concurrent observation on 5/5/2022 at 8:03AM, LVN 8 was observed attempting to administer Aripiprazole (Abilify) one 2 mg tablet when the order included an additional 10 mg tablet. Then dose was held pending the location of the missing 10 mg medication card or if it needed to be re-ordered. LVN 8 stated, I am super nervous, I usually re-check it and would normally check for another [medication] card.</p> <p>During an interview on 5/5/2022 at 10:03 AM, LVN 8 indicated she found the medication card for Aripiprazole (Abilify) 10 mg dose and administered the 10 mg tablet and 2 mg tablet.</p> <p>A review of the facility's policy and procedure (P/P) titled, Medication Administration-General Guidelines, effective dated October 2017, the P/P indicated that medications are administered by following the written order from the physician.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45657</b></p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure that the temperature of the refrigerator for medications in Station 3 medication room was within 36 degrees Fahrenheit (F ) to 46 degrees F in accordance with the facility's pharmacy policy and procedure, in one (1) out of two (2) sampled medication storage rooms (Station 3 Medication Room), out of four (4) total medication storage rooms at the facility.</li> <li>2. Monitor the room temperature and document the temperature in a log to ensure the medications were within the temperature ranges specified by the drug manufacturers, for one of two medication storage rooms (Station 3 Medication Room), out of four total medication storage rooms at the facility and in the Central Supply Room.</li> <li>3. Ensure four (4) expired over the counter, house supply medications were not stored in the Central Supply Room.</li> <li>4. Ensure that three (3) expired prescription medication were not stored in one out of four (4) sampled medication carts, out of eight (8) total medication carts at the facility.</li> </ol> <p>These deficient practices had the potential for loss of strength of the medications and for the resident to receive ineffective medication.</p> <p>Findings:</p> <p>a. During an observation, on 5/4/2022, at 2:56 p.m., at Station 3 Medication Room, the refrigerator thermometer reading indicated a temperature of 34 degrees Fahrenheit (F ).</p> <p>During an interview on 5/4/2022, at 2:56 p.m., Licensed Vocation Nurse 2 (LVN 2) stated the refrigerator thermometer reading was 34 degrees F . LVN 2 stated 34 degrees F was below the refrigerator medication temperature of 36 degrees F . LVN 2 stated, The medication in the refrigerator is not good, we will have to re-order new medications.</p> <p>A review of the facility's pharmacy policy and procedures (P/P), titled, Medication Storage in the Facility . Storage of Medications, dated 4/2008, the P/P indicated Procedure .medications requiring storage at room temperature are kept at Temperatures ranging from 59 degrees F to 86 degrees F . Medications requiring refrigeration or temperatures between .36 degrees F to 46 degrees F . are kept in a refrigerator with a thermometer to allow temperature monitoring.</p> <p>b1. During an observation, on 5/4/2022, at 1:52 p.m., at Central Supply Room, the Central Supply Room did not have a thermometer to measure the room temperature and a monitoring log to record the room temperature.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/4/2022, at 1:55 p.m., with the Assistant Director of Nursing (ADON), the ADON stated there was no thermometer in the Central Supply Room and no monitoring log to record the room temperature. The ADON stated, I don't see it, I'm going to tell maintenance right away right now.</p> <p>b2. During a record review on 5/4/2022, at 3:30 p.m., the medication room temperature in Station 3 from 1/1/2022 through 5/4/2022 was documented in a log sheet for refrigerator temperatures. The log sheet did not indicate the times the room temperature readings were taken or recorded.</p> <p>During an interview on 5/4/2022, at 3:36 p.m. with LVN 2, LVN 2 stated it is important to record the room temperature in a correct room temperature log sheet. LVN 2 stated, I think, we do not have that kind of sheet. LVN 2 stated, I think, the temperature is checked one time a day for 11 (PM) to 7 (AM) shifts.</p> <p>c1. During an observation, on 5/4/2022, at 2:13 p.m., in the Central Supply Room with the ADON, the shelf for over-the-counter house supply medications contained the following:</p> <p>c2. Two (2) tubes of Trolamine salicylate (a medications used to treat minor aches and pains of the muscles/joints) 10% cream, Net Weight 3 ounces (85 grams), with a printed expiration date of 10/2021 (October 2021).