| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056488 | A. Building<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0921<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.<br><br>Based on interviews and record review, the facility failed to ensure facility's water boiler was maintained and in proper working condition to provide residents with consistent access to hot water for bathing and personal hygiene.These failures resulted in residents being unable to access hot water consistently for bathing, which is necessary to maintain comfort, hygiene, and a safe living environment.Findings:During an interview on 4/8/2026 at 10:48 a.m. with Resident 220, Resident 220 stated the facility runs out of hot water in the mornings because the kitchen uses all the hot water. Resident 220 stated for the past couple of weeks had to shower early in the morning to avoid receiving a cold shower. During an interview on 4/8/2026 at 12:08 p.m. with Resident 171, she stated that on 4/5/2026 (Sunday) and 4/6/2026 (Monday) she refused to shower because the water was cold. Resident 171 stated cold water was uncomfortable and did not kill germs, and she did not feel as clean after using it. She also stated she has bowls in her closet that the CNAs fill with water for her bed baths, and they heat the water in the microwave before using it.During an interview on 4/8/2026 at 1:33 p.m. with Resident 273, Resident 273 stated she had not showered in three weeks because the water was cold. Resident 273 stated that on one occasion she screamed because the shower water was so cold. She stated she does not feel as clean when the water was cold during a shower or bath, and that cold showers are uncomfortable and unpleasant.During an interview on 4/8/2026 at 1:45 p.m. with Certified Nursing Assistant (CNA) 10, CNA 10 stated the water in the showers was sometimes cold because the kitchen uses a large amount of hot water. CNA 10 stated the water in the showers becomes cold after 12 p.m.During an interview on 4/8/2026 at 1:47 p.m. with CNA 8, CNA 8 stated she was working at the facility on 4/6/2026 and the hot water was not functioning in the evening. During an interview on 4/8/2026 at 1:55 p.m. with Maintenance Supervisor (MS), the MS stated he had received complaints from CNAs about the shower water not getting hot. The MS stated the boiler was not working on 4/7/2026 and it was repaired on 4/7/2026 at 8 a.m.During an interview on 04/09/2026 at 11:17 a.m., with CNA 2, CNA2 could not clean the resident's hair because there was no hot water from the sink in Resident 139's room. CNA 2 stated she usually filled a small container with water from the bathroom sink in the front bathroom to warm it CNA 2 stated she had experienced the lack of hot water twice in the past a month in all the rooms. CNA 2 stated the problem was reported to charge nurse. CNA 2 stated it was inappropriate to use cold water to provide resident care and had to microwave the water to provide comfortable water temperature.During an interview on 04/09/2026 at 1:11 p.m., with Maintenance Supervisor (MS 1), MS 1 stated two days earlier the laundry called him that the water boiler was not producing hot water. MS 1 stated staff members had previously complained about difficulty obtaining hot water. MS 1 stated laundry personnel informed MS1, on the morning of 4/7/26 that the water boiler was not working properly. MS 1 stated he also received complaints from CNAs almost daily that the water boiler was not producing hot water. MS1 tested the water temperature himself and stated it took 45 seconds to one minute to become hot. MS 1 stated 4/7/2026 was the first time he heard that staff were microwaving water. MS 1 stated he was the appropriate person to notify when the boiler was not functioning. MS1 stated he installed a circulation pump (pump that distribute hot water round the building) about three months ago because some<br>(continued on next page) |



| 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<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0921<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | nursing stations did not have regular hot water.During a review on 4/10/2026 at 3:19 p.m. with the Director of Nursing (DON), the DON stated it was not appropriate or acceptable for residents to bathe in cold water. The DON stated nursing staff should not heat water in the microwave to bathe residents, as they cannot accurately determine the water temperature and residents could be at risk for scalding.During a review of the facility's invoice dated 4/7/2026, the invoice indicated the MS contacted a heating repair company due to lack of hot water. The invoice indicated a failed igniter and ignition module were identified and replaced. The invoice indicated after both parts were replaced the unit was functioning properly.During a review of the facility's policy and procedure (P&P), titled Safety of Water Temperatures, dated 12/2007, the P&P indicated, If at any time water temperatures feel excessive to the touch., staff will report this finding to the immediate supervisor. During a review of facility's receipt titled Cash Sales Order dated 1/30/26, indicated facility ordered for circulatory pump and many other items to repair the water boiler three months ago.During a review of the facility's policy and procedure (P&P) titled Water Temperatures, Safety dated 12/2007, the P&P indicated.1.Water heaters that service resident rooms, bathrooms, common areas, and tub/shower areas shall be set to temperatures of no more than 120 * F (48.89* C), or the maximum allowable temperature per state regulation.2.Maintenance staff is responsible for checking thermostats and temperature controls in the facility and recording these checks in a maintenance log.3.Maintenance staff shall conduct periodic tap water temperature checks and record the water temperatures in a safety log. During a review of the facility's policy and procedure (P&P) titled Maintenance Service dated 12/2009, the P&P indicated; Maintenance