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	10/29/2024

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44958 Based on observation, interview and record review, the facility failed to develop and implement a resident centered care plan for one of three sampled residents (Resident 1) who has a history of banging her arms against the side rails (a bar or board positioned at the side of the bed which help people get in and out of the bed and help reposition themselves in bed). This deficient practice placed Resident 1 at risk for skin bruising, skin tears and skin breakdown, and placed Resident 1 at risk for skin infection and a decline in health and wellbeing. Findings: During a review of Resident 1's Admission Record (Face Sheet) the Face Sheet indicated Resident 1 was originally admitted to the facility on [DATE] with diagnoses including dementia (a progressive state of decline in mental abilities), type 2 diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing), left hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (inability to move one side of body). During a review of Resident 1 ' s History and Physical (H&P) dated 1/5/2024, the H&P indicated Resident 1 did not have the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 9/22/2024, the MDS indicated Resident 1 had severe cognitive impairment and sometimes had the ability to be understood and to understand others. The MDS indicated Resident 1 required substantial/maximum assistance (helper does more than half of the effort) for bed mobility. During a review of Resident 1 ' s Order Summary Report (Physician ' s Orders), dated 12/16/2019, the Order Summary Report indicated Resident 1 had an order to have one quarter side rails on both sides of the bed to assist in bed mobility, turning, and repositioning. During a review of Resident 1's Change of Condition (COC), dated 10/12/2024 and timed at 4:36 a.m., the COC indicated Resident 1 was noted with open ecchymosis (bruise/skin discoloration caused by blood leaking from broken blood vessels into the tissues of the skin) on her right forearm. The COC indicated Resident 1 ' s behavior of holding on to the side rails and jerking may have contributed to the injury. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056488	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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	During an interview on 10/25/2024, at 3 p.m., the Resident 1 ' s Responsible Party (RP1) stated she was informed by the facility that Resident 1 developed a bruise on her right forearm on approximately 10/12/2024. RP 1 stated Resident 1 has a history of hitting her right hand against the side rails and in the past, the facility provided interventions such as padding the side rails to prevent Resident 1 from injury but since have removed the pads from the siderails. RP 1 stated she has not been updated on other interventions the facility will implement to help prevent further injuries to Resident 1 nor has she been asked to participate in the care planning process. RP 1 expressed frustration and worry that Resident 1 will be suffer further skin injury. During a concurrent observation and interview on 10/25/2024 at 3:15 p.m., with Certified Nurse Assistant 1 (CNA 1) in Resident 1 ' s room, Resident 1 was observed lying in bed and had purplish discoloration on her right forearm. There was no padding observed on the side rails. CNA 1 stated Resident 1 sometimes bangs her right arm on the side rails and that is why Resident 1 likely developed a bruise. CNA 1 stated she was not instructed to implement any interventions to prevent Resident 1 from hitting her arms on the side rails. During a concurrent observation and interview on 10/29/2024 at 1 p.m., with The Director of Quality Assurance Registered Nurse (QARN) in Resident 1 ' s room, Resident 1 was observed lying in bed with a purplish discoloration on her right forearm and no padding was observed on Resident 1 ' s side rails. The QARN confirmed that there was no padding on Resident 1 ' s side rails and stated Resident 1 had a healing bruise on her right forearm. During a concurrent interview and record review on 10/29/2024 at 1:18 p.m. with the QARN, Resident 1 ' s Clinical Record (Care Plan section) initiated 9/30/2024 was reviewed. Resident 1 ' s Care Plans had no interventions preventing Resident 1 from injuring her arm nor interventions which addressed Resident 1 ' s history of banging her hands against the side rail. The QARN stated there should have been a care plan developed to address interventions and goals to prevent further injury to Resident 1. During an interview on 10/29/2024, at 3:30p.m., the Director of Nursing (DON) stated it was important for the nursing staff to develop and implement resident centered care plans to ensure Resident 1 received appropriate care. The DON stated by failing develop specific interventions to prevent further injuries caused by Resident 1 ' s behaviors, the facility placed Resident 1 at risk for further injury and skin breakdown. During a review of the facility ' s policy and procedure (P&P) titled, Using the Care Plans, revised 10/2/2024, the P&P indicated the care plan shall be used in developing the resident ' s daily routines and will be available to staff personnel who have the responsibility for providing care or services to the resident, changes in the resident ' s condition must be reported to the Minimum Data Set (MDS) Assessment Coordinator so that a review of the resident ' s assessment and care plan can be made. During a review of the facility ' s policy and procedure (P&P) titled, Resident Participation-Assessment/Care Plan, revised 10/2/2024, the P&P indicated the resident, or her representative are encouraged to participate in the resident ' s assessment and in the development and implementation of the resident ' s care plan. The P&P indicated, the care plan process will facilitate the inclusion of the resident /RP, include an assessment of the resident ' s strengths and her needs, incorporate the resident ' s personal, cultural preferences in establishing goals of care.