

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555266	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER Sun Mar Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1720 West Orange Avenue Anaheim, CA 92804	
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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>46258</p> <p>Based on interview, record review, facility policy review, and review of the California Department of Health Care Services Preadmission Screening and Resident Review (PASRR) Level I Assessment Guide, the facility failed to ensure a Level I Preadmission Screening and Resident Review (PASARR) was accurately completed for 1 (Resident #30) of 2 sampled residents reviewed for PASARR requirements. Specifically, the facility failed to ensure Resident #30's Level I PASARR Screening reflected the presence of a serious diagnosed mental disorder.</p> <p>Findings included:</p> <p>A facility policy titled, Resident Assessment - Coordination with PASARR Program, revised 12/18/2023, specified, This facility coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs.</p> <p>The California Department of Health Care Services Preadmission Screening and Resident Review (PASRR) Level I Assessment Guide, dated 01/12/2023, revealed, Section III-Serious Mental Illness Questions 10-12 This section helps determine if the individual may have a serious mental illness and benefit from specialized services. Question 10. diagnosed Mental Illness *Does the individual have a serious diagnosed mental disorder such as Depressive Disorder, Anxiety Disorder, Panic Disorder, Schizophrenia/Schizoaffective Disorder, or symptoms of Psychosis, Delusions, and/or Mood Disturbance? *If yes, there will be a text box question [to] provide the type of mental illness.</p> <p>An Admission Record revealed the facility admitted Resident #30 on 06/11/2024. According to the Admission Record, the resident's admitting diagnoses included major depressive disorder.</p> <p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/18/2024, revealed Resident #30 had severely impaired cognitive skills for daily decision making and had short- and long-term memory problems per a Staff Assessment for Mental Status (SAMS). The MDS indicated Resident #30 had an active diagnosis of depression.</p> <p>Resident #30's undated Care Plan Detail included a focus area that indicated Resident #30 had depression.</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.

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

TITLE

(X6) DATE

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Resident #30's History and Physical Exam, dated 06/13/2024, indicated Resident #30 had a diagnosis of major depressive disorder.</p> <p>Resident #30's Preadmission Screening and Resident Review (PASRR) Level I Screening, dated 06/10/2024, revealed Section III- Serious Mental Illness Screen, question #10 was answered No, and did not reflect the resident's diagnosis of major depressive disorder. This resulted in a Negative Level I Screening, and a Level II evaluation was not required.</p> <p>During an interview on 07/17/2024 at 2:05 PM, the Director of Nursing (DON) stated when residents were admitted to the facility, facility staff reviewed their Level I Screenings, and if they were not correct, they were updated the next day. The DON said they had noticed the hospitals were not filling the Level I Screenings out accurately. The DON confirmed Resident #30's Level I Screening was not correct and should have been redone. She said she was not sure how it was missed.</p> <p>During an interview on 07/17/2024 at 2:18 PM, the Administrator stated she expected PASARRs to be correct. She stated Resident #30's diagnosis of major depressive disorder should have been reflected on their PASARR.</p>		