

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 12/19/2024
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778</p> <p>Based on interview and record review, the facility failed to ensure a baseline care plan was initiated for one of three sampled residents (Resident 2) who had a history of falls.</p> <p>This failure had the potential for unidentified nursing interventions (actions), repeated falls and injuries for Resident 2.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record, the Admission Record indicated, Resident 2 was initially admitted to the facility on [DATE] with diagnoses including contusion (medical term for bruise [an injury to the body's soft tissue caused by direct blow or impact]), laceration (a tear or opening in the skin that's caused by an injury), and hemorrhage (excessive bleeding) of brainstem with loss of consciousness of unspecified duration and repeated falls.</p> <p>During a review of Resident 2' History and Physical (H&P), the H&P indicated that Resident 2 had mild dementia (a group of brain disorders that cause a gradual decline in skills such as memory, thinking, reasoning and judgement).</p> <p>During a review of Resident 2's baseline care plan dated 12/9/2024, Resident 2's baseline care plan did not indicate Resident 2 was at high risk for falls and no interventions were found to address or help prevent Resident 2 from having another fall.</p> <p>During a review of Resident 2's Change of Condition (COC) dated 12/14/2024, the COC indicated Resident 2 was found lying on the floor after an unwitnessed fall in Resident 2's bathroom. The COC indicated Resident 2 sustained skin tears the right elbow and left knee from the fall and was transferred to the hospital for evaluation.</p> <p>During an interview on 12/20/2024 at 10:54 a.m. with Licensed Vocational Nurse (LVN) 3, LVN 3 stated Resident 2 had an unsteady gait (manner of walking or moving on foot) and stated Resident 2 required assistance with Activities of Daily Living (ADLs). LVN 3 stated that if there was no baseline care plan for a resident with a history of falls, it would place the resident at risk for falling again because there was no guide for staff to protect the resident's safety.</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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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 12/20/2024 at 4:37 p.m. with the Director of Nursing (DON), the facility's P&P titled, Baseline Care Plan, dated 12/19/2022, was reviewed. The facility's P&P indicated, the facility will develop and implement a baseline care plan for each resident that includes the instruction needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The DON stated, a baseline care plan should be resident centered and started within 48 hours. The DON stated Resident 2's baseline care plan should have been completed and include measures for safety to prevent falls.</p>		