

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/18/2022
FORM APPROVED
OMB NO. 0938-0391

accepted 06646 3/29/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555071	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2022
NAME OF PROVIDER OR SUPPLIER SUNNYVIEW CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2001 W WASHINGTON BL LOS ANGELES, CA 90018	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
K 000	INITIAL COMMENTS This facility was surveyed under 42 CFR Part 483.70(a), Life Safety Code NFPA 101, 2000 Edition, Chapter 19 Existing Health Care Occupancies and other applicable codes. The Following Represents the findings of the Department of Public Health Services during the Life Safety Code Survey. Representing the Department of Public Health Services: 06646, HFE I, Life Safety Code Specialist Licensed: 93 Beds Census: 86 Residents Highest Severity and Scope = F K 541 Rubbish Chutes, Incinerators, and Laundry Chu SS=E CFR(s): NFPA 101	K 000	
	Rubbish Chutes, Incinerators, and Laundry Chutes 2012 EXISTING (1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor shall be sealed by fire resistive construction to prevent further use or shall be provided with a fire door assembly having a fire protection rating of 1-hour. All new chutes shall comply with 9.5. (2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, shall be provided with automatic extinguishing protection in accordance with 9.7. (3) Any trash chute shall discharge into a trash collection room used for no other purpose and	K 541	<u>Immediate Corrective Action</u> Upon notification, laundry chute door replaced to an approved automatic closing/self-closing device to ensure laundry chute door closes automatically/self- closing. Maintenance work order form attached.

03/28/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

[Signature]

Administrator

3/28/22

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 comments 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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K 541	Continued From page 1 protected in accordance with 8.4. (Existing laundry chutes permitted to discharge into same room are protected by automatic sprinklers in accordance with 19.3.5.9 or 19.3.5.7.) (4) Existing fuel-fed incinerators shall be sealed by fire resistive construction to prevent further use. 19.5.4, 9.5, 8.4, NFPA 62 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the linen/laundry chute fire door was closed. At the time of the survey, the facility was licensed for 93 beds and had a census of 86 residents. It is essential that fire rated doors be quickly closed and secured to prevent the spread of fire and smoke. In the event of a fire emergency, proper fitting doors without any gaps, is an essential component in the containment of smoke and/or fire. Findings: During a tour of the facility on March 14, 2014, from 9:10 a.m. to 2:35 p.m., of a single floor structure with a basement, the evaluator, in the presence of the maintenance supervisor, observed the fire door located inside the laundry chute room across from the activity/dining room. The laundry chute door inside the room lacked having an approved automatic-closing or self-closing device on the door was unlocked. The unlocked door left access to the residents and created a potential for injury of a fall. During an interview with the maintenance supervisor at the time of the observation, stated	K 541	<u>Identification of other</u> <u>areas/residents</u> No other areas were affected. <u>Measure to prevent</u> <u>recurrence</u> DSD in-serviced C.N. As on March 21, 2022 in regards to laundry chute door to remain closed at all time and C.N.As to check after each use ensuring the laundry chute door automatically closes/self- closes- if not to report immediately to maintenance using maintenance request log. Maintenance request log binder is available at each station. Administrator in- serviced maintenance personnel re: maintaining building inspection on the monthly basis including laundry chute door to ensure doors to be automatically closed and secured to prevent the spread of fire and smoke.

03/28/22

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K 541	Continued From page 2 he was not aware the fire door was unlocked. It is essential that fire rated doors be quickly closed and secured to prevent the spread of fire and smoke. In the event of a fire emergency, proper fitting doors without any gaps, is an essential component in the containment of smoke and/or fire. The deficiency affected 5 of 5 smoke compartments. The deficiency was brought to the attention of the administrator and maintenance supervisor during the exit conference on March 14, 2022.	K 541	<u>Monitoring performance</u> <u>integration into quality</u> <u>assurance system</u> Maintenance personnel will make building maintenance inspection on the monthly basis. Findings will be reviewed by QA committee monthly times 90 days if further correction needed.	03/28/22	
K 741 SS=F	Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where	K 741			

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K 741	<p>Continued From page 3</p> <p>smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to implement a smoking policy and procedure that included the provision for proper disposal of smoking material (cigarette butts) by allowing cigarette butts to be thrown onto the ground. The effective implementation of smoking regulations, policies, and procedures, which included the provision of proper disposal in metal containers with self-closing cover devices into which ashtrays can be emptied is an essential component in the prevention of fires that are caused by smoking. At the time of the survey, the facility was licensed for 93 beds and had a census of 86 residents.</p> <p>Findings:</p> <p>On March 14, 2022, from 1:30 p.m. to 3:30 p.m., during a tour of the facility, the evaluator, in the presence of the maintenance supervisor, observed the following:</p> <ol style="list-style-type: none"> 1) There were 13 cigarette butts stored on the ground at the designated smoking patio. 2) There were 3 cigarette butts on the basement stairwell near the smoking patio. <p>During an interview with the maintenance</p>	K 741	<p>Immediate Corrective Action</p> <p>Upon notification on March 14, Cigarette's butts immediately swept from the ground by housekeeping personnel and designated smoking area were free of cigarette butts.</p> <p>Identification of other areas/residents</p> <p>No other areas were affected.</p> <p>Measure to prevent recurrence</p> <p>Administrator in-serviced Activity personnel (who supervised smokers) to assist & redirect smokers disposing cigarettes' butts directly into metal containers cover Ashtrays and clean designated smoking area after each smoking time and twice a day by housekeeping personnel. Administrator in-serviced housekeeping personnel to clean designated smoking area thoroughly twice a day, 11:30 A. M and 6:00 P.M.</p>	03/22/22	

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K 741	Continued From page 4 supervisor at the time of the observation, stated the residents were throwing the cigarette butts on the ground and are reminded to use the ash tray. The deficiency affected one of one designated smoking area. The deficiency was brought to the attention of the administrator during the exit conference on March 14, 2022.	K 741	<u>Monitoring performance integration into quality assurance system</u> A designated smoking area will be randomly checked by administrator to ensure cigarette's butts dispose into metal container cover device and a designated smoking area is free of cigarette's butts. Findings will be reviewed by QA committee monthly times ninety days if further correction needed.	03/28/22	

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E 000 Initial Comments

E 000

The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities.

Representing the California Department of Public Health:

Surveyor number#: 06646, REHS, Life Safety Code Specialist

The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities.

Licensed: 93 beds
Census: 86 residents

No deficiencies were cited during this survey

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] Administrator
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