Printed: 11/25/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555375	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2021
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	For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	SUMMARY STATEMENT OF DEFICIENCIES		

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 555375

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F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many			will continue until the kitchen has mechanical diets for the residents ular diets. Sitchen for two weeks and weekly or four weeks then monthly nmittee. If the kitchen for two weeks and if the termination treatment will be kitchen sanitation audits by the during the stand up and QA. DM after the implementation of ew, and record review. Sitchen with dietary supervisor and drought of the during the stand up and QA. Dietarchie implementation of ew, and record review. Sitchen with dietary supervisor and dicative of live rodent activity) The paration line table behind the engs, and wooden shavings. Health Department (EHD) was Sitchen sanitation audits by the during the stand up and QA.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED	
	555375	B. Wing	11/05/2021	
NAME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	F DEFICIENCIES seded by full regulatory or LSC identifying information)		
F 0925 Level of Harm - Immediate jeopardy to resident health or safety	During a review of the Environmental Health Specialist ([REHS] a health inspector who inspects various facilities and properties to determine conformance with California Health and Safety Code and Title 8 and Title 11) report, the report indicated an inspection of the kitchen was conducted on 10/14/2021 at 9:30 a.m. from a complaint investigation the following was observed:			
Residents Affected - Many	a. Two live adult cockroaches on the	ne floor between the cook's line and the	e food steam table.	
Residents Anected - Many	b. One live nymph ([baby cockroach] an immature form of an insect that does not change greatly as it grows) at the bottom of the steam table.			
	 c. Approximately 11 egg casings (a cover or shell that houses and protects multiple cockroach eggs) were the bottom of the food steam table. d. Cockroach fecal (stool) spotting (indicative of live cockroach activity) around the electric panel and the unapproved and deteriorated piece of wood below the steam table e. Live adult cockroaches behind the electric panel of the steam table. f. Two live adult cockroaches on the floor below the dish machine. 			
	g. One live adult cockroach in the	oach in the empty space between/below the drain board of the dish machine and wall.		
	h. One live adult cockroach on the	n on the ceiling above the preparation area between the preparation sinks.		
	i. Two live adult cockroaches on the	thes on the floors below the preparation sink. In the report indicated the REHS informed the administrator on 10/14/2021 at 10:30 d be closed until the cockroach activity and evidence of infestation have been 1/2021 of the facility's census, the census indicated there were 163 residents		
	During a review on 10/15/2021 of the residing in the facility.			
	During an observation tour with the maintenance supervisor (MS) on 10/15/2021, at 9:36 a.m., one (1) live cockroach was observed near the entrance of the kitchen and one (1) dead cockroach was observed by the dry food storage room in the kitchen.			
	A review on 10/15/2021, of the facility's pest control service invoice, dated 10/15/021 at 11 a.m., indicated there was cockroach activity in the dishwashing area and behind the six-burner stove in the kitchen.			
	During an interview on 10/15/2021 at 11:10 a.m., the administrator stated the facility did not have a pest control contract with an outside vendor. The administrator stated the pest control vendor was called to come to the facility for treatment once a month.			
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CTATEMENT OF DEFICIENCIES	(VI) DDO//DED/CUDS/ 153 /c/ · ·	(V2) MILITIDLE CONSTRUCTION	(VZ) DATE CURVEY	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	555375	A. Building B. Wing	11/05/2021	
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F 0925 Level of Harm - Immediate jeopardy to resident health or safety	During the facility's closure of the kitchen operation, the Health Facilities Inspection Division (HFID) was monitoring the facility daily from 10/16/2021 to 10/24/2021 to ensure the facility was working towards achieving overall compliance and the residents were receiving their prescribed diets and nourishments. The facility remained to be in non-compliance with cockroach activity in the kitchen as following:			
Residents Affected - Many	 a. On 10/16/2021 at 9:30 a.m., one dead cockroach was observed under the three- compartment sink in the kitchen, one dead cockroach was observed under the oven in the kitchen and two dead cockroaches were observed in the dry food storage room in the kitchen. b. On 10/20/2021 at 4 p.m., one egg casing and one dead cockroach was near the walk-in cooler door in the kitchen. 			
	c. On 10/20/2021 at 4:05 p.m., one live adult cockroach inside the chemical closet and one live adult cockroach at the three-compartment sink.			
	 d. On 10/22/2021 at 3:41 p.m., one live cockroach was near the food steam table. e. On 10/23/2021 at 9 a.m., one dead cockroach was observed the mechanical dishwasher machine in the kitchen and one dead cockroach was observed under the cooking equipment. 			
	location of the rodent entry was fro stated weather strips (attachments	w on 10/22/2021 at 3:45 p.m., the administrator and the MS stated they suspected the dent entry was from the sliding doors into the dining area, just outside of the kitchen. They rips (attachments that are added to decrease the size of the gap below the doors) were doors for rodent proofing (preventing rodent entry). The MS stated the kitchen was cleaned gs (feces).		
	Effective Management of Cockroad any structure that has food prepara occasionally damage fabric and pa when present in high enough numb human excrement [feces or stool] i	cle from the Los Angeles County Depart ch Infestation, the article indicated the cation or storage areas. They contamina per products, leave stains on surfaces, pers. The article indicated when cockron the sewer or with pet droppings, they if they enter into structures. http://publianagement/cockroachmgmt.pdf	cockroaches may become pests in the food and eating utensils, and produce unpleasant odors aches come into contact with have the potential to transmit	
	During a review of the Centers for Disease Control and Prevention, Guidelines for Environmental Infection Control in Health Care Facilities, updated on 7/2019, the guidelines indicated recommendations for the prevention and control of infectious diseases that are associated with healthcare environments. Pest Control			
	included cockroaches found in health-care facilities that can serve as agents for the mechanical transm of microorganisms, or as active participants in the disease transmission process by serving as a vector (carrier that transfers an infectious organism from one host to another).			
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F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	During a review of the facility's policy and procedure (P/P), titled Pest Control with a revised date of 11/20 the P/P indicated if pests are sighted, staff should communicate with the maintenance supervisor (MS) detailing the location pests were seen, type of pests, and quantity. The MS is to relay the information to the pest control technician(s) and schedule service to mitigate the problem. The P/P also indicated the pest control vendor was contracted to complete visits consisting of observing the property grounds twice a monotone treatment should cover the interior and exterior of the facility including the pations and the kitchen, with the purpose intended to maintain a pest-free environment or mitigate the presence of any pests from the facility.		maintenance supervisor (MS) IS is to relay the information to the The P/P also indicated the pest the property grounds twice a month. If the patios and the kitchen, with