STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055203	A. Building B. Wing	10/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunny Village Care Center	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42223 Based on interview and record review, the facility failed to follow their policy to ensure proper disposal of medication for one (1) of two (2) sampled residents (Resident 1). As a result, Resident 1's medication that was still in use have been disposed. Findings: During a review of Resident 1's Admission Record indicated resident was admitted on [DATE] with the following diagnosis of hypertensive heart disease (changes in the heart structure that results in chronic blood pressure elevation) with heart failure (HF - occurs when the heart muscle doesn't pump blood as well as it should) and atherosclerotic heart disease (plaque buildup in artery walls). During a review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated [DATE], indicated resident is independent in cognitive skills (ability to understand and make decisions) for daily decision making. 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) with shower/bath self and tub/shower transfer. During a review of Resident 1's Physician's Order, dated [DATE], indicated carvedilol (medication to treat high blood pressure and heart failure) tablet 25 milligrams (mg; unit of measure). Give one tablet by mouth every 12 hours for chronic heart failure with food if systolic blood pressure (SBP - the pressure in the arteries when the heart contracts) below 110 mmHg give with food. During a review of Resident 1's undated Medication Disposition Record/ Pass Log, indicated total of 182 tablets of carvedilol 25mg were disposed on [DATE]. During a review of Resident 1's Physician Order, dated [DATE], indicated carvedilol 25 mg oral tablet by mouth every morning and at bedtime for chronic heart failure. Give with food. Hold if SBP is less than 130 mmHG. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on [DATE] at 11:06 AM, Licensed Vocational Nurse 1 (LVN 1) stated Resident 1's 182 tablets of carvedilol 25mg medications were disposed. LVN 1 also stated, RN 1 and herself signed Resident 1's Medication Disposition Record/ Pass Log and disposed the medication because Resident 1 stated he wanted the medication to be discarded. During an interview on [DATE] at 11:22 AM, Resident 1 indicated his medication carvedilol 182 tablets was missing. During an interview on [DATE] at 11:32 AM, RN 1 stated Resident 1's 182 tablet of carvedilol 25 mg was discarded because the resident stated he wanted the medication disposed. RN 1 also stated LVN 1 and herself signed Resident 1's Medication Disposition Record/ Pass Log to dispose Resident 1's medication. During a concurrent record review of the facility's Policy and Procedure (P&P) titled, Disposal of Medication, dated 2010, and interview on [DATE] at 1:12 PM, the Director of Nursing (DON) stated the facility did not follow their own policy regarding disposing medications. The DON stated according to policy medications should only be disposed if it is unused (if the medication order is discontinued) or expired and not because of a resident's request. The DON also stated the need to document if resident is asking nurses to dispose his medications and being non-compliant, develop a care plan, and have Interdisciplinary Care Team (a group of health care professionals with various areas of expertise who work together toward the goals of their clients) meeting for Resident 1. The DON stated the facility does not have a process for medication being brought in by a resident regarding communicating with the pharmacy if refills are needed or not since the reisdent does it and the facility need to have a process in place and coordinate with Resident 1 to avoid overly stocked medications and avoid wasting carvedilol 25 mg that are still in use like the 182 tablets of carvedilol 25 mg.