service shall be provided to all areas of the building, grounds, and equipment. Crossed Reference F-584 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056488 | A. Building<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interview and record review the facility failed to have a safe, and homelike environment for six of five sampled residents ( Resident 56, 171,220,273,139 and Resident 31. The facility failed to:1.Ensure the room clocks for Resident 139, 31, and 56 room displayed the correct time.This failure had the potential to cause confusion and disorientation for Resident 139, Resident 31 and Resident 56 and staff.2. Ensure hot water was consistently available at the bathroom sink in Resident 56's room and ensure hot water was available for showers for Resident 171, 220, and 273.This resulted in delays in providing Resident 56 with bed baths and other activities of daily living (ADL-daily self-care activities) and Resident 171, 220 and 273 unable to shower in comfortable water temperature due to the lack of consistently available hot water.Findings:<br><br>1.During a review of Resident 139's admission Record, the admission Record indicated Resident 139 was initially admitted to facility on 12/28/23 and readmitted on [DATE]. The admission Record indicated Resident 139 with a diagnosis that included type 2 diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) with hyperglycemia (elevated blood sugar), long time use of insulin (medication that lowers blood sugar) and hyperlipidemia (high level of oil/fat in the body).<br><br>During a review of Resident 139's Minimum Data Set (MDS - a resident's assessment tool) dated 1/2/2026, the MDS indicated Resident 139 had mild cognitive (ability to understand and be understood by others) impairment for daily decision making. The MDS indicated Resident 139 was dependent (helper does all the effort. The resident makes no effort to complete the activity) with bed mobility, oral hygiene, toileting hygiene, personal hygiene, shower and upper/lower body dressing.<br><br>During a review of Resident 139's History and Physical (H&P), dated 7/24/2024, the H&P indicated, Resident 139 has fluctuating capacity due to cognitive impairment.<br><br>During a review of Resident 31's admission Record, the admission Record indicated Resident 31 was initially admitted to facility on 4/2/25 and readmitted on [DATE]. The admission Record indicated Resident 31 with a diagnosis of dementia (group of symptoms that affects the memory, thinking, and social abilities), major depressive disorder (persistent mood disorder that negatively affects how a person feels, thinks, and handles daily activities), and anxiety disorder (a feeling of persistent, overwhelming and interferes with the ability to lead a normal life).<br><br>During a review of Resident 31's MDS dated [DATE], the MDS indicated Resident 31 had cognitive impairment for daily decision making. The MDS indicated Resident 31 was dependent with bed mobility, oral hygiene, toileting hygiene, personal hygiene, shower and upper/lower body dressing.<br><br>During a review of Resident 56's admission Record, the admission Record indicated Resident 56 was initially admitted to facility on 3/20/20. The admission Record indicated Resident 56 with a diagnosis of hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) type 2 diabetes , and hyperlipidemia.<br><br>During a review of Resident 56's MDS dated [DATE], the MDS indicated Resident 56 had intact cognitive skills for daily decision making. The MDS indicated Resident 56 was independent with eating and oral care and requires assistant with bed mobility, toileting hygiene, personal hygiene, (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<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | shower and upper/lower body dressing.<br><br>During a concurrent observation and interview on 04/07/2026 at 10:58 a.m. in Residents' 56 rooms with Certified Nursing Assistant (CNA 4) and Resident 56, Resident 56 stated the bathroom sink did not produce hot water. CNA 4 stated this had been an ongoing problem in the facility. CNA 4 stated most of the time there was no hot water from the sink, and CNA 4 had to microwave cold water before providing resident care. CNS 4 stated the water temperature fluctuated and it was very difficult to provide care when hot water was not available in the sink.<br><br>During an observation and interview on 4/8/26 at 9:35 a.m., with CNA 3, and Resident 31 in Resident 31's room, observed the room clock displayed 5 p.m., despite the actual time being 9:35 a.m. Resident 31 did not know the clock was incorrect and wanted to know if it was the same in other resident's room. Resident 31 stated the clock was supposed to be correct to help residents know time of the day correctly without confusion. CNA 3 stated the clocks in the rooms were not working and needed repair. CNA 3 stated it was confusing when the clock has incorrect time.<br><br>During an interview on 04/09/2026 at 11:17 a.m., with CNA 2, CNA2 could not clean the resident's hair because there was no hot water from the sink in Resident 139's room. CNA 2 stated she usually filled a small container with water from the bathroom sink in the front bathroom to warm it CNA 2 stated she had experienced the lack of hot water twice in the past a month in all the rooms. CNA 2 stated the problem was reported to charge nurse. CNA 2 stated it was inappropriate to use cold water to provide resident care and had to microwave the water to provide comfortable water temperature.