PRINTED 03/18/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES & OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (XT) PROVIDERISUPPLIERICLIA (XJ) DATE SURVEY AND PLAN OF CORRECTION **CENTIFICATION NUMBER** A BUILDONG OF - MAIN BUILDING OF 555071 & MING 03/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ANDRESS CITY STATE ZIP CODE 2000 W WASHINGTON BL SUNNYVIEW CARE CENTER LOS ANGELES, CA 90018 SUMMARY STATEMENT OF DESIGNENCIES PROVIDER'S PLANCE CORRECTION (X4)10 97 2883 COMPLETEN LEACH DEFICIENCY NEIST HE PRECEDED BY FULL PHETIA IEACH CORRECTIVE ACTION SHOULD BE PH#FX CHIE REGULATIONS OR USC IDENTIFYING INFORMATIONS CROSS-REFERENCED TO THE APPROPRIATE 166 TAG DEFICIENCY K 000 INITIAL COMMENTS K 000 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-K 541 SSEE CFR(s): NFPA 101 04/18/32 Rubbish Chates, Incanerators, and Laundry K 541 Chutes **Immediate Corrective Action** 2012 EXISTING (1) Any existing linen and trash chute, including pneumatic jubbish and linen systems, that opens Upon notification, laundry directly onto any corridor shall be sealed by fire chute door replaced to an resistive construction to prevent further use or approved automatic shall be provided with a fire door assembly having a fire protection rating of 1-hour. All new chutes closing/self-closing device to shall comply with 9.5. ensure laundry chute door (2) Any rubbish chute or linen chute, including closes automatically/selfpnoumatic rubbish and linen systems, shall be closing. Maintenance work provided with automatic extinguishing protection in accordance with 9.7. order form attached. (3) Any trash chute shall discharge into a trash

LABORATORY TOTACTIONS OR PROMOTRIES OF FLER REPRESENTATIVES SIGNATURE

collection room used for no other purpose and

TITLE

FIAD(03)

Any deficiency statement finding with an authorise (1) debutes a deficiency which the institution may be excused from correcting providing it determined that cather safeguards provide further in not a plan of chemician is provided. Except for mining bottom, the findings stated ecoses are disclosed in 50 days following the date of sorvey whether or not a plan of chemician is provided. For nonsing homes, the above findings and plans of correction are disclosed at days following the date these comments are made available to the facility. If deficiencies are clad, an approved plan of correction is requisite to continued program participation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEPORTACIES F CORRECTION	(X1) PROVIDENBUPPLIERCESA DELTIFICATION NUMBER	(X2) BUILDING OF - MAIN BUILDING OF		COVERTE SURVEY
		555071	8. WING	OF COCCEDENCE FOR the day where the wave destruct management of the contract o	03/14/2022
NAME OF F	PROVIDER OR SUPPLIER			STREET ACCIRESS, CITY, STATE, ZIP COCIE	
IVYMNUE	EW CARE CENTER			Z000 W WASHINGTON BL LOS ANGELES, CA 90018	
(KA) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF BERCIENCIES Y AUST BE PRECEDED BY FOLL LEC IDENTIFYING WIFORMATION	(D) PREFEX TAS	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE AFPROPRI GEFICIENCY)	DEE COMPLETION
K 541	Continued From page 1 protected in accordance with 8.4. (Existing laundry chules 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		K 541		
The state of the s				Identification of other areas/residents	63 28 32
	usa.	suction to prevent further		No other areas were affect	ed.
1	19.5.4, 9.5, 8.4, NFP/	A 52			

failed to ensure the linen/laundry chute fire door was closed. At the time of the survey, the facility was licensed for 93 bods and had a census of 86 residents.

This REQUIREMENT is not met as evidenced

Based on observation and interview, the facility

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/dinling 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

Measure to prevent recurrence

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/selfcloses- if not to report immediately to maintenance using maintenance request log. Maintenance request log binder is available at each station. Administrator inserviced 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.

