

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 10/02/2024
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49537</p> <p>Based on interview and record review, the facility failed to provide a written notice of bed hold (a resident's right to keep a bed vacant and available for seven days after their transfer to the hospital in anticipation of their return to the facility) policy during the resident's transfer to the General Acute Care Hospital (GACH) on 9/29/2024 for one of one sampled resident (Resident 1) in accordance with the facility's policy and procedure.</p> <p>This deficient practice violated the resident to make informed decisions and receive information of their rights to have the bed hold and return to the facility from the GACH or therapeutic leave.</p> <p>Findings:</p> <p>During review of the Admission Record indicated Resident 1 was initially admitted to the facility on [DATE] with diagnoses that included unspecified fracture (a break or crack in a bone, whether partial or complete) of the right lower leg and left lower leg, abnormalities of gait and mobility (gait refers to the pattern of walking or running, while mobility refers to the ability to move one's body including sitting, standing, and changing positions), and unspecified psychoactive (affecting the mind or mental processes) substance abuse (the use of illegal drugs or the use of prescription or over-the counter drugs or alcohol for purposes other than those for which they are meant to be used). The admission record also indicated the resident is self- responsible (can make decision for himself).</p> <p>During a review of Resident 1's History and Physical (H&P) dated 8/12/2024, indicated resident has the capacity to understand and make own decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS-a federally mandated resident assessment tool), dated 8/19/2024, indicated Resident 1 is cognitively intact (ability to understand and make decisions). The MDS also indicated the resident required partial or moderate assistance (helper lifts, holds, or support trunks or limbs, but provides less than half the effort) with chair/bed-to-chair transfer and toilet transfer and was dependent (resident does none of the effort to complete the activity or the assistance of two or more helpers is required for the resident to complete the activity) with tub/shower transfer.</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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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Psychiatry Evaluation dated 8/24/2024, indicated past medical history of depression and agitation. Resident 1's insight and judgment were impaired, and resident refused psychotropic medications.</p> <p>During an interview on 10/1/2024 at 2:40 PM with the Administrator (Adm), Adm stated Resident 1 was transferred to GACH after the Psychiatric Emergency Team (PET-mobile teams operated by psychiatric hospitals approved by the Department of Mental Health to provide 5150 [an involuntary evaluation under the California Welfare and Institutions Code that allows a qualified officer or clinician to involuntarily confine a person deemed to have a mental disorder that makes them a risk to themselves or others]) evaluation on 9/29/2024 at 12:50 PM. The Adm stated facility was unable to give Resident 1 the Bed hold notice upon transfer as he was not expecting the resident to come back after a 5150 hold and psychiatric emergency transfer. Adm also stated, there was no bed hold order placed for Resident 1 when the resident was transferred to GACH on 9/29/2024 at 2:00 PM.</p> <p>During a concurrent interview and record review on 10/1/2024 at 4:30 PM with the Adm, the facility's policy titled, Bed-holds and Returns was reviewed. The Adm stated the bed-hold notice should have been provided to Resident 1 upon his transfer to GACH on 9/29/2024 and the order for bed-hold should have been obtained from the physician.</p> <p>A review of the Facility's Policy and Procedure titled, Bed-Holds and Returns, revised October 2022, indicated all residents/representatives are provided written information regarding the facility and bed-hold policies addressing holding or reserving a residents' bed during periods of absence. The policy also indicated, residents/representatives are provided written notice at the time of transfer (or if the transfer was an emergency, within 24 hours).</p>		