</p> <p>c3. One (1) box of Adult Acetaminophen Suppositories (a medications used to treat mild to moderate pain), 650 milligrams (mg), 50 rectal suppositories, with a printed expiration date, 08/21 (August 2021).</p> <p>d. one (1) bottle of Dextromethorphan HBR (a medication used to relieve coughs caused by the common cold, bronchitis (an infection of the lining in the bronchial tubes), and other breathing illnesses), USP 10 mg and Guaifenesin 100 mg, per 5 ml dose, with expiration date of 03/22 (March 2022).</p> <p>During an interview on 5/4/2022, at 2:32 p.m. with the ADON, regarding the expired medications, the ADON stated, [NAME], okay, okay.</p> <p>e. During an observation on 5/3/2022, at 3:02 p.m., with LVN 1, the following were found in Station 2 Medication Cart 2A:</p> <p>One (1) bubble pack medication, Oxybutynin (Ditropan) (a medicine used to treat overactive bladder) 5 mg tablets, every 8 hours as needed for Resident 138 with an expiration date of 3/25/2022.</p> <p>e2. A review of Resident 138's Admission Record (AR), the AR indicated the original admitted [DATE] with diagnoses that included Type 2 diabetes mellitus without complications (a chronic condition that affects the way the body processes blood sugar (glucose)).</p> <p>e3. One (1) bubble pack medication, Baclofen (Lioresal) (a medicine used to treat muscle spasm) 5 mg tablets, every 12 hours as needed for Resident 152, with an expiration date of 3/19/2022.</p> <p>A review of Resident 152's AR, the AR indicated the original admitted [DATE], and diagnosis of Alzheimer's disease (a progressive disease that destroys memory and other important mental functions.)</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>f. One (1) bubble pack medications, Baclofen (Lioresal) (a medicine used to treat muscle spasm) 5 mg tablets, every 8 hours as needed for Resident 116, with an expiration date of 3/22/2022.</p> <p>A review of Resident 116's AR, the AR indicated an original admitted [DATE], and diagnoses that included Type 2 diabetes mellitus.</p> <p>During an interview on 5/3/2022, at 3:56 p.m., with LVN 1, regarding the three (3) expired medication bubble pack card found in Station 2 Medication Cart 2A, LVN 1 stated, Oh it expired .expired .expired.</p> <p>During an observation on 5/5/2022, at 8:31 a.m., with LVN 3 in Station 4 Medication Cart 4B, one (1) bubble pack the medication Diphen-Hydroxy-Met (Lomotil) (a medicine used to treat diarrhea in adults and children) 2.5 to 0.025 mg tablet, every 6 hours as needed for Resident 12, had an expiration date 4/30/2022.</p> <p>A review of Resident 12's AR, the AR indicated an original admitted [DATE], and diagnoses that included Type 2 diabetes mellitus.</p> <p>During an interview on 5/5/2022 at 8:31 a.m., regarding expired medications bubble pack, LVN 3 stated, The expired date is 4/30/22 and today is 5/5/2022.</p> <p>A review of the facility's pharmacy policy and procedures (P/P), titled, Medication Storage in the Facility . Storage of Medications, dated 4/2008, the P/P indicated, Procedure .outdated .medications .are immediately removed from stock, disposed of according to procedures for medication disposal, and reordered from pharmacy if current order exists.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>45524</p> <p>Based on observation, interview and record review, the facility failed to ensure food served was palatable and attractive as voiced by Resident 17 and seven of the 10 alert and oriented residents who attended a Group Interview .</p> <p>This deficient practice had the potential for residents' poor meal intake and a negative impact of the the resident's nutritional status, quality of life, and potential lead to weight loss.</p> <p>Findings:</p> <p>During an interview on 5/3/2022 at 10:19 AM, Resident 17 stated the food is Horrible and there are no substitutes. Resident 17 stated he had reported this before but feels like nothing has been done to improve the situation.</p> <p>On 5/4/2022 at 11 a.m., during a Resident Council meeting, seven of ten alert residents in attendance stated the food served in the facility was bland, dry, and not palatable. As a result of these complaints, a test tray was conducted.</p> <p>During the test tray on 5/5/2022 at 12:30 PM, the test tray, temperatures were taken by Registered Dietician (RD) the beef and vegetable stir fry temperature was at 152 Fahrenheit (F), rice at 147 F, milk at 46 F, pudding at 57 F, and orange juice at 56 F.