

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  03/17/2026
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)
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>Based on interviews and record review, the facility to provide documented evidence that the Heating, Ventilation, and Air Conditioning (HVAC, is a mechanical system that regulates the temperature, humidity, and air quality in indoor environments to provide thermal comfort and remove contaminants which is essential for maintaining environmental temperatures within safe and acceptable ranges) system was maintained by outside HVAC maintenance services contractors and the HVAC is in safe and in good working condition. This deficient practice had the potential to cause unverified preventative maintenance by outside HVAC maintenance services contractors that could result in HVAC system failure affecting the health and comfort of 99 residents in the facility. Findings:During a review of the facility's (undated) floor plan, the facility's floor plan indicated there were 22 resident's rooms on the first floor and 32 residents' rooms on the second floor. The floor plan indicated a total of 54 residents' rooms are in the facility. During a review of the facility's census report, dated 3/16/2026, the facility census report indicated there were 95 residents residing in the facility with a bed capacity of 99. During a concurrent interview and record review on 3/17/2026 at 2:48 PM, Maintenance Supervisor (MS) was unable to provide a documented evidence that the outside company maintenance visits of the HVAC services were performed. MS stated he did not have a log/record of the maintenance visits and no report related to the semi-annual visits from the outside company that maintains the HVAC system since working in the facility as MS. During an interview with MS on 3/17/2026 at 3:40 PM, MS stated he should keep track of HVAC maintenance by outside companies that serviced the HVAC system to monitor the facility's compliance and ensure the HVAC system is kept in safe, good working condition and functioning. MS also stated he should have kept a record and documentation of when the outside maintenance service comes so the facility could remind and call them if they do not come on their scheduled maintenance. During an interview on 3/17/2026 at 4:10 PM, Administrator (ADM) stated the facility should have a copy of the HVAC maintenance visits to ensure that if there is an issue, the facility will be aware of and ensure the temperature in the facility is kept within normal range. ADM also stated, he only sent the request today (3/17/2026) from the outside company that was servicing their HVAC system for copies of the services done in 2025 and 2026. During an interview with ADM on 3/17/2026 at 4:50 PM, ADM stated the facility should have documentation of the maintenance service provided by outside maintenance companies on their HVAC system to ensure they are being checked, safe and working properly. During a review of the facility's policy and procedure (P&amp;P) titled, Maintenance Service, dated 2001, indicated the maintenance director (maintenance supervisor) is responsible for maintaining records/reports of work order requests and maintenance schedules. The P&amp;P also indicated that records shall be maintained in the maintenance director's office.</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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