STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055737	A. Building B. Wing	04/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunny Hills Post Acute	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure the at risk for fall care plan for 1 of 3 residents, (Resident 1), who was non-compliant (uncooperative) in maintaining the height of bed to its lowest position, was revised, as indicated in its policy and procedure (P&P) titled Fall Prevention Program. This failure placed the resident at risk for falls, severe injuries, including hospitalization. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and re-admitted on [DATE]. Resident 1's diagnoses included hemiplegia (paralysis of one side of the body) and hemiparesis (one-sided muscle weakness) following cerebral infarction (stroke), syncope (a temporary loss of consciousness and muscle tone caused by insufficient blood flow to the brain) and collapse (fall to the ground, which may be caused by syncope or other non-cardiac issues), and other abnormalities of gait and mobility. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 1/13/2026, the MDS indicated Resident 1 had clear speech, usually understood and understands. The MDS indicated Resident 1required substantial/maximal assistance (helper does more than half the effort) with toileting, shower/bathe self and lower body dressing. During a review of Resident 1's care plan, no title, dated 1/20/2025, the care plan indicated Resident 1 was at risk for falls related to gait/balance problems and fall at home on 1/10/2025. The care plan interventions included to anticipate and meet needs, place call light within reach and encourage to use the call light for assistance as needed. Resident 1 needs a safe environment with even floors free from spills and/or clutter; adequate glare-free light, and the bed in low position at night. The care plan did not indicate Resident 1 was non-complaint with keeping the height of bed in low position nor education was provided regarding safety precautions. During a review of Resident 1's Fall Risk assessment, dated 2/9/2025, the Fall Risk assessment indicated Resident 1 was at risk for falls. The Fall Risk assessment indicated Resident 1 had intermittent confusion. During a review of Resident 1's progress notes, dated 4/6/2026, at 2:52 p.m., the progress notes indicated Resident 1's bed was observed elevated. The bed was lowered and Resident 1 raised the bed again. During a concurrent observation and interview on 4/6/2026 at 11:30 am with the Director of Nursing (DON), at Resident 1's bedside, Resident 1's bed height was observed at approximately 30 inches high from the floor. The DON stated the height of the bed was too high. If Resident 1 was at high risk for falls, the resident could fall. The DON stated Resident 1 was non-compliant with following instructions to maintain the height of bed at the lowest position. During an interview 4/6/2026 at 12:15 p.m., with the Charge Nurse, the Charge Nurse stated Resident 1 was not compliant with following staff instructions and education to maintain the bed to its lowest position to reduce the risk of falling. The Charge Nurse stated if the bed height was high, it placed Resident 1 at an increased risk of falling. During a review of the facility's policy and procedure (P&P) titled, Fall Prevention Program, dated 12/28/2023, The P&P indicated each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls. The P&P indicated the nurse and /or interdisciplinary team will initiate interventions on the resident's care plan, in accordance with the (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

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident's level of risk. The P&P indicated each resident's risk factors and environmental hazards will be evaluated when developing the residents comprehensive plan of care. Interventions will be monitored for effectiveness, and the plan of care will be revised as needed.