

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 01/23/2026
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain ethical standards of practice (guidelines that govern behavior and prioritize resident dignity, autonomy [independence], safety, and guided by principles of beneficence [acting in the patient's best interest], non-maleficence [do no harm], justice, and respect for rights) for one of two sampled residents (Resident 2) by purchasing a prescribed Brand 1 sensor (a small, wearable continuous blood glucose [sugar] monitor sensor that measures blood glucose levels in real-time beneath the skin) from Resident 1 on 10/13/2025. This failure resulted in the facility completing an inappropriate business transaction with Resident 1, whom they provide all care and services for, with the potential to negatively impact Resident 1's psychosocial (the interaction between an individual's mental processes [thoughts, emotions & behaviors] and their social environment [relationships, culture & community] wellbeing. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] with diagnoses that included type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), hypertensive heart disease (heart complications caused by high blood pressure that is present over a long time) with heart failure (a chronic condition in which the heart does not provide adequate blood flow to meet the body's needs) and difficulty in walking. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 10/31/2025, the MDS indicated Resident 1 had intake cognitive skills for daily decision making. The MDS also indicated Resident 1 was independent (resident completes the activity by themselves with no assistance from a helper) with eating, dressing, personal, oral and toileting hygiene and partial/moderate assistance (helper does less than half the effort) with shower/bathing self. During a review of Resident 1's Order Listing Report, dated 11/26/2025, the Order Listing Report indicated (nursing) may monitor blood sugar levels by Brand 1 before (AC) meals. During a review of an untitled facility document, dated 10/13/2025, the document indicated Resident 1 had three (3) Brand 1 devices and the facility will purchase one (1) (from Resident) for education/training purposes only for \$110. The document was signed by the Director of Nursing (DON), Resident 1 and Licensed Vocational Nurse 1 (LVN 1). During a review of the facility's Petty Cash Receipt, dated 10/13/2025, the receipt indicated the facility staff paid Resident 1 \$110 for a Brand 1 device. During an interview on 1/23/2026 at 9:36 AM with the Director of Nursing (DON), the DON stated Resident 1 offered (unable to recall when) the facility the opportunity to purchase a Brand 1 device from Resident 1 for training purposes, so she (the DON) agreed to purchase the Brand 1 device from Resident 1 with the facility's money. During a concurrent interview and record review on 1/23/2026 at 9:46 AM with the DON, the facility's How to Apply Brand 1 Sensor lesson plan outline, dated 10/15/2025, the lesson plan outline indicated the method of training as lecture, video and demonstration. The DON stated she taught the class and used the purchased Brand 1 device from Resident 1 for the staff to complete</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
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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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>return demonstrations. The DON stated she taught the lesson and used the Brand 1 that was purchased from Resident 1 on 10/13/2025 during the training. The DON further stated the facility does not have a policy or process regarding buying devices from the residents in the facility. During an interview on 1/23/2026 at 11:05 AM with LVN 1, LVN 1 stated she witnessed the facility pay cash to Resident 1 for one of Resident 1's Brand 1 devices. During an interview on 1/23/2026 at 11:36 AM with Resident 1, Resident 1 stated he consented to selling his Brand 1 device for \$110 on 10/13/2025 to the facility, and that he (Resident 1), LVN 1 and the DON signed an agreement regarding the purchase. Resident 1 stated at the time of the transaction, he did not know it was a violation. During an interview on 1/23/2026 at 2:25 PM with the Business Office Manager (BOM), BOM stated the payment to Resident 1 for his Dexcom G7 was not usual and the facility typically does not pay residents for devices. The BOM further stated if the facility needed the Brand 1 device for training purposes, the facility should have gone through a vendor. The BOM stated the facility does not have a policy regarding paying residents for their prescribed devices and because there is no policy, the facility should not do it because it can create an inappropriate business relationship between the facility and the resident(s). During an interview on 1/23/2026 at 2:49 PM with the Administrator, the Administrator stated the facility purchased the Brand 1 from Resident 1 for training purposes and because he (Administrator) believed it would help Resident 1 [financially] with the monies paid. During a review of the facility's policy titled Assistive Devices and Equipment, revised 1/2020, the policy indicated the facility maintains and supervises the use of assistive devices and equipment for residents. During a review of the facility's policy titled Resident Rights, revised 2/2021, the policy indicated employees shall treat all residents with kindness, respect, and dignity. The policy also indicated federal and state laws guarantee certain basic rights to all residents of the facility including a dignified existence and to be treated with respect, kindness and dignity.</p>		