

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055737	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/09/2024
NAME OF PROVIDER OR SUPPLIER  Sunny Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  12200 LA Mirada Blvd. LA Mirada, CA 90638	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44423</b></p> <p>Based on interview and record review, the facility staff failed to protect one resident (Resident 1) from abuse by failing to:</p> <ol style="list-style-type: none"> <li>1. Ensure Resident 1 was free from verbal abuse.</li> <li>2. Ensure a contracted Xray provider (Xray Provider 1, a healthcare professional who uses X-rays [a type of radiation that produces an image of the inside of the body to help diagnose and treat diseases] and other imaging techniques to create images of a patient's body) did not verbally abuse Resident 1 by using profanity towards Resident 1.</li> <li>3. Ensure Xray Provider 1 treated Resident 1 with dignity and respect.</li> </ol> <p>These deficient practices had the potential to affect Resident 1's emotional state and negatively affect Resident 1 ' s experience during the Xray process.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record, the admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including metabolic encephalopathy (a brain disease that alters brain function or structure, causing a declining ability to reason and concentrate, memory loss, personality change, seizures, and twitching) and unspecified psychosis (symptoms of delusions, hallucinations, disorganized speech or thinking, and Catatonic behavior, without a diagnosis of a psychotic disorder).</p> <p>A review of Resident 1 ' s History and Physical (H&amp;P), dated 6/13/2024, the H&amp;P indicated Resident 1 could not make his own medical decisions.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 7/5/2024, the MDS indicated that Resident 1 ' s cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision making was severely impaired. The MDS indicated Resident 1 was dependent on staff for all activities of daily living (ADLs, self care activities performed daily such as grooming, toileting hygiene, and dressing).</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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NAME OF PROVIDER OR SUPPLIER  Sunny Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  12200 LA Mirada Blvd. LA Mirada, CA 90638	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/9/2024 at 1:29 p.m. with the Director of Nursing (DON), the DON stated Resident 1 was verbally abused by Xray Provider 1 on 8/29/2024. The DON stated Xray Provider 1 yelled and said bad words to Resident 1. The DON stated after the abuse investigation, the facility found Resident 1 to have experienced verbal abuse.</p> <p>During an interview on 9/9/2024 at 2:14 p.m. with the Assistant Director of Nursing (ADON), the ADON stated on 8/29/2024 she heard Resident 1 say to Xray Provider 1 you are an a--h---. The ADON stated she heard Xray Provider 1 say to Resident 1 no, you are the a--h---. The ADON stated she asked Xray Provider 1 to leave the room. The ADON stated Resident 1 told her he was angry because of the way Xray Provider 1 treated him.</p> <p>During an interview on 9/9/2024 2:27 p.m. with Licensed Vocational Nurse (LVN1), LVN 1 stated on 8/29/2024 she was at the nurses ' station and she heard Xray Provider 1 say to Resident 1 you are a b-tch and you are an a--h---. LVN 1 stated she heard Resident 1 say leave me alone b--tch in Spanish. LVN 1 stated Xray Provider 1 berated (prolonged and often abusive scolding) Resident 1.</p> <p>During an interview on 9/9/2024 at 3:10 p.m. with Certified Nursing Assistant (CNA 1), CNA 1 stated on 8/29/2024 she heard Xray Provider 1 call Resident 1 a b--tch. CNA 1 stated she heard Xray Provider 1 tell Resident 1, that he (Resident 1) was messing with the wrong one, and if Resident 1 continued calling Xray Provider 1 a b-tch, Xray Provider 1 would knock Resident 1's teeth out. CNA 1 stated she heard Xray Provider 1 tell Resident 1 that she (Xray Provider 1) was going to punch Resident 1. CNA 1 stated Xray Provider 1 was screaming towards Resident 1.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled Abuse, Neglect, and Exploitation, dated 12/19/2022, the P&amp;P indicated verbal abuse was the use of oral, written, or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability.</p>		