

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/06/2026
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to protect one (1) out of three (3) sampled residents' (Resident 1) personal property from theft and loss in accordance with the facility's Policy and Procedure (P&P) titled Theft and Loss when the facility lost Resident 1's wallet containing his California Identification Card (CAID).The facility failed to:1.Follow up and replace Residents 1's missing CAID This deficient practice resulted in Resident 1 not having his CAID replaced for over two (2) years after the loss was reported and had the potential to cause Resident 1 to feel helpless and forgotten. Findings:During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that include muscle weakness and chronic pulmonary embolism (when a blood clot blocks and stops blood flow to an artery in the lung).During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 3/18/2026, the MDS indicated Resident 1 had intact cognitive (ability to think and process information) ability. The MDS indicated Resident 1 required set up assistance for eating. The MDS indicated Resident 1 required partial assistance (helper does less than half the effort) for oral hygiene. The MDS indicated Resident 1 required substantial assistance (helper does more than half the effort) for upper body dressing and personal hygiene. The MDS indicated Resident 1 was dependent on toileting hygiene, showering, lower body dressing and putting on/taking off footwear.During an interview on 6/5/2026 at 7:14 PM with Family Member 1 (FM) 1, FM 1 stated Resident 1 had informed the facility that he lost his wallet about two and a half years ago, but they did not follow up on it. FM 1 stated the facility has not replaced Resident 1's CAID that was in his lost wallet.During an interview on 6/6/2026 at 8:45 AM with Resident 1, Resident 1 stated the facility lost his wallet which had his CAID in it over two years ago. Resident 1 stated the Social Worker (SW) had told him they would try to get him a new CAID, but they did not follow up on it. Resident 1 stated the facility got him a replacement wallet and they were keeping it in a safe.During a concurrent interview and record review on 6/6/2026 at 1:35 PM with the facility's SW, Resident 1's Inventory List dated 3/30/2021 was reviewed. SW stated the Inventory List indicated Resident 1 had a black wallet with a CAID in it. SW stated the Inventory List indicated on 5/3/2021 the wallet was kept locked in the facility's business office.During a concurrent observation and interview on 6/6/2026 at 1:40 PM with the facility's SW, the contents of Resident 1's red replacement wallet were observed. SW stated the replacement wallet did not have a CAID in it. SW stated they could not find the Loss and Theft Report for when Resident 1 reported his wallet lost but it should have been done. SW stated Resident 1 may feel helpless if he does not get help to replace his lost items. SW stated if a Theft and Loss Report was not done, the facility cannot ensure the resident will receive his property back. During a concurrent interview and record review on 6/6/2026 at 2:26 PM with the facility's Regulatory Nurse (RN), a printed email from an online shopping website dated 5/21/2025 was reviewed. The email indicated that a wallet was ordered for Resident 1 and was scheduled to arrive on 5/22/2025. The RN stated the email showed Resident 1 received a replacement wallet after he reported the original one lost.During a concurrent interview and record review on 6/6/2026 at 2:47 PM with the RN, Resident (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056488
		If continuation sheet Page 1 of 2

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1's Social Worker Notes dated 4/2/2021 to 6/6/2026 and Resident 1's Inventory List dated 3/30/2021 were reviewed. The RN stated the last documented attempt by the Social Worker to replace Resident 1's CAID was on 9/11/2025. She stated there was no documented follow up after that date and confirmed that if it was not documented, it was not done. The RN stated Resident 1 had a CAID in his lost wallet, as documented in his 2021 inventory. During a concurrent interview and record review on 6/6/2026 at 2:52 PM with the RN, the facility's P&P titled Theft and Loss revised on 11/2024 was reviewed. The Theft and Loss P&P indicated It is the policy of this facility to safeguard the personal property of residents and protect residents' property from loss and theft. The Social Service Designee and or Social Service Assistant shall assist the Administrator in locating and/or investigating claims of loss property. The RN stated the policy indicated that the facility would protect residents' property from loss or theft, and the SW will assist in the investigation of lost property. The RN stated the SW should have followed up on Resident 1's missing CAID.		