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

PRINTED 03/18/2022 FORM APPROVED OMB NO. 0936-0391

STATEMENT OF DEFICIENCIES IXT) PROVIDERISUPPLIERICLIA 0/2) MULTIPLE CONSTRUCTION IXII DATE SURVEY and plan of Correction **DENTIFICATION NUMBER** COMPLETED A BUILDING OF AMAIN BUILDING OF 555071 H WING 03/14/2022 HAME OF PROVIDER OR SUPPLIES STREET ADDRESS CITY STATE. THE CODE 2000 W WASHINGTON BL SUNNYVIEW CARE CENTER LOS ANGELES, CA 90018 SUMMARY STATEMENT OF DEPICIENCIES 0 PROVIDERS PLAN OF CORRECTION 933 (264) 115 EXPARENTE DATE PAREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSD IDENTIFYING INFORMATION; CHOSS REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY: K 541 Continued From page 2 K 541 05/22/22 he was not aware the fire door was unlocked. Monitoring performance integration into quality It is assential that fire rated doors be quickly assurance system closed and secured to prevent the spread of fire and smoke. In the event of a fire amergency, Maintenance personnel will proper fitting doors without any caps, is an make building maintenance essential component in the containment of smoke inspection on the monthly and/or fire. basis. Findings will be reviewed by The deficiency affected 5 of 5 smoke QA committee monthly times compartments. 90 days if further correction The deficiency was brought to the attention of the needed. administrator and maintenance supervisor during the exit conference on March 14, 2022. K 741 Smoking Regulations K 741 5S=F CFR(s): NFPA 101 Smaking 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

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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

STATEMENT OF CORRECTION AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CUA (X2) BURTH IDATION MANBER A SOLONE 91 - MAIN BUILDING 01			(20) DATE SURVEY COMPLETED
		555071	B. WING		03/14/2022
	HOVIDER OR BUTTLER EW CARE CENTER		200	EET ADDRESS CITY, STATE, 24°COME 0 W WASHINGTON BL. S ANGELES, CA 90018	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF BEFICIENCIES CY MUST BE PRECEDED BY PULL LISC IDERTIFYING IMPORMATION	ID PROVIDER'S PLAN OF COMMENTAL PREPRIS (EACH CORRECTIVE ACTION SHOUL) TAG ORDSS-REFERENCED TO THE AFPROT COMORMON)		
K 741	K 741 Continued From page 3 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		K 741	K 741 Immediate Corrective Action Upon notification on March 1 Cigarette's butts immediately swept from the ground by housekeeping personnel and	4,
				designated smoking area wer	e

This REQUIREMENT is not met as evidenced

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 digarette 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 bads and had a census of 86 residents.

Findings:

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:

- 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 pailo.

During an interview with the maintenance

Identification of other areas/residents

free of cigarette butts.

No other areas were affected. Measure to prevent recurrence

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 03/18/2072 FORM APPROVED OMB NO. 0038-0301

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

OXIT PROVIDERVSUPPLIERICLIA (X2) MUCTIFICE CONSTRUCTION (XX) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **DENTIFICATION (RIMBER** COMPLETED A BUILDING OF - MAIN BUILDING OF B. WING 555071 03/14/2022 STREET ADDRESS CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2000 W WASHINGTON BL SUNNYVIEW CARE CENTER LOS ANGELES, CA 90018 PROVIDER'S PLAN OF CORRECTION STIMMARY STATEMENT OF DEFICIENCIES (00) m (204) 133 COMPLETION DATE IEACH DEFICIENCY MUST BE PRECEDED BY FULL CACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CHOSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LEC IDENTIFYING INFORMATION; IAG TAG DEFICIENCY

K 741 Continued From page 4

supervisor at the time of the observation, stated the residents were throwing the digarette 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

Monitoring performance integration into quality assurance system

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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SUNNYVII	EW CARE CENTER			LOS ANGELES, CA 90018				
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E 000	Initial Comments		E	000				
	Emergency Prepared The findings are in ac Federal Regulations (for Long Term Care (Il Representing the Call Health: Surveyor number#: 00 Code Specialist The facility is in subst CFR 483.73 for Long Licensed: 93 beds Census:: 86 residents	t of Public Health, during an mess recertification survey. Accordance with 42 Code of (CFR) 483.73, Requirement arc) Facilities. Ifornia Department of Public formia Department of Public formia Department of Public formia Department of Public formia Care (LTC) Facilities.						

Any deficiency statement ofding with an asterigin 1 dynotes a deliciency which the institution may be excused from correcting providing it is determined that other safeguents provide sufficient projection to the pullontal. (See instructions.) Except for nursing fromes, the findings stated above are disclosuate 90 days following the date of survey whether or not a pain of correction is provided. For nursing homes, the above findings and plans of correction are disclosuate 14 stays following the date these documents are made available to the facility. If deficiences are cared, on approved plan of correction is requisite to continued program participation.

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(SE) DATE

LABORATORY DIRECTOR'S OR PROVINGE SUPPLIES PERFESENTATIVE'S SIGNATURE