STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056031	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunland Post Acute	8647 Fenwick Street. Sunland, CA 91040

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	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) received their mail unopened, in accordance with the facility's policy on Resident Rights.This deficient practice resulted in the violation of Resident 1's right to receive mail unopened.Findings:During a review of Resident 1's admission Record, the admission Record indicated the facility initially admitted Resident 1 on 9/3/2023 and readmitted Resident 1 on 2/4/2024 with diagnoses including idiopathic progressive neuropathy (a condition involving long-term, worsening damage to the nerves outside the brain and spinal cord [a long, thin bundle of nervous tissue and support cells that extends from the brainstem down through the center of the back] where the underlying cause cannot be determined by doctors), heart failure (a condition where the heart muscle becomes too weak or stiff to pump blood efficiently), and leukemia (a cancer of the body's blood-forming tissues).During a review of Resident 1's Minimum Data Set (MDS- a standardized assessment and care screening tool) dated 3/5/2026, the MDS indicated Resident 1's cognition (a mental process of acquiring knowledge and understanding through thought experience and senses) was intact. The MDS indicated Resident 1 required substantial/maximal assistance (staff does more thanˆhalf the effort) from staff with toileting hygiene, required supervision or touching assistance from staff with personal hygiene, and was independent with eating and oral hygiene.During an interview on 4/1/2026 at 10:00 a.m. with Resident 1, in Resident 1's room, Resident 1 stated that on 3/8/2026 the Business Office Manager (BOM) came into Resident 1's room and showed Resident 1 her Medi-Cal (a program that provides free or low-cost health coverage to eligible, low-income residents) statement. Resident 1 stated that she was upset because the BOM violated Resident 1's rights by opening her mail without Resident 1's permission.During an interview on 4/1/2016 at 10:34 a.m. with the BOM, the BOM stated that on 3/8/2026, while working as the manager of the day, she opened Resident 1 mail without verifying the intended recipient, as she assumed it was for the business office. The BOM stated she should have verified the intended recipient before opening the mail to ensure the resident's right to receive unopened mail. During an interview on 4/1/2026 at 4:45 p.m., with the Administrator (ADM), the ADM stated that the BOM should not have opened Resident 1's mail. The ADM stated that facility staff should not open mail that is not addressed to them or their department. The ADM stated that the BOM should have apologized to Resident 1 as soon as the event occurred. During a review of the facility's policy and procedure (P&P) titled Resident's Rights, reviewed on 5/14/2025, the P&P indicated the resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident, including each of the following rights: Privacy in sending and receiving mail unopened.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056031	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunland Post Acute	8647 Fenwick Street. Sunland, CA 91040

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview and record review the facility failed to implement the facility's discharge planning process policy by failing to document the resident's discharge needs and discharge plan for one of three sampled residents (Resident 2).This deficient practice had the potential to delay Resident 2's discharge to the community and placed the resident at risk for not receiving the necessary care and services related to the resident's discharge goals and needs.Findings:During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 4/29/2025 with diagnoses that included nontraumatic intracerebral hemorrhage (a medical emergency where bleeding occurs directly into the brain tissue without any external injury to the head) and hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (a neurological condition characterized by weakness or reduced motor function on one side of the body) following cerebral infarction (process that results in an area of necrotic tissue in the brain) affecting left dominant side.During a review of Resident 2's Minimum Data Set (MDS- a standardized assessment and care screening tool) dated 2/4/2026, the MDS indicated Resident 2's cognition (a mental process of acquiring knowledge and understanding through thought experience and senses) was intact. The MDS indicated Resident 2 required supervision or touching assistance from staff with oral hygiene, required partial/moderate assistance from staff with personal hygiene, required substantial/maximal (staff does more thanˆhalf the effort) assistance with toileting hygiene, and was independent with eating.During an interview with the Social Services Director (SSD) on 4/1/2026 at 3:01 p.m., the SSD stated that the SSD is aware that Resident 2 requested to be transferred to an assisted living facility (ALF- a residential community for seniors or adults who need help with daily tasks) closer to Resident 2's friend. The SSD stated that it would be difficult to find a placement for Resident 2 due to Resident 2's insurance coverage and income. The SSD stated she is assisting Resident 2 with changing Resident 2's insurance so that Resident 2 can qualify placement to an AFL. The SSD stated that she has not documented any notes in Resident 2's medical records documenting Resident 2's discharge planning process. The SSD stated that she has not documented her efforts in Resident 2's discharge planning process because the SSD has a lot of residents that she is overseeing. The SSD stated that it is important to document Resident 2's discharge planning process so that facility staff involved in Resident 2's care are aware of Resident 2's discharge plan. During a review of the facility's policy and procedure (P&P) titled Discharge Planning Process, reviewed on 5/14/2025, the P&P indicated that it is the policy Of the facility to develop and implement an effective discharge planning process that focuses on the residence discharge goals preparing residents to be active participants and effectively transition them to post discharge care can reduce factors leading to preventable readmissions the discharge planning process should: involve the IDT (Interdisciplinary Team- a group of professionals from different disciplines who work together collaboratively, rather than independently, to achieve a common goal or provide comprehensive care) in this ongoing process of developing the discharge plan; document that the resident has been asked about their interest in receiving information regarding returning to the community; umm if a resident expresses an interest in returning to the community the facility should document any referrals to local contact agencies or other appropriate entities for this purpose; the facility should update their residence comprehensive care plan and discharge plan as appropriate in response to information received from referrals to local contact agencies or other appropriate entities; if discharged to the community is determined to not be feasible the facility will document who made the determination and why this determination was made; Facility we'll document and evaluation of the residents discharge needs and discharge plan based on the residence needs this will be documented timely and the evaluation will be discussed with the resident or their representative all relevant resident information should be incorporated into the residence discharge plan to facilitate its implementation and to avoid unnecessary delays in the residence discharge or transfer.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056031	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunland Post Acute	8647 Fenwick Street. Sunland, CA 91040