<br><br>During an interview on 04/09/2026 at 1:11 p.m., with Maintenance Supervisor (MS 1), MS 1 stated two days earlier the laundry called him that the water boiler was not producing hot water. MS 1 stated staff members had previously complained about difficulty obtaining hot water. MS 1 stated laundry personnel informed MS 1, on the morning of 4/7/26 that the water boiler was not working properly. MS 1 stated he also received complaints from CNAs almost daily that the water boiler was not producing hot water. MS1 tested the water temperature himself and stated it took 45 seconds to one minute to become hot. MS 1 stated 4/7/2026 was the first time he heard that staff were microwaving water. MS 1 stated he was the appropriate person to notify when the boiler was not functioning. MS1 stated he installed a circulation pump (pump that distribute hot water round the building) about three months ago because some nursing stations did not have regular hot water.<br><br>During an interview on 04/09/26 at 1:30 p.m., with MS 1, MS 1 stated all staff share responsibility for ensuring the clocks in resident rooms function correctly. MS 1 stated staff who enter the rooms and notice a malfunctioning clock can report it to maintenance. MS 1 stated the maintenance department also conducts room rounds to check the functionality of room supplies and equipment. MS1 stated anyone who frequently enters the rooms, including nurses, can notify maintenance if anything was not working properly.<br><br>During a review of facility's receipt titled Cash Sales Order dated 1/30/26, indicated facility ordered for circulatory pump and many other items to repair the water boiler three months ago.<br><br>During a review of the facility's policy and procedure (P&P) titled Water Temperatures, Safety dated 12/2007, the P&P indicated.<br><br>Water heaters that service resident rooms, bathrooms, common areas, and tub/shower areas shall be set to temperatures of no more than 120 * F (48.89* C), or the maximum allowable temperature per<br>(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<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | state regulation.<br><br>Maintenance staff is responsible for checking thermostats and temperature controls in the facility and recording these checks in a maintenance log.<br><br>Maintenance staff shall conduct periodic tap water temperature checks and record the water temperatures in a safety log.<br><br>During a review of the facility's policy and procedure (P&P) titled Maintenance Service dated 12/2009, the P&P indicated; Maintenance service shall be provided to all areas of the building, grounds, and equipment.<br><br>The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times.<br><br>The maintenance Director is responsible for developing and maintaining a schedule of maintenance service to ensure that the buildings, grounds, and equipment are maintained in a safe and operable manner.<br><br>Functions of maintenance personnel, include, but are not limited to:<br><br>Maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines.<br><br>Maintaining the building in good repair and free of hazards.<br><br>Establishing priorities in providing repair service.<br><br>Providing routinely scheduled maintenance service to all areas.<br><br>2.During a review of Resident 171's admission Record, the admission Record indicated Resident 171 was originally admitted to the facility on [DATE] and readmitted on [DATE]. The admission Record indicated Resident 171 with diagnoses of but not limited to urinary tract infection (UTI- an infection in the bladder/urinary tract), polyneuropathy (disease or dysfunction of multiple nerves, typically causing numbness or weakness in the hands and feet), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and chronic pain (pain that lasts longer than three months).<br><br>During a review of Resident 171's Physician History and Physical (H&P), dated 11/13/2025, the H&P indicated Resident 171 had the capacity to understand and make decisions.<br><br>During a review of Resident 171's Minimum Data Set (MDS-a resident assessment tool), dated 11/20/2026, the MDS indicated Resident 171 was dependent (helper does all the effort) on nursing staff with showering, toileting, and transferring.<br><br>During a review of Resident 220's admission Record, the admission Record indicated Resident 220 was admitted to the facility on [DATE] with diagnoses of but not limited to gout (a common and highly painful form of inflammatory arthritis), polyneuropathy, chronic viral hepatitis C (a viral infection of the liver that leads to illness and can be spread by contact with the contaminated blood), (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<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | and pain in the left and right ankles and joints.<br><br>During a review of Resident 220's H&P, dated 12/12/2025, the H&P indicated Resident 220 had the capacity to understand and make decisions.<br><br>During a review of Resident 220's MDS, dated [DATE], the MDS indicated Resident 220 needed nursing staff supervision or touching assistance (helper provides verbal cues and or touching, steadying, and or contact guard assistance as resident completes activity) with showering, toileting oral hygiene, and transferring.<br><br>During a review of Resident 273's admission Record, the admission Record indicated Resident 273 was originally admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses of but not limited to quadriplegia (paralysis from the neck down, including legs, and arms, usually due to a spinal cord injury), dermatitis, peripheral vascular disease (PVD - a slow progressive narrowing of the blood flow to the arms and legs) and anemia (a condition where the body does not have enough healthy red blood cells).<br><br>During a review of Resident 273's H&P, dated 11/7/2025, the H&P indicated Resident 273 had the capacity to understand and make decisions.<br><br>During a review of Resident 273's MDS, dated [DATE], the MDS indicated Resident 273 was dependent (helper does all the effort) on nursing staff with showering, oral hygiene, personal hygiene and transferring.<br><br>During a review of Resident 273's Order Summary Report, dated 3/23/2026, the Order Summary Report indicated Resident 273 had an order to cleanse the left and right breast fold with soap and water every day for skin maintenance.