

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Sunny Village Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1428 S. Marengo Ave. Alhambra, CA 91803	

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)
<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42223</p> <p>Based on interview and record review, the facility failed to ensure Registered Nurse (RN) 1 was competent and skilled to administer medication via injection to one of three sampled residents (Resident 1) in accordance with the facility's policy and procedure.</p> <p>As a result, RN 1 instructed Resident 1 to administer his own medication, Humalog (insulin, medication that helps treat diabetes) and had the potential for Resident 1 to not receive the medication properly.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record, indicated resident was originally admitted on [DATE] and was readmitted on [DATE] with the following diagnoses of diabetes mellitus (a group of diseases that result in too much sugar in the blood) and legal blindness.</p> <p>A review of Resident 1's History and Physical, dated 10/4/2023, indicated resident has the capacity to understand and make decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS; a standardized care screening and assessment tool), dated 5/2/2024, indicated resident is independent in cognitive skills for daily decision making. The MDS also indicated resident is independent (resident completes the activity by themselves with no assistance from a helper) with eating, oral hygiene, toileting hygiene, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene. The MDS also indicated resident required supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently).</p> <p>A review of Resident 1's Physician Orders, dated 7/11/2024, indicated Humalog mix 75/25 100 unit (unit of measure)/milliliter (ml; unit of measure) inject 18 unit subcutaneously one time a day for diabetes mellitus type 2 before breakfast.</p> <p>During an interview on 7/29/2024 at 9:42 AM, Resident 1 stated Registered Nurse 1 (RN 1) on 7/11/2024 around 6:30 AM, told the resident that Registered Nurse (RN) 1 has a phobia to needles and that it has been a while since RN 1 administered a medication via injection. Resident 1 also stated, RN 1 told the resident to administer his own insulin.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Sunny Village Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1428 S. Marengo Ave. Alhambra, CA 91803	
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)		
<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/29/2024 at 11:10 AM, RN 1 stated she has a phobia in administering insulin because it has been a longtime that RN 1 administered an injection. RN 1 also stated she did tell Resident 1 on 7/11/2024 around 6:30 AM, to administer the insulin himself, which Resident 1 did, and stated she has a phobia to needles.</p> <p>During an interview on 7/29/2024 at 11:30 AM, Licensed Vocational Nurse 1 (LVN 1) stated RN 1 on 7/11/2024 around 6:30 AM, told her to help prime (prepare) the Humalog pen/ insulin injection. LVN 1 also stated RN 1 said she will have the resident do it himself.</p> <p>During a concurrent interview and record review of RN 1's employee file on 7/29/2024 at 11:56 AM, the Director of Nursing (DON) stated the facility did not but should have a form for the competency and skills check like conducting return demonstration, so the facility can keep track if the staff is competent/ skilled or not. The DON also stated the Director of Staff Development (DSD) gave the trainings.</p> <p>During an interview on 8/7/2024 at 3:08 PM, DSD stated the newly hired RNs LVNs' training is mostly orientation/ class discussion and there is no return demonstration, therefore; there is no form for competency or skills check or return demonstration. DSD also stated there was no return demonstration that was done for RN 1 regarding administering insulin injections.</p> <p>A review of the facility's Policy and Procedure (P&P) titled Administering Medications, revised April 2019, indicated only persons licensed or permitted by state to prepare, administer, and document the administration of medications may do so.</p> <p>A review of the facility's P&P titled Competency of Nursing Staff, revised May 2019, indicated all nursing staff must meet the specific competency requirements of their respective licensure and certification requirements defined by state law. The policy also indicated staff will demonstrate specific competencies and skill sets deemed necessary to care for the needs of residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Sunny Village Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1428 S. Marengo Ave. Alhambra, CA 91803	
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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42223</p> <p>Based on interview and record review, the facility failed to follow their policy to ensure one of three sampled residents (Resident 1) did not self-administer his Humalog (medication for diabetes [a group of diseases that result in too much sugar in the blood]) injection.</p> <p>As a result, Resident 1 administered his own medication and had the potential for Resident 1 to not receive the medication properly.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record, indicated resident was originally admitted on [DATE] and was readmitted on [DATE] with the following diagnoses of diabetes mellitus and legal blindness.</p> <p>A review of Resident 1's History and Physical, dated 10/4/2023, indicated resident has the capacity to understand and make decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS; a standardized care screening and assessment tool), dated 5/2/2024, indicated resident is independent in cognitive skills for daily decision making. The MDS also indicated resident is independent (resident completes the activity by themselves with no assistance from a helper) with eating, oral hygiene, toileting hygiene, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene. The MDS also indicated resident required supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently).</p> <p>A review of Resident 1's Physician Orders, dated 7/11/2024, indicated Humalog (insulin that helps treat diabetes) mix 75/25 100 unit (unit of measure)/milliliter (ml; unit of measure) inject 18 unit subcutaneously (beneath, or under, all the layers of the skin) one time a day for diabetes mellitus type 2 before breakfast.</p> <p>During an interview in Resident 1's room on 7/29/2024 at 9:42 AM, Resident 1 stated Registered Nurse (RN) 1 told the resident to administer his own insulin on 7/11/2024 around 6:30 AM.</p> <p>During an interview on 7/29/2024 at 11:10 AM, RN 1 stated on 7/11/2024 around 6:30 AM, RN 1 told Resident 1 to administer the resident's own insulin and Resident 1 did administer his own insulin.</p> <p>During an interview on 7/29/2024 at 11:30 AM, Licensed Vocational Nurse 1 (LVN 1) stated on 7/11/2024 around 6:30 AM, LVN 1 helped RN 1 prime (prepare) the Humalog insulin medication/ insulin pen when RN 1 stated she will have Resident 1 do it himself.</p> <p>During a concurrent interview and record review on 7/29/2024 at 11:56 AM of Resident 1's Physician Orders for 07/2024, the Director of Nursing (DON) stated Resident 1 did not have an order to self-administer medications. The DON also stated there should be an order and a self-administration form for the resident to be able to self-administer medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Sunny Village Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1428 S. Marengo Ave. Alhambra, CA 91803	
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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's Policy and Procedure titled Administering Medications, revised April 2019, indicated only persons licensed or permitted by state to prepare, administer, and document the administration of medications may do so.</p>		