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

Printed: 12/04/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056488	A. Building B. Wing	09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Nursing Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46537 Based on observation, interview, and record review, the facility failed to ensure nursing staff washed their hands with soap and water and wore the appropriate personal protective equipment ([PPE] specialized clothing or equipment that protects the wearer from infectious materials, injury, or the spread of illness) while providing care to one of four sampled residents (Resident 1) who was on contact isolation (direct or indirect contact with a resident and/or his or her environment including person's room or objects in contact with the person, that has an infection) due to a Clostridium difficile colitis ([C diff] inflammation of the colon caused by a bacteria) infection. These deficient practices resulted in facility staff not following infection prevention protocols and had the potential to spread infection amongst residents, staff, and visitors. Findings: During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE], with a diagnosis cellulitis (an infection of the skin and the tissues directly beneath it) of the left lower limb. During a review of Resident 1's Minimum Data Set ([MDS]) a standardized assessment and care planning tool), dated 8/16/2024, the MDS indicated Resident 1 required maximal assistance (the helper does more than half the effort) and/or moderate assistance (the helper does less than half the effort) from one staff to complete his activities of daily living ([ADL] task such as bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet and eating). During an observation on 9/4/2024, at 11:15 a.m., a sign posted on the door of Resident 1's room indicated Resident 1 was on contact isolation and anyone who entered Resident 1's room was required to put on a gown and gloves before entering the room. During an observation on 9/4/2024, at 11:30 a.m., Licensed Vocational Nurse 1 (LVN 1) entered Resident 1's room to answer the call light without donning (putting on) gloves or a gown. LVN 1 turned Resident 1's call light button off and touched Resident 1's blanket while she talked to Resident 1, then used a sanitizer to clean her hands instead of soap and water. (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

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 09/04/2024
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/4/2024, at 11:40 a.m., Treatment Nurse 1 (TN 1) stated Resident 1 was on contact isolation because she (Resident 1) had C. diff. TN 1 stated, all staff and visitors should put on a gown and gloves before entering Resident 1's room and wash their hands with soap and water after taking off their gown and gloves. During a concurrent observation and interview on 9/4/2024, at 11:50 a.m., CNA 1 was observed providing care to Resident 1. Upon completion of that care, CNA 1 took off the gown and gloves she was wearing and washed her hands, as she was leaving the room, Resident 5 (Resident 1's roommate) asked him (CNA 1) to cover her with a blanket. CNA 1 proceeded to put on a pair of gloves and then covered Resident 5 with a blanket without wearing a gown. CNA 1's pants were observed touching Resident 5's blanket, CNA 1 then took off his gloves and cleaned his hands with hand sanitizer. CNA 1 stated Resident 5 was on contact isolation as well, and he (CNA 1) should have put on a gown before assisting Resident 5. CNA 1 stated he did not realize his pants were touching Resident 5's blanket. CNA 1 stated, he should have washed his hands with soap and water after assisting Resident 5 to prevent cross contamination (the physical movement or transfer of harmful bacteria from one person, object, or place to another) between residents. During an interview on 9/4/2024, at 12:10 p.m., LVN 1 stated, she should have read the sign that was post on Resident 1's door, but she did not. LVN 1 stated, it was important to wear proper PPEs and wash her hands with soap and water after contacting residents who had a C. diff infection to prevent cross contamination. During an interview on 9/4/2024, at 1:23 p.m., the Infection Preventionist Nurse (IPN) stated, handwashing with soap and water showed the greatest efficacy (the ability to produce a desired or intended result) in removing C-diff, and hand sanitizers were not as effective against C-diff spores (the seed-like cells that help some kinds of plants and bacteria to reproduce). The IPN stated, nursing staff should have followed the signage that was posted on Resident 1's door and worn the proper PPE and washed their hands with soap and water to remove spores and prevent spreading infection. During a review of the facility's policy and procedure (P&P) titled, Isolation-Categories of Transmission Based Precautions, revised 8/2023, the P&P indicated, staff and visitors will wear gloves (clean, non-sterile) when entering the room. While caring for a resident, staff will change gloves after having contact with infective material (for example, fecal material and wound drainage). Gloves will be removed, and hand hygiene performed before leaving the room. Staff will avoid touching potentially contaminated environmental surfaces or items in the resident's room after gloves are removed. During a review of the facility's P&P, titled, Hand Hygiene Program, updated 10/20/2023, the P&P indicated, it is the policy of the facility to promote an environment that minimizes the risk of transmission of infection between residents, staff, and visitors. Decontaminate hands by washing with soap and water and rinsing under running water immediately before touching a patient, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids, or contaminated surfaces, and immediately after glove removal.