<br><br>During an interview on 4/8/2026 at 10:48 a.m. with Resident 220, Resident 220 stated the facility runs out of hot water in the mornings because the kitchen uses all the hot water. Resident 220 stated for the past couple of weeks had to shower early in the morning to avoid receiving a cold shower.<br><br>During an interview on 4/8/2026 at 12:08 p.m. with Resident 171, she stated that on 4/5/2026 (Sunday) and 4/6/2026 (Monday) she refused to shower because the water was cold. Resident 171 stated cold water was uncomfortable and did not kill germs, and she did not feel as clean after using it. She also stated she has bowls in her closet that the CNAs fill with water for her bed baths, and they heat the water in the microwave before using it.<br><br>During an interview on 4/8/2026 at 1:33 p.m. with Resident 273, Resident 273 stated she had not showered in three weeks because the water was cold. Resident 273 stated that on one occasion she screamed because the shower water was so cold. She stated she does not feel as clean when the water was cold during a shower or bath, and that cold showers are uncomfortable and unpleasant.<br><br>During an interview on 4/8/2026 at 1:45 p.m. with Certified Nursing Assistant (CNA) 10, CNA 10 stated the water in the showers was sometimes cold because the kitchen uses a large amount of hot water. CNA 10 stated the water in the showers becomes cold after 12 p.m.<br><br>During an interview on 4/8/2026 at 1:47 p.m. with CNA 8, CNA 8 stated she was working at the facility on 4/6/2026 and the hot water was not functioning in the evening.<br>(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<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During an interview on 4/8/2026 at 1:55 p.m. with Maintenance Supervisor (MS), the MS stated he had received complaints from CNAs about the shower water not getting hot. The MS stated the boiler was not working on 4/7/2026 and it was repaired on 4/7/2026 at 8 a.m.<br><br>During a review on 4/10/2026 at 3:19 p.m. with the Director of Nursing (DON), the DON stated it was not appropriate or acceptable for residents to bathe in cold water. The DON stated nursing staff should not heat water in the microwave to bathe residents, as they cannot accurately determine the water temperature and residents could be at risk for scalding.<br><br>During a review of the facility's invoice dated 4/7/2026, the invoice indicated the MS contacted a heating repair company due to lack of hot water. The invoice indicated a failed igniter and ignition module were identified and replaced. The invoice indicated after both parts were replaced the unit was functioning properly.<br><br>During a review of the facility's policy and procedure (P&P), titled Safety of Water Temperatures, dated 12/2007, the P&P indicated, If at any time water temperatures feel excessive to the touch., staff will report this finding to the immediate supervisor.<br><br>Cross Reference F921 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056488 | A. Building<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure staff followed infection control practices for two of three sampled residents (Residents 242 and 180). The facility failed to:1.Sanitize the blood pressure (BP) cuff and stethoscope(instrument used to hear heart beat) before using them during Resident 242's 9:00 a.m. medication administration.2.Perform hand hygiene on two separate occasions while takingResident 242's blood pressure during Resident 242's 9:00 a.m. medication administration.3.Perform hand hygiene before distributing the lunchtime meal trays.4.Perform hand hygiene while providing care to Resident 180.These failures had the potential for crossˆcontamination (the transfer of bacteria, viruses, microorganisms, or other harmful substances from one surface to another through improper or unsanitary equipment, procedures, or products) and the transmission of infectious agents.Findings:<br><br>During a review of Resident 242's admission Record, the admission Record indicated, Resident 242 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnosis including anemia (low blood count), hypertension (HTN-high blood pressure), and dementia (a progressive state of decline in mental abilities).<br><br>During a review of Resident 242's History and Physical (H&P), dated 3/1/2026, the H&P indicated Resident 242 was alert and oriented.<br><br>During a review of Resident 242's Minimum Data Set (MDS – a resident assessment tool) dated 1/1/2026, the MDS indicated Resident 242 cognition (ability to think, understand, learn, and remember) was intact. The MDS indicated Resident 242 was dependent (helper does the work) with activities of daily living ([ADLs] daily self-care activities like toileting, bathing and dressing).<br><br>During a review of Resident 242's Order Summary Report dated 4/9/2026, the Order Summary Report indicated Resident 242 had orders for carvedilol ( BP medication) 25 milligrams (mg- unit of measure) give two times (BID) a day for hypertension (HTN) hold if systolic blood pressure (SBP- top number) less than (<) 110, hold for heart rate (HR) 60.<br><br>During an observation on 4/8/2026 at 9:28 a.m. in Resident 242's room, observed Licensed Vocational Nurse (LVN) 4 remove an automated (electronic device that automatically inflates and deflates) blood pressure cuff from the medication cart, enter the room, and take Resident 242's blood pressure. The machine displayed an error message, and LVN 4 stated he needed to retake the blood pressure. LVN 4 did not perform hand hygiene or sanitize the blood pressure cuff before or after using it on Resident 242.<br><br>2.During an observation on 4/8/2026 at 9:40 a.m. in Resident 242's room, observed LVN 4 remove a manual blood pressure cuff and stethoscope from the medication cart, enter the room, and retake Resident 242's blood pressure. LVN 4 did not perform hand hygiene or sanitize the blood pressure cuff or stethoscope before or after taking the resident's blood pressure. After completing the task, LVN 4 placed the cuff and stethoscope on top of the medication cart and again did not perform hand hygiene. LVN 4 stated he would clean the blood pressure cuff and stethoscope later.