

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055870	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2020
NAME OF PROVIDER OF SUPPLIER SUNRAY HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3210 W PICO BLVD LOS ANGELES, CA 90019	
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 0689 Level of harm - Actual harm Residents Affected - Few	<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**</p> <p>Based on interview and record review, the facility failed to ensure two staff assisted in transferring one of three sampled residents (Resident 3) from the chair to the bed using a Hoyer lift (mechanical lifting device). There was one staff involved in transferring Resident 3 to the bed using the Hoyer lift. The facility assessed Resident 3 as totally dependent (full staff performance every time) and needing two plus persons physical assist when it came to transfers (how resident moves between surfaces including to and from: bed, chair, and wheelchair). This deficient practice resulted in Resident 3 falling from the mechanical lift device and suffering from multiple back fractures on 2/15/20. Findings: A review of Resident 3's Admission Record, dated 3/4/20, indicated Resident 3 was originally admitted on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 3's care plan, dated initiated on 8/23/16, indicated Resident 3 required two person assist for transfer with Hoyer lift using extra large sling. A review of Resident 3's Minimum Data Set (MDS - a comprehensive assessment and care planning tool), dated 12/5/19, indicated Resident 3 was cognitively intact (thought process). The MDS indicated Resident 3 was totally dependent and needing two plus persons physical assist when it came to transfers. A review of the Resident 3's Progress Notes, dated 2/15/20 at 8:30 a.m., indicated Registered Nurse (RN) 1 was notified by Certified Nursing Assistant (CNA) 4 that Resident 3 fell from a Hoyer lift (four feet) when the sling snapped. The progress notes indicated CNA 4 was trying to put Resident 3 back on the bed after a shower. The Progress Notes indicated RN 1 walked into the room and Resident 3 was on the floor. The Progress Notes indicated Resident 3 was complaining of lower back pain with pain scale of 10/10 (rating pain on a scale of 0 to 10, with zero meaning no pain and 10 meaning the worst possible pain). The Progress Notes indicated facility called and notified Medical Doctor (MD) 4 who ordered Resident 3 to be transferred out to the General Acute Care Hospital (GACH). A review of CNA 4's written statement, dated 2/15/20, indicated she was transferring Resident 3 from the chair to the bed when the feet part of the sling of the Hoyer Lift snapped causing Resident 3 to slide out of the sling and landed on his butt. A review of Resident 3's Nursing Home to Hospital Transfer Form, dated 2/15/20, indicated Resident 3 was transferred to the GACH due to a fall. A review of Resident 3's (CT) scan (sophisticated X-ray device that can reveal anatomic details of internal organs that cannot be seen in conventional X-ray) of the lumbar spine (five vertebral bodies (L1-L5) that extend from the lower [MEDICATION NAME] spine (chest) to the sacrum (bottom of the spine)), dated 2/15/20, indicated the following impression: 1. Acute comminuted bilateral anterior sacral ala fractures (breaks of the bone). 2. There are also acute appearing right L4 and L5 [MEDICATION NAME] process fractures (a break in one or more wing-like bones on the right and left side of each vertebra in the spine). A review of a physician's orders [REDACTED]. FYI (for your information) assess skin for any skin breakdown, redness, sore A review of Occupational Therapy Treatment Encounter Note(s), written by OT 1, dated [DATE]/20, indicated, Back/spinal brace was fitted to patient while supine in bed. During an interview on 3/4/20 at 9:10 a.m., the Director of Nursing (DON) stated CNA 4 was transferring Resident 3 to the bed without any help using the Hoyer lift when the foot part of the Hoyer sling fell causing Resident 3 to fall and got severe fractures. The DON stated that staff were taught that Hoyer lift transfers needed 2 staff and not one staff. During an interview on 3/4/20 at 10:55 a.m., CNA 2 stated that two people were needed to transfer a resident when using the Hoyer lift. During an interview on 3/4/20 at 11:00 a.m., CNA 1 stated there should be two staff assisting when using the lifts. During an interview on 3/5/20 at 10:14 a.m. the Interim Administrator (IADM) stated CNA 4 used the Hoyer lift to move Resident 3 by herself. The IADM stated the facility policy requires two staff to use a Hoyer lift to move a resident. IADM stated there should have been two staff using the Hoyer lift to move Resident 3. During an interview on [DATE]4/20 at 2:45 p.m., Resident 3, who was lying in bed, stated there was only one staff helping in the transfer to his bed using the Hoyer lift when he slipped and fell. Resident 3 stated it was terrible and very painful. Resident 3 stated that when readmitted back to the facility, staff needed to weigh him every week for four weeks and it was just excruciating. Resident 3 stated that weighing was now once a month and was coming in a couple of months and he was dreading it. Resident 3 stated he was able to sleep at night for four to five hours but then the pain woke him up and he had to take a pain pill almost every four to five hours. Resident 3 stated he did not like taking medications generally and now he had one more pill to take. Resident 3 stated he did not have a surgery and the doctors told him that his fractures were going to take a very long time to heal. During an interview with MD 3 on [DATE]7/20 at 10:11 am, MD 3 stated, Yes, Resident 3's fractures are serious. Yes, he (Resident 3) needs occupational therapy. The fractures will take approximately six weeks to heal and Resident 3 has had significant pain. He is getting pain medication but not opioids. Yes, he is getting [MEDICATION NAME] (a pain medication). I (MD 3) ordered him (Resident 3) a back brace for his (Resident 3's) comfort. (A backbrace stabilizes the bones of the spine to allow for greater back comfort). A backbrace can cause skin irritation and skin breakdown so the nurses have to assess him (Resident 3) regularly for that. A review of the facility's policy and procedure titled, Lifting Machine, Using a Mechanical, revised on July 2017, indicated At least two (2) nursing assistants are needed to safely move a resident with a mechanical lift. Mechanical lifts may be used for tasks that require: a. Lifting a resident from the floor; b. Transferring a resident from bed to chair; c. Lateral transfers; d. Lifting limbs; e. Toileting or bathing; or f. Repositioning.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.