</p> <p>During a concurrent taste tray and interview on 5/5/2022 at 12:50 PM three surveyors and the RD tasted the test tray contents and the beef vegetable stir fry was found to be salty. The RD stated, Yeah it is salty. The RD stated she will find out why the food was salty.</p> <p>A review of the facility's policy and procedure (P/P), titled Dietary Manual revised 1/2013, the P/P indicated the objectives of good food preparation are to: Receive, store, prepare, cook, hold, serve, and cool foods under sanitary conditions in a manner that conserves the nutritive value of the foods; and serve food which are attractive, palatable, and in the form best tolerated/accepted by residents.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45425</p> <p>Based on observation, interview and record review, the facility failed to provide one of 32 sampled residents (Residents 98) with meals that accommodated the resident's food preferences.</p> <p>This deficient practice resulted in Resident 98 feeling frustrated and emotionally sick. This deficient practice had the potential to result in decreased meal intake and lead to weight loss.</p> <p>Findings:</p> <p>During a review of Resident 98's Admission Record (AR), the AR indicated the resident was admitted to the facility on [DATE], and last readmitted on [DATE]. Resident 98's diagnoses included paranoid schizophrenia (severe mental health condition that can involve delusions and paranoia) and anemia (a condition in which there are not enough healthy red blood cells to carry adequate oxygen to the body's tissues).</p> <p>A review of Resident 98's Minimum Data Set (MDS), a standardized assessment and care-screening tool, dated 3/26/2022, the MDS indicated the resident has an intact cognition (mental process of thinking and understanding).</p> <p>A review of Resident 98's History and Physical (H/P) dated 2/26/2021, the H/P indicated Resident 98 was able to make decisions for herself.</p> <p>During an interview on 5/3/2022 at 9:28 AM with Resident 98, while in the resident's room, Resident 98 stated she was Jewish and does not eat pork. According to Resident 98, pork was served to her on a regular basis even though she has told them it was her preference to not to eat pork.</p> <p>During a concurrent observation and interview on 5/3/2022 at 12:40 PM with Resident 98, while in the resident's room, noted Resident 98 had baked ham on her tray. According to Resident 98, she will not eat the baked ham and she has requested to have a tuna sandwich instead.</p> <p>A review of Resident 98's tray ticket for 5/3/2022 for lunch indicated the entree was glazed baked ham. In addition, listed at the bottom of the ticket indicated that Resident 98 dislikes pork including ham and sausage, brussels sprouts, coleslaw and squash.</p> <p>During a concurrent interview and review on 5/3/2022 at 12:53 PM of Resident 98's tray ticket for lunch with Licensed Vocational Nurse 2 (LVN 2), LVN 2 stated she should have seen Resident 98 does not like pork because it was listed at the bottom of the ticket. According to LVN 2, the dietary staff should have also noted resident's preferences during tray line.</p> <p>A review of the facility's menu for Week 4 listed on the menu for lunch for Tuesday (5/3/2022) for the main dish was glazed baked ham with the alternative of braised stew beef tips with gravy.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/4/2022 at 8:43 AM with Resident 98, she stated that she was served pork sausage which she had to send back. Resident 98 stated that she had cold cereal and eggs for breakfast.</p> <p>A review of Resident 98's tray ticket for 5/4/2022 for breakfast indicated breakfast sides of 2 sausage links. In addition, listed at the bottom of the ticket indicated that Resident 98 dislikes pork including bacon, sausage and ham.</p> <p>During an interview on 5/4/2022 at 9 AM with the Registered Dietician (RD), the RD stated that tray line and licensed staff should be checking for resident's preferences prior to meal distribution.</p> <p>During an interview on 5/5/2022 at 12:29 PM with the Director of Nursing (DON), the DON stated food preferences are asked upon admission by the Dietary Supervisor. The DON stated the licensed nurse should check the tray tickets prior to distributing the meal and should be checking for dislikes. If food preferences are not followed, the DON stated resident can be frustrated with the meal served.</p> <p>A review of the facility's policy and procedure (P/P) titled, Food Preferences revised on 02/01/2019, the P/P indicated resident's food preferences are adhered to as much as possible and substitutes for all foods refused are from the appropriate food groups.</p>		



