

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 07/29/2025
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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Care Plan (a document that outlines how a resident will receive support and care to meet their needs) was resident centered (treating each resident as an individual with unique preferences and requirements) for one (1) of two (2) sampled residents (Resident 1) by failing to include Resident 1 requires a 2-person assistance with Activities of Daily Living (ADLs- activities such as bathing, dressing and toileting a person performs daily). These deficient practices have the potential for Residents 1 not to receive care and interventions specific to the resident's needs which could affect the resident's overall wellbeing. Findings:During a review of Resident 1's admission Record, the admission Record indicated the resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included 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).During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 7/17/2025, the MDS indicated Resident 1 had an intact cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 1 was dependent (helper does all the effort and the assistance of 2 or more helpers is required for the resident to complete the activity) with eating, oral, toileting and personal hygiene, shower, upper and lower body dressing, and putting on and taking off footwear.During an interview on 7/29/2025 at 8:33 AM, the Director of Staff Development (DSD) stated, Resident 1 was assigned with 2 Certified Nursing Assistants (CNAs) and should always have 2 facility staff to help the resident with mobility (ability to move around and perform physical activities) and transfers (the act of moving from one surface to another) for the resident's safety.During a concurrent interview and record review on 7/29/2025 at 2:28 PM with Licensed Vocational Nurse 1 (LVN 1), Resident 1's Care Plan for Potential for increased muscle stiffness, numbness, spasms, weakness of limbs, etc. dated 7/17/2025 was reviewed. The Care Plan indicated to assist resident with mobility and ADLs daily. The Care Plan did not indicate Resident 1 required 2-person assistance with ADLs. (LVN 1 stated Resident 1 required 2- person assistance and that the resident was dependent on ADLs. LVN 1 also stated Resident 1's Care Plan for Potential for increased muscle stiffness, numbness, spasms, weakness of limbs, etc. should be more detailed to reflect the 2-person assistance the resident required during ADLS. LVN 1 further stated Resident 1's Care Plan should be specific to Resident 1 in case a different nurse was assigned, then he/she would have a better understanding of the care required for the resident.During a concurrent interview and record review with the Director of Nursing (DON) on 7/29/2025 at 2:50 PM, Resident 1's Care Plan for Potential for increased muscle stiffness, numbness, spasms, weakness of limbs, etc. dated 7/17/2025 was reviewed. The DON stated Resident 1's Care Plan needs to be resident specific and indicate Resident 1's needs 2-person assistance with ADLS (eating, oral, toileting and personal hygiene, shower, upper and lower body dressing, and putting on and taking off footwear). Resident 1 should be always assisted by 2 staff and is communicated through the Care Plan to maintain a safe and hazard-free environment for Resident 1During a review of the facility's Policy and Procedure (P&P) titled, Care Plans, Comprehensive Person-Centered (focusing on what matters most to the individual receiving care, not just their medical needs), revised March 2022, indicated that a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident. The P&P also indicated that the comprehensive, person-centered care plan describes the services that are to be furnished to attain or maintain the residents' highest practicable physical, mental, and psychosocial well-being.</p>		