<br><br>During an interview on 4/8/2026 at 1:41 p.m., LVN 4 stated he forgot to clean the blood pressure cuffs and stethoscope and did not perform hand hygiene because he was nervous. LVN 4 stated he should have performed hand hygiene and sanitized the blood pressure cuff and stethoscope before (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<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | taking Resident 242's blood pressure to prevent the spread of germs and bacteria.<br><br>3. During an observation on 4/7/2026 at 12:10 p.m. in the main dining room, observed the Activities Assistant (AA) serving the lunchtime meal trays. The AA took a pen out of his pocket and wrote something down, then opened a resident's milk without performing hand hygiene. The AA returned to the meal cart, picked up another meal tray, and served a resident. The AA again removed the pen from his pocket, wrote something down, and opened another resident's milk without performing hand hygiene. The AA then proceeded back to the meal cart, retrieved another tray, and served another resident. The AA opened additional milk and removed the plastic lid from a cranberry juice container, and no hand hygiene was observed at any time during the process.<br><br>During an interview on 4/7/2026 at 12:59 p.m., with the AA, the AA stated he put his hand in his pocket to retrieve his pen and wrote on the residents' meal tickets without performing hand hygiene before continuing to distribute the lunch trays. The AA stated staff were expected to perform hand hygiene before serving residents their meal trays to avoid spreading germs to the residents.<br><br>During an interview on 4/10/2026 at 9:15 a.m., with the Infection Preventionist (IP), the IP stated staff were expected to perform hand hygiene before and after every task and whenever they come into contact with a resident or the resident's belongings. The IP stated that multiˆuse equipment, such as blood pressure cuffs and stethoscopes, must be sanitized before and after each use. The IP stated that when staff do not sanitize multiˆuse equipment and do not perform hand hygiene, both residents and staff were at risk for infection from the spread of germs and bacteria and may become susceptible to disease.<br><br>During an interview on 4/10/2026 at 2:12 p.m., with the Director of Nursing (DON), the DON stated staff must perform hand hygiene between residents, after touching any item, and before passing out residents' meal trays. The DON stated blood pressure cuffs and stethoscopes must be sanitized every time they come into contact with residents. The DON stated when staff do not follow infection control practices, there was a potential for crossˆcontamination.<br><br>4. During a review of Resident 180 's admission Record, the admission Record indicated Resident 180 was admitted to the facility on [DATE] with diagnoses including muscle weakness (loss of muscle strength).) polyneuropathy (a condition that cause weakness, numbness, and burning pain, typically starting in the hands and feet ), and type 2 diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) with hyperglycemia (high blood sugar)<br><br>During a review of Resident 180's Minimum Data Set ( MDS-a resident assessment tool) dated 03/25/2026, the MDS indicated Resident 180 was cognitively intact. The MDS indicated Resident 180 needs partial/moderate assistance (helper does less than half the effort ) with ADLs.<br><br>During an observation on 04/09/2026 at 4:14 p.m., observed Certified Nursing Assistant (CNA) 7 walking with a clear plastic bag containing a gown and a towel. CNA 7 entered Resident 180 room and placed the bag on a table without performing hand hygiene. CNA 7 then exited the room, retrieved a blood pressure machine from the hallway, and entered Resident 180's to perform vital signs on Resident 180 without performing hand hygiene. After taking Resident 180's blood pressure, CNA 7 walked toward the next bed to take another blood pressure reading.<br><br>During an interview on 04/10/2026 at 12:39 p.m. with Certified Nursing Assistant (CNA) 7, CNA 7 stated it was important to sanitize her hands before entering any resident rooms and to sanitize and (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<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | clean the blood pressure machine after each use to prevent the spread of infection. CNA 7 stated she needs to be more careful and aware that residents are on enhanced barrier precautions. CNA 7 stated residents can become sick and spread germs if staff do not wash or sanitize their hands.<br><br>During an interview on 04/10/2026 at 12:28 p.m. with Registered Nurse Supervisor 1 (RNS 1), RNS 1 stated staff should always disinfect equipment before and after use and wash their hands to avoid the spread of infection. RNS 1 stated staff receive continual education on the importance of infection control and stated she does not know why some staff still enter rooms without performing hand hygiene, but she will continue to provide inˆservice training.<br><br>During a review of the facility's policy and procedure (P&P) titled Hand Hygiene dated 2/2025, the P&P indicated to reduce the risk of infection transmission and protect residents, staff, and visitors by ensuring proper hand hygiene practices are consistently followed in all areas of the nursing home. Hand hygiene is the single most effective method to prevent the spread of infections in healthcare settings. All staff must perform hand hygiene at appropriate times using approved techniques and products.