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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>45528</p> <p>Based on observation, interview, and record review, the facility failed to ensure meals are served at scheduled time for two of four sampled residents (Residents 80 and 140).</p> <p>This deficient practice had the potential for the residents to feel hunger which affects their quality of life.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 5/3/2022 at 1:15 p.m., while in Resident 140 and Resident 80's room, located on Station 4, Resident 140 was waiting for his lunch tray. Resident 140 stated, Meals are late all the time. On the same observation, Resident 80's lunch meal tray was still not delivered. Residents 140 and 80 further stated they do not eat snack at bedtime.</p> <p>During a follow-up observation and interview and on 5/4/2022 at 8:50 AM (the next day) Residents 140 and 80 were waiting for the breakfast tray to be serve. Resident 140 stated, the food was late again.</p> <p>During an interview with the Registered Dietician (RD) on 5/9/2022 at 8:46 AM, the RD stated breakfast should be serve between the hours of 7:15 AM and 8:30 AM. The RD stated the facility's staff should follow the meal schedule and she will check why there was a delayed in serving the meal trays.</p> <p>During a review of the facility's meal schedule for breakfast indicated breakfast would be provided at 7:45 am - 8 am on Station 4.</p> <p>A review of the facility's meals schedule indicated lunch should be provided to the residents at 12:15 pm - 12:30 pm on Station 4.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45528</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure the Registered Dietician (RD) washed her hands before proceeding to assist with the tray line after touching the door knob, leaving the kitchen and going to the dining area and picked up an empty tray off the floor.</li> <li>2. Ensure Dishwasher /Dietary Aid wore a hair net and apron while in the kitchen.</li> </ol> <p>These deficient practices had the potential to cause food borne illnesses to the residents and had the potential to decrease or increase caloric intake for the residents.</p> <p>Findings:</p> <p>a. During an observation of the tray line on 5/5/2022 at 12:12 PM, the RD left the tray line, to speak with a staff member in the main dining area, closed the door behind her while holding onto the doorknob. Upon the RD's return to the kitchen, she dropped an empty tray to the floor, picked it up, and proceeded to touch a clean tray and the small milk carton on it.</p> <p>During an interview on 5/5/2022 at 12:15 PM, the RD stated she should have washed her hands before returning to the tray line. The RD stated it was important to the wash hands because it can cause foodborne illnesses to the residents.</p> <p>A review of the facility's policy and procedure (P/P) titled Hand Hygiene P/P revised on 1/10/19, the P/P indicated all employees are required to practice effective hand hygiene. Employees are required to wash hands thoroughly: before meals.</p> <p>b. During a kitchen observation on 5/3/2022 at 8:42 AM, the Dishwasher/Dietary Aid was seen wearing a baseball hat with no hair net underneath and had no apron on.</p> <p>During an interview on 5/3/2022 at 8:50 AM with the Dishwasher/Dietary Aid (DW/DA) translation done by DA 2, DW/DA stated he should be wearing a hair net underneath the baseball cap and an apron and he further stated the dress code for the kitchen was mask hair net, wash hands prior and after gloves. Aprons need to be removed before leaving the kitchen. Plastic apron for dishwasher. DA 2 interpreting for DA 1 during the interview DA 2 stated DA 1 stated the dress code was uniform, plastic apron, hairnet and mask. Importance of hair net is to prevent hair from falling and infection.</p> <p>A review of the facility's record Dress Code. Dietary Manual Revised January 2013 the dietary manual indicated a hair net or hat was required, which completely covers the hair and clean apron, plastic or cloth to be worn.