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| 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 02/03/2023 |
| 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.

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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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45028</p> <p>Based on interview and record review, the facility failed to ensure a four-wheel walker (a device with three or four large wheels, a handlebar and a built-in seat used for assistance with walking) was maintained in a safe operating condition for one of three sampled residents (Resident 1). The facility failed to:</p> <p>1.Ensure the facility staff followed the facility's policy and procedure (P/P) facility's policy and procedure (P/P), titled Personal Equipment, Caring For, to maintain Resident 1's four-wheel walker functional integrity.</p> <p>Resident 1 was ambulating independently while using the walker when one of the walker's front wheels fell off and Resident 1 fell on to the floor.</p> <p>This deficient practice resulted in Resident 1 sustaining a right collar bone fracture (a partial or complete break in a bone, that can cause severe pain and swelling) and functional decline in moving independently.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (face sheet), the face sheet indicated Resident 1 was initially admitted to the facility on [DATE] with diagnoses including right knee osteoarthritis (wearing down of protective tissue at the ends of bones that occurs gradually and worsens over time), and tremors (rhythmic shaking movement in one or more parts of the body).</p> <p>During a review of Resident 1's Minimum Data Set ([MDS]), a standardized assessment and care planning tool), dated 8/12/2022, the MDS indicated Resident 1's cognitive (process of acquiring knowledge and understanding thought, experience, and the senses) skills for daily decision-making were intact. The MDS indicated Resident 1 required supervision (oversight, encouragement, or cueing) to walk in her room, in the corridor and locomotion on and off the unit. The MDS indicated Resident 1 was not steady when walking or turning around but was able to stabilize herself without staff assistance and used a walker for mobility. The MDS indicated Resident 1 had no functional limitations in range of motion ([ROM] the distance and direction a joint can move to its full potential).</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>During a review of Resident 1's Progress Notes (PN), dated 9/6/2022 timed at 12:08 p.m., and at 12:48 p.m., the PN indicated Resident 1 was pushing her walker in the dining room when one of the rollers on the walker broke, the walker tilted, and Resident 1 fell to the floor with her right shoulder landing on top of her walker. The PN indicated Resident 1 complained of ongoing pain to her right shoulder. The PN indicated the physician's order was obtained for an x-ray (a medical test that produces images of structures such as bones, inside the body) and to transfer Resident 1 to the General Acute Care Hospital (GACH) for evaluation.</p> <p>During a review of Resident 1's Physician's Order, dated 9/6/2022, the Physician's Order indicated to transfer Resident 1 to a GACH due to fall with pain to the right shoulder.</p> <p>During a review of the GACH admission records (face sheet), the face sheet indicated Resident 1 was admitted to the GACH on 9/6/2022 due to a fall and complaints of a shoulder pain.</p> <p>During a review of the GACH's Radiology (X-ray) report, dated 9/6/2022, the X-ray report indicated Resident 1 had an acute displaced (bones moved out of alignment) fracture of the distal clavicle (shoulder bone and upper arm bone area) and mild widening of the AC ([Acromioclavicular] is formed by the cap of the shoulder [acromion] and the collar bone [clavicle]) joint.</p> <p>During a review of the GACH's Emergency Department Course (EDC) form dated 9/6/2022, the EDC form indicated Resident 1's right arm was placed in a sling and swath (a device used to hold the arm and shoulder close to the body, after an injury) for right shoulder immobilization.</p> <p>During an interview on 9/21/2022, at 1:53 p.m., Resident 1 stated the day she fell (9/6/2022) she was walking in the dining room when suddenly, one of the wheels fell off the front of her walker, she lost her balance and fell on the floor. Resident 1 stated she was in a lot of pain and was sent to the hospital (GACH) where a sling was applied to her right arm to use because her collar bone was broken. Resident 1 stated she hated using the sling because it was so hard to move around with one arm especially when she had to get out of the bed to use the restroom. Resident 1 stated she was frustrated because she had to call for help now when before she was used to doing things on her own.</p> <p>During an interview with Certified Nursing Assistant (CNA) 1 on 10/14/2022 at 1:27 p.m., CNA 1 stated Resident 1 had always been very independent with activities of daily living, such as using the restroom, and getting dressed. CNA 1 stated Resident 1 did require more assistance since she had the accident.</p> <p>During an interview on 9/21/2022, at 2:59 p.m., with the Director of Maintenance (DM), the DM stated, Resident 1's four-wheel-walker had never been inspected or maintained prior to Resident 1's fall. The DM stated We (the facility) were aware Resident 1 had a rollator walker, but we never checked the safety of the personal walkers.</p> <p>During an interview on 9/21/2022, at 3:12 p.m., with the Rehabilitation Technician (RT), the RT stated, Resident 1 was participating in Restorative Nursing Services ([RNA] person-centered nursing care designed to improve or maintain the functional ability of residents) prior to her fall with fracture, but because of her fracture, Resident 1's RNA participation was on hold until her fracture healed.</p> <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>During a concurrent interview and record review on 9/21/2022, at 4:20 p.m., with the Maintenance Supervisor (MS), a document titled, Maintenance Instructions for Rollators (a brand name) and four-wheel walkers, dated 6/2017 was reviewed. The instructions indicated a visual inspection and functional check must be done at least once per year and shorter time intervals between maintenance may be necessary when the frequency of use or the condition of the product exists due to safety reasons. The MS stated it is the facility's responsibility to ensure the four wheels walker was safe to use. The MS stated they were not aware of how to maintain the safety of those walkers before Resident 1's fall.</p> <p>The MS stated the facility does not have a policy on maintenance of four wheels walkers.</p> <p>During a review of Resident 1's MDS dated [DATE], the MDS indicated Resident 1 required limited (resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight bearing assistance) one-person physical assist for transfers and extensive (resident involved in activity staff provide weight bearing support) one-person physical assist for dressing and toilet use. Indicating a lower level of independence from her previous MDS dated [DATE].</p> <p>During an interview on 10/14/2022, at 1:35 p.m., a certified nursing assistant (CNA 1) stated since Resident 1's fall (9/6/2022) and subsequent fracture, Resident 1 needed a lot of assistance from staff that she did not need before her fall. CNA 1 stated Resident 1 was unable to put weight on her right arm, which was her dominant arm/hand, so Resident 1 must use her left hand/arm to eat and clean herself after she used the restroom. CNA 1 stated Resident 1 now used a four-point cane with her left arm since her right arm was in a sling. CNA 1 stated staff must help Resident 1 get out of bed to use the restroom, help her to dress, bath and set up her meal trays so she can eat.</p> <p>During an interview and concurrent record review with PT, Resident 1's Physical Therapy Treatment Encounter Notes (PTTEN), dated 10/14/2022 and timed at 2:06 p.m., was reviewed. The PTTEN indicated Resident 1's occupational therapy (therapy to help the resident achieve the highest level of independence in performing activities of daily living) evaluation and plan of treatment dated 10/10/2022, indicated Resident 1 required moderate assistance with transfers and minimal to moderate assistance from sitting to standing. The PT stated prior to Resident 1's fracture (9/6/2022) Resident 1 was independent during ambulation, transfers and with bed mobility, but stated since fracturing her clavicle, Resident 1 does approximately 75% to 80% of tasks independently and requires staff assistance with the remaining percentage of her task. The PT stated, since Resident 1's fracture, Resident 1 was no longer able to use her walker and was now using a four-point cane for mobility. The PT stated per Resident 1's orthopedic (medical specialty treating issues with muscles and bones) consult recommendations on 10/4/2022, Resident 1 must refrain from weight bearing activities on her right arm and she could not use her four-wheel walker due to her clavicle fracture. The PT stated, Resident 1 experienced a decline and was restricted with activities because of her fracture and stated if Resident 1 had not fallen and fractured her clavicle, she would not have had this decline.</p> <p>During a review of the facility's policy and procedure (P/P), titled Personal Equipment, Caring For, revised 11/2012, the P/P indicated residents' personal equipment is cared for to maintain functioning and device integrity.</p> | | |