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview and record review, the facility failed to develop a comprehensive person-centered care plan (a written course of action that helps a resident achieve outcomes that improve their quality of life) addressing a resident's discharge plan for one of three sampled residents (Resident 2).This deficient practice placed Resident 2 at risk for not receiving the necessary care and services related to the resident's discharge goals and needs.Findings:During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 4/29/2025 with diagnoses that included nontraumatic intracerebral hemorrhage (a medical emergency where bleeding occurs directly into the brain tissue without any external injury to the head) and hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (a neurological condition characterized by weakness or reduced motor function on one side of the body) following cerebral infarction (process that results in an area of necrotic tissue in the brain) affecting left dominant side.During a review of Resident 2's Minimum Data Set (MDS- a standardized assessment and care screening tool) dated 2/4/2026, the MDS indicated Resident 2's cognition (a mental process of acquiring knowledge and understanding through thought experience and senses) was intact. The MDS indicated Resident 2 required supervision or touching assistance from staff with oral hygiene, required partial/moderate assistance from staff with personal hygiene, required substantial/maximal (staff does more thanˆhalf the effort) assistance with toileting hygiene, and was independent with eating.During a concurrent interview and record review with the Social Services Director (SSD) on 4/1/2026 at 3:01 p.m., reviewed Resident 2's care plans. The SSD stated that the SSD is aware that Resident 2 requested to be transferred to an assisted living facility (ALF- a residential community for seniors or adults who need help with daily tasks) closer to Resident 2's friend. The SSD stated Resident 2 did not have a care plan addressing Resident 2's discharge plan.During a follow-up interview with the SSD on 4/1/2026 at 3:29 p.m., the SSD stated that the SSD is responsible for developing residents' discharge care plans. The SSD stated that Resident 2 should have had a care plan addressing Resident 2's discharge plan to ensure facility staff involve in Resident 2's care were aware of Resident 2's needs and that Resident 2's goals were met. During a review of the facility's policy and procedure (P&P) titled Comprehensive Care Planning, reviewed on 5/14/2025, the P&P indicated that it is the policy of this facility that a comprehensive resident-centered care plan be developed for each resident that includes measurable objectives and timeframes to meet each resident's medical, nursing and mental and psychosocial needs that are identified in the comprehensive assessment. The discharge planning process must be focused on the discharge planning goals prepares each resident to be an active partner in post-discharge care and the transition process to reduce factors that lead to preventable readmission.During a review of the facility's P&P titled Discharge Planning Process, reviewed on 5/14/2025, the P&P indicated the facility should update their residents comprehensive care plan and discharge plan as appropriate in response to information received from referrals to local contact agencies or other appropriate entities.