</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425</b></p> <p>Based on interview and record review, the facility failed to provide physical therapy (PT) and occupational therapy (OT) evaluations as ordered for one of 32 sampled residents (Resident 127). Resident 127, who had a decline in activities, did not received rehab services as were ordered by the physician in 5/2020.</p> <p>This deficient practice had the potential to prevent Resident 127 from maximizing her functional mobility (the way in which one moves in the environment to complete everyday tasks), joint range of motion ([ROM], full movement potential of a joint), and activities of daily living ([ADL], basic activities such as eating, dressing, toileting) while residing in the facility.</p> <p>Findings:</p> <p>During a review of Resident 127's Admission Record (AR), the AR indicated the resident was originally admitted to the facility on [DATE] and was last readmitted on [DATE]. Resident 127's diagnoses included schizophrenia (a mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions), Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination), and seizures (uncontrolled electrical activity in the brain, which may produce a physical convulsion, minor physical signs, thought disturbances, or a combination of symptoms).</p> <p>A review of Resident 127's current Minimum Data Set (MDS), a standardized assessment and care-screening tool, dated 3/31/2022, the MDS indicated Resident 127 was severely cognitively (thought process) impaired. The MDS indicated Resident 127 required extensive assistance for activities of daily living ([ADLs] dressing, eating, toilet use and personal hygiene) with a one- person physical assist. According to the MDS, Resident 127 was not steady and was only able to stabilize with staff assistance.</p> <p>During a review of Resident 127's care plan for ADL Self Care Performance Deficit revised on 2/15/2022, the care plan indicated Resident 127 required extensive assistance with toilet use, transfers, bed mobility, personal hygiene, dressing and eating. The care plan indicated for PT/OT evaluation and treatment per MD orders dated 5/26/2020 under interventions.</p> <p>A review of Resident 127's Order Summary Report active orders as of 6/1/2020 indicated there were two orders dated 5/25/2020 for Occupational therapy eval and treatment as indicated and Physical therapy eval and treatment as indicated.</p> <p>During a concurrent interview and record review on 5/6/2022 at 9:39 AM with Licensed Vocational Nurse 5 (LVN 5), LVN 5 stated there was no documentation in the electronic health record (EHR) of the evaluations. LVN 5 stated she spoke to the Director of Rehab (DOR) and the resident did not require an evaluation at that time because the resident was ambulating.</p> <p>During an interview on 5/6/2022 at 2:30 PM with the DOR, the DOR stated Resident 127 had only received speech therapy from 4/6/2022-4/12/2022 and no other services were provided.</p> <p>(continued on next page)</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/9/2022 at 11:46 AM with the DOR, the DOR stated when an order was placed for rehab services it should be place into Communications in the EHR. The DOR stated there was no other way to be notified of the order unless the nursing staff tells them verbally. The DOR stated she reviews the Communications about 2-3 times a day, looking for updates. The DOR stated the department was never notified regarding the PT/OT evaluation order for Resident 127 in 5/2020. The DOR stated there must have been a breakdown in communication. The DOR agreed if Resident 127 did not receive PT and OT as ordered by the physician, then it places the resident at risk for a change in a resident's condition and a decline in function.</p> <p>A review of the facility's policy and procedure (P/P) titled Therapy Documentation dated 11/2017, the P/P indicated that specialized rehabilitative services such as physical therapy and occupational therapy shall be provided as prescribed by the attending physic</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45657</p> <p>Based on interview and record review, the facility failed to ensure the Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNFABN), dated 3/2/2022, for one of three sampled residents (Resident 58) was filled out completely. Resident 58's SNFABN did not indicate an option regarding care and financial costs while continuing to receive care at the facility.</p> <p>This deficient practice had the potential to create confusion as to what was the option of Resident 58 regarding care and financial cost.