<br><br>During a review of the facility's policy and procedure (P&P) titled Cleaning and Disinfecting Non-critical Resident – Care Items dated 6/2011, the P&P indicated, reusable items are cleaned and disinfected or sterilized between residents ( e.g., stethoscopes, durable medical equipment). |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056488 | A. Building<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the residents' right to privacy and dignity was maintained during care and while in common areas for one of three sampled residents (Resident 256).This failure resulted in Resident 256 being visibly exposed on multiple occasions, with legs and indwelling urinary catheter (foley catheter-a tube inserted into the bladder [tubing] drains the urine into a collection bag) tubing observable to others, which had the potential to cause embarrassment, decreased self-esteem and self-worth.Findings:During a review of Resident 256's admission Record, the admission Record indicated Resident 256 was admitted to the facility on [DATE] with diagnoses including Parkinson's disease (a progressive disorder that affects movement), and atrial fibrillation (irregular heartbeat). During a review of Resident 256's History and Physical (H&P), the H&P indicated Resident 256 has limited decision-making capacity.During a review of Resident 256's Minimum Data Set (MDS ?a resident assessment tool) dated 3/24/2026, the MDS indicated Resident 256 was dependent (helper does all of the effort) of care and required assistance with eating, toileting, and showering.During a concurrent observation and interview on 4/8/2026 at 9:41 a.m., observed Licensed Vocational Nurse (LVN) 1 administer medication to Resident 256 while the resident's privacy curtain remained open from the hallway. Resident 256's legs and foley catheter tubing. LVN 1 stated staff should close the privacy curtain while performing care to maintain the resident's privacy and dignity. LVN 1 stated leaving the curtain open could make the resident feel exposed, uncomfortable, and embarrassed.During a concurrent interview and record review on 4/8/2026 at 9:48 a.m. with Licensed Vocational Nurse (LVN) 1, reviewed Resident 256's Care Plan dated 3/2026. LVN 1 stated there was no documentation indicating that the resident preferred or consented to having the privacy curtain remain open during care or medication administration.During a concurrent observation and interview on 4/9/2026 at 10:11 a.m. with the Occupational Therapist (OT, profession that provides services to increase and/or maintain a person's capability to participate in everyday life activities) Assistant (OTA), observed Resident 256 sitting in a wheelchair in the hallway while accompanied by the OTA. Resident 256 legs were exposed, and the foley catheter tubing was visible. The OTA acknowledged that exposing the resident's legs and catheter tubing in the hallway did not maintain the resident's dignity and stated that staff should have intervened immediately to cover the resident and reposition the tubing. The OTA stated such exposure could cause Resident 256 to feel humiliated, experience a loss of dignity, and lose trust in staff's ability to protect their privacy.During an interview on 4/10/2026 at 3:24 p.m., with the Senior Nurse Executive (SNE), SNE stated facility policy requires staff to maintain residents' dignity at all times. The SNE stated this includes closing privacy curtains or doors during care, keeping residents properly covered, and ensuring that medical devices, such as foley catheters, were not exposed in public areas. The SNE stated staff were expected to close privacy curtains or doors before providing care, including medication administration, and to ensure the resident was not exposed. The SNE stated residents sitting in a wheelchair in the hallway should be fully dressed or covered and that any tubing or medical devices should be discreetly positioned to protect dignity and privacy. The SNE stated failing to follow these expectations can result in psychosocial harm to the resident, including embarrassment and loss of dignity, and reflects a breakdown in the facility's system to ensure staff compliance with resident rights.During a review of the facility's policy and procedure (P&P) titled, Catheter Care, Indwelling, dated 2024, the P&P indicated, Provide privacy and explain the procedure.During a review of the facility's policy and procedure (P&P) titled, Dignity, dated 2024, the P&P indicated, Staff promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures.During a review of the facility's policy and procedure (P&P) titled, Policy and procedure (P&P) titled, Resident Rights, dated 2024, the P&P indicated Employees shall treat all residents with kindness, respect, and dignity. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056488 | A. Building<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Reasonably accommodate the needs and preferences of each resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to:1.Ensure three of four sampled residents (Resident 241,193, and 120) call light device was within reach to each resident.This deficient practice had the potential to result in the residents being unable to summon health care workers for assistance with care and services as needed.2.Provide a safe and appropriate bed frame for one of one sampled resident (Resident 58).This deficient practice placed the resident at risk for skin breakdown, discomfort, and an inability to safely position himself in bed, creating a potential for accident hazards. Findings:<br><br>1, During a review of Resident 241's admission Record, the admission Record indicated Resident 241 was admitted to the facility on [DATE] with diagnoses including overactive bladder (causes a sudden, uncontrollable urge to urinate), paraplegia, unspecified, (partial or complete paralysis of the lower half of the body), and anxiety disorder, unspecified (emotion characterized by feelings of tension, worried thoughts )<br><br>During a review of Resident 241's Minimum Data Set ( MDS-a resident assessment tool) dated 03/27/2026, the MDS indicated Resident 241 was cognitively (ability to think, understand, learn, and remember) intact. The MDS indicated Resident 241 was dependent (helper does all the effort. Residents do none of the effort to complete the activity) with activities of daily living (ADL).