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| <p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45028</p> <p>Based on interview and record review the facility failed to maintain a four wheeled walker per manufacturers guidelines.</p> <p>This deficient practice resulted in Resident 1 falling onto the floor after one of the front rollator wheels from her walker came off.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (AR), the AR indicated Resident 1 was admitted to the facility on [DATE]. Resident 1 ' s diagnosis included chronic obstructive pulmonary disease (group of lung diseases that block airflow and make it difficult to breathe), right knee osteoarthritis (wearing down of protective tissue at the ends of bones occurs gradually and worsens over time), and tremor (rhythmic shaking movement in one or more parts of the body).</p> <p>During a review of Resident 1 ' s History and Physical (H&P) dated 5/6/2022, the H&P indicated Resident 1 was able to make decisions. The H&P indicated Resident 1 had a good rehabilitation potential.</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS]), a standardized assessment and care planning tool), dated 8/12/2022, the MDS indicated Resident 1 able to make self understood and was able to understand others. The MDS indicated Resident 1 required supervision (oversight, encouragement or cueing) for bed mobility (how resident moves to and from lying position, turns side to side, and positions while in bed), transfer (how resident moves between surfaces including to or from bed), walking in room (how resident walks between locations in his/her room), walking in corridor (how resident walks in corridor on unit), locomotion on unit (how resident moves between locations in his/her room and adjacent corridor on same floor), locomotion off unit (how resident moves to and returns from distant areas on the floor), dressing, and toilet use (how resident uses the toilet room, cleans self after elimination). The MDS further indicated Resident 1 was not steady, but able to stabilize without staff for walking.</p> <p>During an interview on 9/21/22, at 2:59 p.m., with Director of Maintenance (DM), DM stated, Resident 1 ' s rollator walker was never inspected or maintained prior to Resident 1 ' s fall. DM stated we (facility) were aware Resident 1 had a rollator walker, but we (facility) usually don ' t check the safety of the personal walkers. DM stated since Resident 1 ' s fall, we (facility) are responsible for checking all the resident ' s walkers each month and make adjustments as needed to ensure the walkers are safe to use so something like this does not happen again.</p> <p>During a concurrent interview and record review on 9/21/22, at 4:20 p.m., with DM, the Maintenance Instructions for 4-wheel walkers was reviewed. The maintenance instructions indicated a visual inspection and functional check must be done at least once per year and shorter time intervals between maintenance may be necessary when the frequency of use or the condition of the product exists due to safety reasons. DM stated it is the facility ' s responsibility to ensure the rollator walker is safe to use and we were not aware of how to maintain the safety of these walkers until after Resident 1 ' s fall. DM stated the facility does not have a policy on rollator walkers.</p> <p>(continued on next page)</p> | | |

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| F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | During a review of the facility ' s P/P, titled Personal Equipment, Caring For, revised 11/2012, the P/P indicated it is the policy of Windsor Healthcare that resident personal equipment is cared for in an effort to maintain functioning and device integrity. | | |