</p> <p>Findings:</p> <p>During a review of Resident 58's SNFABN form, dated 3/2/2022, the SNFABN indicated Resident 58 did not choose an option regarding an in-patient skilled nursing facility stay, and reasons Medicare may not cover for medical care.</p> <p>A review of Resident 58's Admission Record (A/R), the AR indicated the facility admitted Resident 58 to the facility on [DATE]. Resident 58's diagnoses included chronic obstructive pulmonary disease ([COPD] lung disease that block airflow and make it difficult to breathe), paroxysmal atrial fibrillation (type of irregular heartbeat), and polyosteoarthritis (process of aging, as water content of body cartilage increases, and the protein makeup of cartilage degenerates).</p> <p>A review of Resident 58's Minimum Data Set (MDS), an assessment and care-screening tool, dated 2/26/2021, the MDS indicated Resident 58 had intact cognitive function (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses).</p> <p>During an interview on 5/6/2022 at 3:16 p.m., with MDS Nurse (2), MDS 2 nurse stated the resident's option was not checked and should have been completed.</p> <p>A review of facility's policy and procedure (P/P) titled, Documentation, dated 11/2012, the P/P indicated, All documentation will be completed as required for each resident. All documentation will be completed legibly. No blank lines or gaps will be left empty between entries.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45382</p> <p>Based on observation, interview, and record review, the facility failed to implement and maintain infection control procedures when:</p> <ol style="list-style-type: none"> <li>1. A Physical therapy assistant 1 (PTA 1) did not properly clean and disinfect shared resident equipment, cloth gait belts (safety device worn around the waist that can be used to help safely transfer a person from one surface to another), in between and after each resident use.</li> <li>2. In the laundry room;             <ol style="list-style-type: none"> <li>a. There were reusable yellow cloth isolation gowns hanging in the soiled utility room and in the clean utility room for re-use.</li> <li>b. Clean mop heads were not stored separately from soiled items.</li> </ol> </li> </ol> <p>These deficient practices had the potential to spread transmissible diseases to the facility staff, residents, and visitors.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>a. During an observation on 5/4/2022 at 9:50 a.m., in the hallway, Physical Therapy Assistant 1 (PTA 1) was walking a resident using a front-wheeled walker (type of mobility aid with wide base of support) and had a cloth gait belt around the resident's waist. Physical Therapist 3 (PT 3) joined at the end of the session, removed the cloth gait belt from around the resident's waist, and handed the cloth gait belt to PTA 1. After performing hand hygiene, PTA 1 brought the cloth gait belt into the Physical Therapy (PT) gym, sprayed the gait belt using Peroxide Multi Surface Disinfectant spray, and hung the gait belt on the parallel bars (medical equipment used in rehabilitation to assist patients in the early stages of walking and mobility).</li> </ol> <p>During an interview on 5/5/2022 at 9:29 a.m., the Director of Rehabilitation (DOR) stated cloth gait belts were cleaned by wiping down the gait belts with Sani-Cloth wipes (disposable wipes used to disinfect surfaces) or using Peroxide Multi Surface Disinfectant spray (spray used to clean and disinfectant surfaces) between every resident. The cloth gait belts were then sent to the laundry at the end of every shift. The DOR stated cloth gait belts were made of porous material.</p> <p>During an interview and record review on 5/5/2022 at 3:17 p.m., Laundry Supervisor (LS) and Housekeeping Supervisor (HS) stated Peroxide Multi Surface Cleaner and Disinfectant should only be used on non-porous, hard surfaces per manufacturer instructions.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview and record review on 5/5/2022 at 3:23 p.m., the DOR and PT 1 stated they were cleaning and disinfecting cloth gait belts with both the Peroxide Multi Surface Disinfectant Spray and/or Sani-cloth wipes. The DOR and PT 1 stated cloth gait belts were made of porous material. The DOR and PT 1 confirmed manufacturer instructions for both the Peroxide Multi Surface Disinfectant spray and Sani-Cloth wipes indicated that cleaners were to be used for non-porous, hard surfaces only. The DOR stated cloth gait belts were not being effectively cleaned and disinfected if manufacturer instructions were not followed.