

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056488	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Sunnyside Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22617 So. Vermont Ave Torrance, CA 90502	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49145</p> <p>Based on observation, interview, and record review, the facility failed to implement and maintain infection control procedures when Certified Nurse Assistant (CNA) 3 and CNA 1 failed to perform hand hygiene in between resident ' s care and prior to entering and exiting resident room.</p> <p>This deficient practice had the potential to result in cross contamination (physical movement or transfer of harmful bacteria from one person, object, or place to another) and spread of diseases and infection to the facility staff, residents, and visitors.</p> <p>Findings:</p> <p>During an observation on 6/21/2024 at 9:32 a.m., CNA 3 was observed not performing hand hygiene between resident care or when entering and exiting a resident room.</p> <p>During an interview on 6/21/2024 at 9:42 a.m., CNA 3 stated, she was rushing so she did not perform hand hygiene while providing resident care. CNA 3 stated she should have performed hand hygiene to prevent the spread of infection.</p> <p>During a concurrent observation and interview on 6/21/2024 at 10:05 a.m., CNA 1 was observed entering and exiting a resident ' s room without performing hand hygiene. CNA 1 stated it was careless of her to not perform hand hygiene because of infection control and the spread of infection to other residents, and staff.</p> <p>During an interview on 6/21/2024 at 1:30 p.m., with the Infection Prevention Nurse (IPN), the IPN stated hand hygiene was important to prevent the spread of infection which could lead to an outbreak.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Hand Hygiene Program, dated 10/24/2022, the P&P indicated Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: Immediately before touching a patient and after touching a patient or the patient ' s immediate environment.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Policies and Practices- Infection Control, revised 10/2018, the P&P indicated, The objectives of our infection control practices are to: prevent, detect, investigate, and control infections in the facility and maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public.</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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