

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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 11/26/2025
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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure licensing staffs are competent with the knowledge of use of continuous Brand 1 glucose (blood sugar) monitoring systems, [(CGM), a continuous glucose monitoring system helps adults and children ages 2 years and older living with diabetes (a condition that happens when your blood sugar is too high), keep track of their glucose levels in real-time without finger sticks, (a quick, at-home method to get a small capillary blood sample by pricking a fingertip with a sterile lancet for tests of blood sugar)] for one (1) of one (1) sampled resident (Resident 1) This deficient practice had the potential to result in failure of monitoring of Resident 1's blood sugar, this can cause abnormal blood sugar ranging level, with the possibility of damage nerves, blood vessels, and vital organs due to persistently high blood sugar levels. This failure can also cause care team to make inappropriate medical decisions and inappropriate care plans to Resident 1. Findings: During a review of Resident 1's admission Record indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses that included type 2 diabetes mellitus with unspecified complications (a chronic condition that happens when you have persistently high blood sugar levels that resulted in kidneys damaged and the kidneys are not function properly), unspecified systolic heart failure (a long-term condition in which your heart can't pump blood well enough to meet your body's needs), presence of cardiac pacemaker (an electronic device that is implanted in the body to monitor heart rate and rhythm). During a review of Physician Order dated 12/26/2024 indicated Resident 1 to apply CGM and change every 10 days. During a review of Resident 1's Quarterly Minimum Data Set, (MDS- a resident assessment tool) dated 10/31/2025, MDS indicated Resident 1 had no cognitive impairment, (resident has normal thinking and memory, and their cognition is intact, and residents make good decisions). The MDS also indicated, Resident 1 is independent, (resident completes the activity by themselves with no assistance from a helper) with eating, oral hygiene, toileting hygiene, upper and lower body dressing, putting on or taking off footwear and personal hygiene. Resident 1 needs partial, moderate assistants (helper does less than half of the effort) for shower and bathe self. During a review of the facility's Education/Training Attendance Roster dated 10/15/2025, it indicated Director of Nurses (DON) started her in service training to licensed nurses for how to apply CGM device, but there was no training for programming the CGM device to the receiver (a portable device that displays a real-time glucose readings from a CGM sensor, showing trends, highs, lows, and sending alerts, acting as an alternative to using a smartphone), and smart phone {[a mobile phone that performs many of the functions of a computer, typically having a touchscreen interface, internet access, and an operating system capable of running downloaded application, (app), a shortened term for a type of software, especially a program designed to run on a mobile device like a smartphone or tablet, that perform a specific function]}. During a concurrent interview and record review on 11/25/2025 at 4:40 PM with Director of Nurses (DON), the facility's Education/Training Attendance Roster dated 10/15/2025 was reviewed. The DON stated she did not provide any training of Brand 1 glucose (blood sugar) monitoring systems to any of the licensed nurses due to the reason that Resident 1 was (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 055203	Facility ID: 055203 If continuation sheet Page 1 of 2

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	capable of applying the CGM device and monitoring the device by himself since the first date Resident 1 has the device. The DON stated she did not think it was important to provide training to the nurses for application and monitoring of the CGM device as it is a personal device. During an interview on 11/25/2025 at 4:46 PM with Resident 1, Resident 1 stated staff nurses refused to replace his CGM device after it was dislodged on 11/15/2025 near 6:10 AM. Resident 1 stated he had the CGM device since 12/26/2024, facility did not provide training to the facility's licensed nurses about how to apply and manage his CGM until late around 10/15/2025. Resident 1 also stated there was no training to the licensed nurses for learning how to set up the CGM device's application to retrieve the resident's blood sugar data to the facility's smart phone system, so that the nurses can see the resident's blood sugar data from facility's smart phone system beside Resident 1's smart phone. Resident 1 stated majority of the licensed nurses told him that they were not properly trained in putting on and managing Resident 1's CGM device on him. Resident 1 stated there was only one Licensed Vocational Nurse (LVN) 1 in the facility who was confident enough to apply CGM device to his arm, but LVN 1 was not capable of using the CGM device application to manage the resident's CGM device. During an interview on 11/26/2025 at 5:09 PM with the Director of Nursing (DON), the DON stated the DON started facility's first training on how to apply CGM devices to Resident 1 on 10/15/2025, this training was started after Resident 1. The DON stated the CGM application training was provided to staff nurses through watching on line video (a form of instruction delivered over the internet, using video content as the primary method for teaching and learning) from Website 1, and the licensed nurses will be re-evaluated by the method of return demonstration check-off (an educational technique where a learner demonstrates a skill they have just been taught or observed) to the DON. The DON stated she could not provide documented evidence that a return demonstration check-off list and/ or sign in sheet that licensed nurses undergone the training. The DON stated setting up the CGM device on a smartphone is new and involves high technology for her. The DON also stated she should have requested professional training (a training that equips the nurses with the knowledge and technical competency to effectively onboard patients, interpret data, and manage diabetes using the CGM device) from the CGM device company representative or from the facility's pharmacy to conduct an in- person training to the facility's licensed nurses but it was not done. The DON stated training should have been done by the time Resident 1 had the device on 12/26/2024. During a review of the facility's Policy and Procedure (P&P) titled Staffing, Sufficient and Competent Nursing, revised date August/2022, indicated: Competent StaffCompetency is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully. All nursing staff must meet the specific competency requirements of their respective licensure and certification requirements defined by state law.Staff must demonstrate the skills and techniques necessary to care for resident needs including (but not limited to) the following area: person centered care. Competency requirements and training for nursing staff are established and monitored by nursing leadership with input from the medical director to ensure that:a. programming for staff training results in nursing competency;b. gaps in education are identified and addressed;c. tracking or other mechanisms are in place to evaluate effectiveness of training.		