

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  11/26/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42223</p> <p>Based on observation, interview, and record review the facility failed to keep accurate documentation in the medical records for 1 of 2 sampled residents by having a Certified Nursing Assistant (CNA) administer a topical cream and a Licensed Vocational Nurse (LVN) documenting the administered topical cream in the Treatment Administration Record (TAR - is a report detailing the treatments administered to a resident by a licensed professional).</p> <p>This deficient practice had the potential to negatively impact the delivery of services.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record indicated resident was admitted on [DATE] and is readmitted on [DATE] with the following diagnosis of quadriplegia (paralysis from the neck down, including legs, and arms, usually due to a spinal cord injury) and multiple sclerosis (MS - a chronic, progressive disease involving damage to the nerve cells in the brain and spinal cord).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 10/17/2024, indicated resident is independent in cognitive skills (ability to understand and make decisions) for daily decision making. The MDS also indicated resident is dependent (helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) with eating, oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene.</p> <p>During a review of Resident 1's Physician Orders, dated 10/1/2024, indicated:</p> <ol style="list-style-type: none"> <li>1. Apply hydrophilic wound dressing (zinc oxide [cream that prevents skin irritation such as diaper rash] based sterile coating to manage low to moderate levels of exudate and promote a wound healing environment) to left buttocks every shift for skin maintenance.</li> <li>2. Apply hydrophilic wound dressing to right buttocks every shift for skin maintenance.</li> </ol> <p>During a review of Resident 1's TAR for November 2024 indicated on 11/25/2024 for the morning shift (7 AM to 3 PM), Treatment (TX) Nurse 1 applied hydrophilic wound dressing to the right and left buttock of Resident 1 for skin maintenance.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 11/25/2024 at 11:48 AM, Certified Nursing Assistant (CNA) 2 was observed putting on hydrophilic wound dressing cream to Resident 1.</p> <p>During an interview on 11/26/2024 at 11:09 AM, TX Nurse 1 stated, she did not put the hydrophilic cream on Resident 1 on 11/25/2024, but the CNAs have been the ones putting on the hydrophilic cream. TX Nurse 1 added, the CNAs have been putting the hydrophilic cream to Resident 1 and the licensed nurses signs the Resident's TAR that it was given.</p> <p>During a concurrent record review of the facility's Policy and Procedure (P&amp;P) titled Charting and Documentation, revised July 2020, and interview on 11/26/2024 at 1:34 PM, the DON stated according to the P&amp;P, entries in the TAR should be completed and signed by licensed nurses; therefore, only licensed nurses can administer the hydrophilic wound dressing cream.</p> <p>During a review of the facility's P&amp;P titled, Administering Medications, revised 4/2019, indicated only persons licensed or permitted by this state to prepare, administer, and document the administration of medications may do so.</p> <p>During a review of the facility's P&amp;P titled, Charting and Documentation, revised July 2020, indicated documentation of procedures and treatments will include care-specific details, including the name and title of the individuals who provided the care.</p>		