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	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Nursing Center	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 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to:Ensure physician ordered laboratory test (a medical test of a sample oof blood) was collected in a timely manner for 2 of 10 residents (Resident 1 and Resident 9).Ensure the physician was notified the laboratory test ordered was not performed for 2 of 10 residents (Resident 1 and Resident 9).This failure had the potential to result in delay in diagnosis, lack of timely medical intervention, and worsening of residents' condition due to the physician not being notified that the ordered laboratory tests were not completed.Findings:A. During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 12/8/2024 with diagnoses including chronic obstructive pulmonary disease (COPD - a chronic lung disease causing difficulty in breathing), hypertension (HTN - high blood pressure), and hyperlipidemia (unhealthy high fat levels in the blood).During a review of Resident 1's History and Physical (H&P) dated 12/23/2025, the H&P indicated Resident 1 was unable to care for self.During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 12/18/2025, the MDS indicated Resident 1 had moderate cognitive (ability to think or make decisions) impairment. The MDS indicated Resident 1 was independent with eating, oral and toileting hygiene, upper and lower body dressing, and putting on or taking off footwear. The MDS indicated Resident 1 needed supervision with showering and personal hygiene.During a review of Resident 1's Respiratory Infection Screener dated 3/6/2026 9:00 a.m., the Respiratory Infection Screener indicated Resident 1 had a cough that was new or increased and other symptoms of loss of appetite.During a review of Resident 1's Change in Condition Evaluation (COC) dated 3/6/2026 9:15 a.m., the COC indicated Resident 1 complained of a cough and a new order was received for respiratory panel (test for respiratory viruses) for 3/6/2026.During a concurrent interview and record review on 3/13/2026 at 11:33 a.m. with the Infection Prevention Nurse (IPN), Resident 1's order for respiratory panel on 3/6/2026 was reviewed. The IPN stated the respiratory panel was ordered on 3/6/2026. The IPN stated the physician's order was not carried out. The IPN stated nurses should have followed up with the collection of the respiratory panel as it was important to ensure Resident 1 was being treated for her signs and symptoms of the a respiratory infection as soon as the test resulted. The IPN stated if the respiratory panel was not collected as soon as it was ordered, the resident would be at risk for worsening of symptoms and potentially lead to other residents being exposed to the infection and contracting the infection.During an interview on 3/13/2026 at 4:00 p.m. with the Director of Nursing (DON), the DON stated the importance of making sure the respiratory panel was collected was to ensure treatments or other interventions would be implemented to prevent worsening of symptoms or spread of infection to other residents. The DON stated if the respiratory panel was not collected there was potential for an increased risk of the resident's worsening symptoms that could lead to other health complications.During a review of Resident 9's admission Record, the admission Record indicated the facility admitted Resident 9 on 12/19/2025 with diagnoses including hypertensive heart disease with heart failure (when long-term high blood pressure damages the heart), hypothyroidism [when the thyroid gland (a small butterfly shaped gland in the neck) does not make enough hormones that (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	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Nursing Center	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 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	control metabolism, energy use, and body temperature], unspecified atrial fibrillation (a heart condition where the upper chambers of the heart beat irregularly and too fast), and history of covid-19 (an infectious respiratory disease caused by the SARSˆCoVˆ2 virus)During a review of Resident 9's History and Physical (H&P) dated 1/2/2026, the H&P indicated Resident 9 did not have the capacity to understand and make decisions.During a review of Resident 9's MDS dated [DATE], the MDS indicated Resident 9 had severe cognitive impairment. The MDS indicated Resident 9 needed setup or clean-up assistance with eating, moderate assistance (staff does less than half the effort to complete activity) with oral hygiene and upper body dressing, maximum assistance (staff does more than half the effort to complete the activity) with lower body dressing, putting on and taking off footwear, and personal hygiene, and dependent on staff to complete toileting hygiene and showering.During a review of Resident 9's COC dated 3/12/2026 2:49 p.m., the COC indicated Resident 9 had two episodes of diarrhea. The COC indicated the physician and Resident 9's responsible party were notified of Resident 9's change in condition.During a review of Resident 9's COC dated 3/12/2026 8:00 p.m., the COC indicated Resident 9 complained of nausea and had two episodes of vomiting.During a review of Resident 9's Physician's Orders dated 3/12/2026 9:09 p.m., the physicians order indicated Basic Metabolic Panel (BMP- a blood test that checks important chemicals in the blood to see how the body is doing as far a energy, hydration, kidney function, and muscle function) in the morning one time only for one day.During a concurrent interview and record review on 3/17/2026 at 10:35 a.m. with the IPN, Resident 9's physician order for BMP on 3/12/2026 and laboratory log sheet was reviewed. The IPN stated Resident 9 had an order placed on 3/12/2026 to be collected on 3/13/2026 and the laboratory log sheet did not have a phlebotomist (a healthcare professional trained to draw blood from people) signature which indicated that the specimen was not collected. The IPN stated the importance of making sure Resident 9's BMP was collected was to ensure the resident did not have any abnormal laboratory values due to the resident having vomiting and diarrhea. The IPN stated if the BMP was not collected, there would be an increased potential for the resident to experience signs and symptoms of dehydration.During an interview on 3/17/2026 at 12:12 p.m., with the Assistant Director of Nursing (ADON), the ADON stated the importance for collecting a BMP was to identify any changes in the residents' electrolytes in the blood caused by dehydration. The ADON stated if the BMP was not collected there would be potential for the resident to experience negative effects and present signs and symptoms of dehydration.During a review of the facility's policy and procedure (P&P) titled Lab and Diagnostic Test Results - Clinical Protocol revised 2018, the P&P indicated 2. The staff will process test requisitions and arrange for tests. The P&P did not indicate procedures for following up if lab and diagnostic tests were collected or sent out to the laboratory.B. During a concurrent interview and record review on 3/13/2026 at 1:08 p.m. with the Infection Prevention Nurse (IPN) Resident 1's change in condition follow up notes and progress notes were reviewed. The IPN stated the change in condition follow up notes did not indicate that the respiratory panel laboratory test was followed up to be collected. The IPN stated the progress notes did not indicate there was any communication that the respiratory panel test needed to be collected. The IPN stated the importance of making sure that the respiratory panel was not collected was relayed to the physician was to avoid delay in diagnosis and treatment. The IPN stated there would be a potential that the resident's condition could worsen.During a concurrent interview and record review on 3/17/2026 at 10:35 a.m., with the IPN, Resident 9's change in condition follow up and progress notes were reviewed. The IPN stated there was no documentation in Resident 9's change in condition follow up or progress notes that indicated the physician was notified that Resident 9's BMP was collected. The IPN stated the importance of notifying the physician that the resident's BMP was not collected was to prevent increased risk of dehydration or electrolyte imbalance because of untreated symptoms. The IPN stated there would be potential for the resident's condition to worsen leading to hospitalization.During an interview on 3/17/2026 at 12:12 p.m., with the Assistant Director of Nursing (ADON), the ADON stated the importance of notifying the physician that labs were not collected was to ensure there was an update (continued on next page)

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	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Nursing Center	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 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to the physician and to receive further treatment guidance. The ADON stated there would be potential for the residents' condition to worsen and the development of other complications related to the underlying symptoms.During a review of the facility's policy and procedure (P&P) titled Lab and Diagnostic Test Results - Clinical Protocol revised November 2018, the P&P did not indicate procedures for notifying physician when a laboratory or diagnostic test was not collected or performed.