</p> <p>During an interview on 5/9/2022 at 2:02 p.m., the Infection Control Preventionist (ICP) stated the only way to properly clean and disinfect cloth gait belts was to launder them. The ICP stated disinfecting wipes or sprays were ineffective because cloth gait belts were made of porous materials. The ICP stated it was important to clean and disinfect shared equipment properly to prevent the spread of infection.</p> <p>A review of the facility's policy and procedures (P/P) revised 1/10/19, titled, Equipment Cleaning and Disinfecting the P/P indicated shared patient equipment were to be cleaned and disinfected according to current infection prevention guidelines.</p> <p>b1. During an observation on 5/4/2022 at 9:09 a.m., in the laundry room, two yellow reusable isolation gowns were hanging next to the door in the clean linen area.</p> <p>During an interview on 5/4/2022 at 8:57 a.m., LS and HS stated the laundry staff had to wear N95 respirators (a respiratory protective device), face shield (protective covering for the entire face from hazards such as splashes and infectious materials), isolation gown (protective apparel used to protect the wearer from the transfer of microorganisms and body fluids), and gloves when handling soiled laundry for infection control precautions. The LS stated reusable gowns must be laundered after every use.</p> <p>During an observation and interview on 5/4/2022 at 2:53 p.m., in the soiled linen room, one yellow reusable isolation gown was hanging on the wall next to the door. The LS confirmed the isolation gown should not be hanging on the wall because it was contaminated and stated the used PPE gowns should be in the soiled linen bin.</p> <p>During an interview on 5/5/2022 at 3:17 p.m., in the clean linen room, the LS confirmed reusable isolation gowns should not be hanging on the wall and should be covered.</p> <p>During an interview on 5/9/2022 at 2:02 p.m., the ICP stated isolation gowns should be thrown away or placed in a soiled bin and should not be hanging on the wall.</p> <p>A review of the facility's policy and procedures revised 1/10/19, titled, Laundry Department, Infection Prevention the P/P indicated that all soiled linen should be considered contaminated and should be placed in designated containers marked soiled linen.</p> <p>b 2. During a concurrent observation and interview on 5/4/2022 at 9:09 a.m., while in the laundry room, four mop heads were next to the washing machine. The LS and HS stated the four mop heads were clean, should have been air dried in a different area, and should not be next to the washers. The LS stated the clean mop heads should be stored in the clean linen room to prevent cross contamination.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/9/2022 at 2:02 p.m., The ICP stated it was important to separate clean linen and soiled linen to prevent cross contamination of infectious organisms.</p> <p>A review of the facility's policy and procedures (P/P) revised 1/10/19, titled, Laundry Department, Infection Prevention the P/P indicated clean and dirty linens should be stored at least 4 feet apart and that soiled linen must not come in contact with clean linen at any time.</p>		



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<p>F 0921</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>19152</p> <p>Based on observation and interview, the facility's housekeeping/maintenance staff failed to ensure the residents' environment was free from damage.</p> <p>This deficient practice resulted in observations of holes in linen, curtains, and discolored walls and ceilings.</p> <p>Findings:</p> <p>During a tour of the facility on 5/3/2022 the following was observed:</p> <ol style="list-style-type: none"> <li>5/3/2022 at 10:08 a.m., Resident 9's sheets were observed with holes in the sheets and the sheets were threadbare (becoming thin and tattered with age).</li> <li>5/4/2022 at 8:30 a.m., Resident 30's ceiling was observed with brown spots on the ceiling above his bed and his roommate's bed. The curtain had a hole in it and the his roommate's bedspread had a hole in it.</li> <li>5/5/2022 at 7:38 a.m., the light cover behind Resident 107's bed had a hole in it.</li> </ol> <p>During an interview on 5/9/2022, at 9:31 a.m., the Maintenance Supervisor (MS) stated the housekeeping supervisor (HS) deals with the linen and stated they have a vendor who they are ordering curtains from.</p> <p>During an interview on 5/9/2022 at 10:32 a.m., the HS stated they have curtains on order and damaged linen should have been thrown out.</p>