

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056031	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2026
NAME OF PROVIDER OR SUPPLIER Sunland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of four sampled residents (Residents 4) was provided with information regarding the resident's Medi-Cal (the state's Medicaid program) share of cost (the amount of money a beneficiary must pay on medical expenses each month before Medi-Cal begins covering eligible services) in a timely manner. This deficient practice had the potential to result in negatively affect the resident's ability to make informed financial decisions. Findings: During a review of Resident 4's admission Record, the admission Record indicated that the facility initially admitted Resident 4 to the facility on 9/3/2022 and readmitted on [DATE] with diagnoses including idiopathic (unknown cause) progressive neuropathy (disease or dysfunction of one or more nerves, typically causing numbness or weakness in the hands and feet) lumbar region (lower back), heart failure, unspecified (a condition in which the heart muscle cannot pump enough blood to meet body's needs for blood and oxygen), and leukemia (a blood cancer cells that crowd out healthy blood cells, hindering the body's ability to fight infection and transport oxygen). During a review of Resident 4's Minimum Data Set (MDS- a resident assessment tool) dated 9/3/2025, the MDS indicated that Resident 4 had intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses), and required maximal assistance from staff with toileting hygiene, lower body dressing, lying to sitting on side of bed, and tub/shower transfer. During a review of Resident 4's itemized invoice statement dated 5/5/2026, the invoice indicated that in May 2025, the share of cost was \$1,818.00 with a current balance of \$18,497.00. During a review of Resident 4's financial general notes report dated 3/8/2026, the report indicated the Business Office Manager (BOM) spoke to Resident 4 that her share of cost will change effective 4/1/2026. The report did not contain documented entries prior to 3/8/2026. During an interview on 5/5/2026 at 12:05 p.m., with the BOM, the BOM stated that she should have informed Resident 4 back in May 2025 regarding her share of cost because it is Resident 4's right to be informed of her financial responsibilities to the facility in a timely manner which has resulted in Resident 4 not having enough time to make an informed financial decision. During an interview on 5/6/2026 at 4:30 p.m., with the Director of Nursing (DON), the DON stated the BOM should have informed Resident 4 back in May 2025 regarding her share of cost because it is Resident 4's right to be informed of her financial responsibilities to the facility in a timely manner. The DON stated that as a result, Resident 4 did not have ample time to make informed financial decisions. During a review of the facility's policy and procedure (P&P) titled, Private Collection Process last reviewed on 4/29/2026, the facility policy indicated the purpose to ensure consistent, timely communication and collection of all patient -responsible financial liabilities while maintaining compliance, transparency, and proper escalation. Applies to all privately responsible balances, including but not limited to share of cost. Review all patient responsible financial liabilities with the patient or the patient's designated Financial Responsible Party. Clearly explain types of charges (share of cost). Document the discussion in the patient's financial record.		

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect the resident's right to be free from verbal abuse (at type of abuse that uses language) for two of four sampled residents (Resident 1 and Resident 2), when on 5/4/2026, in the dining room, Resident 1 stated offensive language toward Resident 2 and Resident 2 responded by stating offensive language back to Resident 1. This deficient practice resulted in Resident 1 and Resident 2 being subjected to verbal abuse while under the care of the facility. Residents who are subjected to verbal abuse are at increased risk for low self-esteem (when someone lacks confidence in themselves and their abilities), anxiety (a feeling of fear, dread, and uneasiness), depression (mood disorder that causes a persistent feeling of sadness and loss of interest in activities for long periods of time) and social isolation (.when someone has few or no social connections or support, and lacks relationships with others). Findings: a. During a review of Resident 1's admission Record, the admission Record indicated that the facility admitted Resident 1 to the facility on 1/14/2022 and readmitted on [DATE] with diagnoses including type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) with hyperglycemia (high blood sugar), hyperlipidemia (excess fat in the blood), unspecified, and essential (primary) hypertension (HTN-high blood pressure). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 1/23/2026, the MDS indicated that Resident 1 had intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses), and dependent on staff with toileting hygiene, lower body dressing, lying to sitting on side of bed, and tub/shower transfer. During a review of Resident 1's Situation, Background, Assessment, Recommendation (SBAR-a communication tool used by healthcare workers when there is a change of condition among the residents) Communication Form dated 5/4/2026 timed at 4:00 p.m. The SBAR indicated Resident 1 was involved in a resident-to-resident altercation. During a review of Resident 1's progress note dated 5/4/2026, timed at 3:00 p.m., the progress note indicated Activity Assistant 1 (AA 1) reported to the Administrator (ADM) that Resident 1 was involved in an altercation with another resident (Resident 2) in the dining room at approximately 11:45 a.m. b. During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 to the facility on 7/16/2025 with diagnoses including malignant (cancerous) neoplasm (tumor) of the colon (large intestine), unspecified, ventral hernia (bulge in the abdominal wall) without obstruction or gangrene, and hyperlipidemia (excess fat in the blood). During a review of Resident 2's MDS dated [DATE], the MDS indicated that Resident 2 had intact cognition and required moderate assistance on staff with lower body dressing, sit to lying, lying to sitting on side of bed, toilet transfer and tub/shower transfer. During a review of Resident 2's SBAR Communication Form dated 5/4/2026 at 4:00 p.m., the SBAR indicated Resident 2 was observed with aggressive behavior and was involved in a resident-to-resident altercation. During a review of Resident 2's progress note dated 5/4/2026 at 11:50 a.m., the progress note indicated Activity Assistant 1 (AA 1) reported to the Administrator (ADM) that resident (Resident 2) had altercation with another resident (Resident 1) in the dining room around 11:45 a.m. During an interview on 5/5/2026 at 10:50 a.m., with AA 1. AA 1 stated at approximately 11:35 a.m. to 11:50 a.m. on 5/4/2026 in the dining room Resident 1 was heading out of the dining room in his electric wheelchair when he (AA 1) heard Resident 2 called Resident 1 a gossip in Spanish. Resident 1 then responded, F*** your mother in Spanish, and Resident 2 also shouted, F***your mother, toward Resident 1. During an interview on 5/6/2026 at 4:30 p.m., with the Director of Nursing (DON), the DON stated Resident 1 and Resident 2's exchange of offensive language toward each other constituted verbal abuse. During a review of the facility's policy and procedure (P&P) titled, Abuse Reporting and Prevention, last revised on 4/29/2026, indicated that the facility purpose to ensure that resident (continued on next page)		

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	rights are protected by providing a method of investigation involving mistreatment, neglect, abuse including injuries of unknown sources, unusual occurrences, unauthorized photographs, unauthorized video recordings, unauthorized postings on social media of nursing home residents and misappropriation of resident property. This also includes any physical or chemical restraint not required to treat a resident's symptoms.		