

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  02/27/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45269</b></p> <p>Based on observation, interview and record review, the facility failed to ensure one of four sampled residents (Resident 1) received necessary care and treatment by failing to:</p> <p>a. Assess Resident 1's left foot after Restorative Nursing Assistant (RNA1) ' s water bottle fell on Resident 1's left foot on 9/3/2024.</p> <p>b. Reassess and monitor Resident 1's left big toe after a change of condition (COC- a sudden clinically important deviation from a patient's baseline in physical, cognitive, behavioral, or functional condition relating to an infection) on 10/3/2024 when Resident 1 had worsening pain on Resident 1's left big toe with swelling, tender to touch and with yellow minimal drainage.</p> <p>These failures had the potential for Resident 1's left big toe wound to decline, affect the healing process, and not implement appropriate interventions in a timely manner.</p> <p>Findings:</p> <p>A. During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses that included chronic respiratory failure( lungs are not able to effectively take oxygen and remove carbon dioxide from the blood), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) with diabetic peripheral angiopathy ( complication of DM that affects the blood vessels on the legs), tracheostomy( a surgical procedure that creates an opening in the neck into the windpipe), chronic kidney disease (kidneys are gradually damaged overtime and unable to filter the blood properly causing waste to build up in the body), and peripheral vascular disease (PVD - a slow progressive narrowing of the blood flow to the arms and legs).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- resident assessment tool) dated 2/15/2025, the MDS indicated Resident 1 had an intact cognition (ability to learn, remember, understand, and make decisions) and required partial/moderate assistance (helper does less than half the effort) with transfer to and from a bed to a chair/ wheelchair, walking 10 to 50 feet and toilet transfer.</p> <p>During a review of Resident 1's Physician Order Summary Report dated 1/28/2025, the Physician Order Summary Report indicated Restorative Nursing Assistant to ambulate (walk) Resident 1 using front wheeled walker (FWW walking aid with two front wheels) three times a week as tolerated.</p> <p>(continued on next page)</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Care Plan titled Resident had peripheral vascular disease related to diabetes and heart disease initiated 1/31/2024, the Care Plan indicated a goal to implement intervention to minimize the impact of PVD on the resident by review date. The Care Plan interventions included observing, documenting, reporting as needed any signs and symptoms of complications like coldness, pale skin, redness, cyanosis, cuts, bruises, and pain to the physician.</p> <p>During a review of Resident 1's Change in Condition Evaluation dated 10/3/2024, the COC indicated Resident 1 had worsening pain on Resident 1's left big toe with swelling, tender to touch and yellow minimal drainage. The COC indicated Resident 1's physician was notified and obtained a physician order for antibiotic (medicine to treat infection).</p> <p>During a review of Resident 1's Treatment Administration Record (TAR) dated 10/27/2024, the TAR indicated to cleanse left first toe with normal saline (sterile solution of water and salt), pat dry, paint with betadine (antiseptic solution) and cover with gauze and wrap with kerlix (sterile and absorbent gauze) for 21 days.</p> <p>During an interview on 2/26/2025, at 12:24 p.m. with Restorative Nursing Assistant (RNA1), RNA1 stated Resident 1 had a dressing on the left foot because of her injured toe. RNA 1 stated she was carrying a bottled water on her pocket which slipped off and fell on Resident 1's left foot while she was bending down to help Resident 1 with her shoe. RNA 1 stated Resident 1 was leaning over and was in pain. RNA 1 stated she should have not put a bottled water in her pocket while doing RNA services to the resident because it could cause an accident or injury. RNA1 stated she was not thinking right at that time and should have put the water bottle away before starting the RNA services. RNA 1 stated she should have notified the charge nurse and not just the treatment nurse whom RNA 1 saw while walking the resident and could not remember the name of the treatment nurse.</p> <p>During a concurrent interview and record review of Resident 1's electronic health record (EHR) on 2/26/2025, at 2:12 p.m. with Licensed Vocational Nurse (LVN 1), LVN 1 stated there was no COC documented for the incident where Resident 1 complained of pain after a bottled water fell on her left foot during RNA services. LVN 1 stated COC should have been done, physician, and family should have been notified because of Resident 1's complained of pain after the bottled water fell on her left foot to ensure Resident 1's left foot was assessed and monitored.</p> <p>During a concurrent interview and record review on 2/26/2025, at 3:40 p.m. with Registered Nurse Supervisor (RN) 1, Resident 1's COC and Progress Notes were reviewed. RNS 1 stated there was no COC documented where Resident 1's left big toe was assessed and monitored after a bottled water fell on Resident 1's left foot during RNA service. RNS 1 stated Resident 1's mentioned to her about a bottled water fell on her injured toe few months ago but did not check if there was a COC. RNS 1 stated they should have documented a COC and investigated the incident. RNS 1 stated the licensed nurses should have done a COC, assessment of the left foot, notify the physician and family so they can monitor, address the incident, and provide appropriate treatment and care.</p> <p>During an interview on 2/26/2025, at 4:35 p.m. with Unit Director of Nursing (UDON1), UDON 1 stated there should be no bottled water on the RNA's pocket because it could cause injury to the resident. UDON 1 stated the incident should have been reported to the charge and not just the treatment nurse. UDON 1 stated if RNA 1 reported the incident to the charge nurse, COC should have been done, pain and skin assessment should be performed.</p> <p>(continued on next page)</p>		

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