

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 07/09/2025
NAME OF PROVIDER OR SUPPLIER Sunnyside Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22617 S. 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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. (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
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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident (Resident 2) who was incontinent (involuntary voiding of urine and stool) of bowel (stool) and bladder (urine), and had a urinary tract infection (UTI- an infection in the bladder/urinary tract) perineal care (the cleaning and maintenance of the area between the anus and genitals, which is essential for maintaining good hygiene, preventing infections, and promoting overall health and well-being) was properly provided for one of three sampled residents (Resident 2). This failure had the potential for Resident 2 to have an exacerbation (the worsening of a disease, symptom, or problem) of her current UTI which could result in unnecessary hospitalization and sepsis (a life-threatening blood infection). Findings: During a review of Resident 2's admission Record (Face Sheet), the Face Sheet indicated Resident 2 was originally admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses including gout (a form of inflammatory arthritis that develops in some people who have high levels of uric acid in the blood), bacterial pneumonia (an infection/inflammation in the lungs), and generalized muscle weakness. During a review of Resident 2's Minimum Data Set ([MDS] a resident assessment tool) dated 5/1/2025, the MDS indicated Resident 2's cognition was intact and was dependent (helper does all the effort) on nursing staff for toileting hygiene, showering/bathing, dressing the lower body, and personal hygiene. During a review of Resident 2's Clinical Record (Care Plan section), dated 2/8/2024, the Care Plan indicated Resident 2 was incontinent of bowel and bladder. Under this Care Plan, the goals indicated Resident 2's risk of complications from incontinence will be minimized daily. The Care Plan's interventions included cleaning the peri-area ([perineum] the region of the body between the anus and the external genitals) and providing absorbent incontinence briefs with each incontinence episode due to Resident 2 being dependent on staff for incontinence care. During a review of Resident 2's Microbiology Urine Report (Lab Results) dated 3/9/2025 and timed at 10:32 a.m., the Microbiology Urine Report indicated Resident 2 was positive for Escherichia coli (E. coli-bacterium that typically resides in the intestines of humans and animals) in the urine. During a review of Resident 2's Physician's Orders, dated 3/10/2025, the Physician's Orders indicated Resident 2 was to receive Cephalexin (an antibiotic used to treat bacterial infection) oral tablet, 500 milligrams ([mg] metric unit of measurement, used for medication dosage and/or amount) twice a day for UTI therapy. During a review of Resident 2's Microbiology Urine Report dated 5/1/2025 and timed at 3:40 p.m., the Microbiology Urine Report indicated Resident 2 was positive for E. coli, and Enterococcus (bacterium that are commonly found in the intestines of humans and animals) in the urine. During a review of Resident 2's Physician's Orders, dated 5/2/2025, the Physician's Orders indicated Resident 2 was to receive Macrobid (an antibiotic used to treat and prevent UTIs) oral capsule 100 mg one time a day for UTI therapy. During a review of Resident 2's Grievance Form, dated 5/5/2025, the Grievance Form indicated Family Member (FM) 1 was concerned about Resident 2 having pain upon urination and had to wait two hours to be changed after informing nursing staff. During a review of Resident 2's Urine Culture Report (Lab Results) dated 5/10/2025 and timed at 9:56 a.m., the Urine Culture Report indicated Resident 2 was positive for Enterococcus in the urine. During a review of Resident 2's Physician's Orders, dated 5/12/2025, the Physician's Orders indicated Resident 2 was to receive Macrobid oral capsule 100 mg one time a day for UTI therapy. During a review of Resident 2's Physician's Orders, dated 5/15/2025, the Physician's Orders indicated Resident 2 was to receive Nitrofurantoin Macrocrystal (an antibiotic used to treat and prevent lower UTIs) oral capsule 50 mg one time a day for UTI therapy. During a review of Resident 2's Grievance Form, dated 6/17/2025, the Grievance Form indicated FM 1 had a concern on two occasions from 6/13/2025 through 6/15/2025, where Resident 2 had to wait two hours to be cleaned after having a bowel movement to be cleaned. The Grievance Form indicated FM 1 was concerned for Resident 2 getting UTIs. The Grievance Form follow up action indicated the facility implemented intervention of checking Resident 2 once every two hours and changing Resident 2 as needed by reevaluating and restructuring the nursing assignment. During a concurrent observation and interview on 7/8/2025 at 6:19 a.m., Resident 2 was awake, alert, lying in bed, supine (on back) with the head of the bed at 45 degrees. Resident 2 stated she was changed by nursing five minutes prior (6:14 a.m.). During a concurrent observation and interview on 7/8/2025 at 8:34 a.m., Resident 2 was noted to still be lying in bed, supine with the head of the bed at 45 degrees. Resident 2 stated she had a bowel movement and needed to be changed but nobody had come to check on her yet to see if she needed to be changed. During an observation on 7/8/2025 at 8:52 a.m.</p>		