<br><br>During a review of Resident 193's admission Record, the admission Record indicated Resident 193 was admitted to the facility on [DATE] with diagnoses including cachexia, (life-threatening metabolic condition causing significant muscle and fat loss), dysphagia unspecified ( difficulty swallowing), and contracture (a permanent tightening of muscles, tendons, skin, and nearby tissues that causes the joints to shorten and become very stiff) left hand.<br><br>During a review of Resident 193's MDS dated [DATE] indicated Resident 193 cognition was severely impaired The MDS indicated Resident 193's, was dependent with ADLs.<br><br>During a review of Resident 120's admission Record, the admission Record indicated Resident 120 was admitted to the facility on [DATE] with diagnoses including, functional quadriplegia (the complete inability to move all four limbs due to severe physical or mental frailty), adult failure to thrive (unintentional weight loss, cognitive decline, and reduced physical activity), and dysphagia unspecified.<br><br>During a review of Resident 120's MDS dated [DATE], the MDS indicated Resident 120 cognition was moderately impaired. The MDS indicated Resident 120's, was dependent with ADLs.<br><br>During a concurrent observation and interview on 04/07/2026 at 3:03 p.m., with Resident 241, observed Resident 241 lying awake in bed, calling for help and asking to pull her up in bed. The call light was tied to the back of the bed rail and was not within her reach. When asked if she was able to press the call light, Resident 241 shook her head to indicate no and stated she needed help and could not find it.<br><br>During a concurrent observation and interview on 04/07/2026 at 3:04 p.m., with Licensed Vocational Nurse 3 (LVN 3), LVN 3 entered the room observed Resident 241 lying in bed. The resident's call light was tied to the back of the bed rail and was not within her reach. Resident 241 was unable to press<br>(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<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | the call light. LVN 3 stated the call light was supposed to be within reach and when it was not, it caused delays in care, could be frustrating for the resident, and could lead to other issues.<br><br>During an observation on 04/07/2026 at 3:14 p.m., observed the call lights for Residents 193 and 120 were not within their reach.<br><br>During an interview on 04/10/2026 at 12:59 p.m., with Certified Nursing Assistant (CNA) 6, CNA 6 stated that she did not tie the call light to the back of the bed rail but forgot to check the call light during her rounds at the end of her shift. CNA 6 stated when a call light was not within reach, residents were unable to ask for help, may fall, and may experience other issues.<br><br>During an interview on 04/10/2026 at 1:04 p.m. with the Director of Nursing (DON), the DON stated the call light was essential and serves as the resident's first means of communication. The DON stated all staff were expected to ensure call lights were within reach for the residents.<br><br>During a review of the facility's P&P titled, Dignity, dated 10/2024, the P&P indicated, Individual needs and preferences of the resident are identified through the assessment process.<br><br>2.During a review of Resident 58's admission Record, the admission Record indicated Resident 58 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing) and spinal stenosis (the narrowing of the spaces within your spine, which puts pressure on the nerves and spinal cord).<br><br>During a review of Resident 58's Height Summary dated 4/19/2025, the Height Summary indicated Resident 58's height was 73 inches (standard unit of length).<br><br>During a review of Resident 58's Minimum Data Set (MDS- a resident assessment tool) dated 1/26/2026, the MDS indicated Resident 58's cognition (ability to think, understand, learn, and remember) was intact. The MDS indicated Resident 58 required maximal (helper does more than half the effort) assistance with toileting, showering, bathing, and personal hygiene.<br><br>During a concurrent observation and interview on 4/7/2026 at 10:33 a.m., in Resident 58's room, Resident 58 stated his bed was too short and he has mentioned this to the staff, but nothing was done. Resident 58's feet were observed pressed up against the foot of the bed on the bed board.<br><br>During a concurrent observation and interview on 4/7/2026 at 1:10 p.m., with Certified Nurse Assistant (CNA) 5, in Resident 58's room, CNA 5 stated Resident 58's bed appears too short for him because he is a tall man which can potentially make him uncomfortable.<br><br>During an interview on 4/10/2026 at 2:45 p.m., with the Director of Nursing (DON), the DON stated Resident 58 should have a longer bed so he is comfortable because his feet should not be touching the bed board. The DON stated Resident 58 having a bed of inadequate length could cause Resident 58 to be uncomfortable.<br><br>During a review of the facility's policy and procedure (P&P) titled, Quality of Life- Home Like Environment, dated 11/2024, the P&P indicated, It is the policy of this facility to provide each resident with a safe, clean, comfortable, and homelike environment.<br><br>During a review of the facility's P&P titled, Dignity, dated 10/2024, the P&P indicated, Individual needs and preferences of the resident are identified through the assessment process. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056488 | A. Building<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Minimum Data Set (MDS- a resident assessment tool) accurately reflected the care and services provided to one of three sampled residents (Resident 7)This deficient practice resulted in the transmission of inaccurate data to the Centers for Medicare and Medicaid Services (CMS) regarding Resident 7's health status and individual healthcare needs.Findings:During a review of Resident 7's admission Record, the admission Record indicated Resident 7 was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 7's diagnoses included diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing) and dementia (a progressive state of decline in mental abilities).During a review of Resident 7's MDS dated [DATE], the MDS indicated Resident 7's cognition (ability to think, understand, learn, and remember) was severely impaired. The MDS indicated Resident 7 was dependent (helper does all of the effort) on activities of daily living (ADLs- activities such as bathing, dressing, and toileting a person performs daily).During a concurrent interview and record review on 4/9/2026 at 3:31 p.m., with the Minimum Data Set Nurse (MDSN) 2, Resident 7 MDS was reviewed. MDSN 2 stated Resident 7 was not currently on any anticoagulants (medication that prevent blood clots from forming in the bloodstream). MDSN 2 stated Resident 7's MDS was inaccurate and stated it was important to ensure the MDS was coded correctly because it reflects the assessment and care plan for Resident 7.During an interview on 4/10/2026 at 2:45 p.m., with the Director of Nursing (DON), the DON stated it was important the MDS was completed accurately because it reflects the resident's condition in real time.During a review of the facility's policy and procedure (P&P) titled, Resident Assessment Instrument {RAI}Process, dated 10/2024, the P&P indicated, The purpose of the policy is to establish a standardized process for conducting and completing comprehensive assessments of residents, in accordance with the guidelines outlined in the RAI Manual that ensures accurate and timely assessments reflecting the resident's needs and support appropriate care planning. The P&P indicated, MDS provides a core set of screening, clinical, and functional status elements that forms the foundation of the comprehensive assessment for all residents of long-term care facilities |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056488 | A. Building<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that one of three sampled residents (Resident 139) received a bed bath and an incontinent (loss of the ability to control urine and feces) pad change on 4/7/2026. This deficient practice resulted in Resident 139 experiencing itching and scratching from a wet incontinent pad, lowered self^esteem, and appearing emotional while in the facility.Findings:During a review of Resident 139's admission Record, the admission Record indicated Resident 139 was initially admitted to facility on 12/28/23 and readmitted on [DATE]. The admission Record indicated a diagnosis that included type 2 diabetes ( a disorder characterized by difficulty in blood sugar control and poor wound healing) with hyperglycemia (elevated blood sugar), long time use of insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication) and hyperlipidemia (high level of oil/fat in the body).During a review of Resident 139's Minimum Data Set (MDS - a resident's assessment tool) dated 1/2/2026, the MDS indicated Resident 139 had mild cognitive (ability to think, understand, learn, and remember)skills for daily decision making. The MDS indicated Resident 139 was dependent (helper does all the effort. The resident makes no effort to complete the activity) with bed mobility, oral hygiene, toileting hygiene, personal hygiene, shower and upper/lower body dressing.During a review of Resident 139's History and Physical (H&P), dated 7/24/2024, the H&P indicated, Resident 139 has fluctuating capacity due to cognitive impairment.During a review of Resident 139's Care plan dated 1/11/2024, the Care Plan indicated Resident 139 has a self-care deficit related to muscle weakness. The Care Plan intervention indicated facility will honor and respect Resident 139's preference for bathing which is a bed bath per schedule. Resident 139 is totally dependent on toileting and incontinent care. Encourage Resident 139 to use call light for assistance.During a concurrent observation and interview on 4/7/26 at 11:54 a.m., with Resident 139 in Resident 139's rooms, Resident 139 was laying down in bed. Resident 139 stated she was itching and had not been changed since the morning. Resident 139 stated she had pushed the call light, and Certified Nursing Assistant CNA 1 answered the call light at 11:20 a.m., and informed her that (CNA 2) would come in approximately 10 minutes to change Resident 139. Resident 139 was significantly itching and was still in a wet incontinent pad. During a concurrent observation and interview on 4/7/26 at 11:58 a.m., with Licensed Vocational Nurse 2 (LVN 2) and Resident 139, LVN 2 entered Resident 139's room and stated that CNA 2 went on break at 11:35 a.m. and was expected to return at 12:30 p.m. While LVN 2 was in the room, Resident 139 stated the last perineal care (cleaning of the genital and anal areas) occurred on 4/7/2026 at 4:30 a.m., and no additional care had been provided since then. LVN 2 stated that CNA 2 provided personal care to Resident 139's roommate earlier that morning but did not change Resident 139's incontinent pad. LVN 2 stated Resident 139 had requested to be kept comfortable and to avoid itching caused by a wet incontinent pad. Resident 139 stated this occurred almost daily and she expect to receive care no later than 10:00 a.m. to 11:00 a.m. Resident 139 appeared emotional, was scratching the skin due to itching, and verbally expressed discomfort from remaining in a wet incontinent pad.During a concurrent observation and interview on 4/7/26 at 12:08 p.m. with CNA 2, CNA 2 stated she had changed Resident 139's roommate and then went on break at 11:45 a.m. Resident 139 stated that while CNA 2 was in the room, no staff asked whether the resident needed to be changed. CNA 2 stated she was unable to change Resident 139 alone and required assistance, but she did not request help from other co^workers.During an interview on 4/9/26, at 10:58 a.m., with CNA 1, CNA 1 stated her responsibilities include ensuring residents were safe, comfortable and their needs were addressed. CNA 1 stated all CNAs provide incontinent care to promote comfort, prevent pressure ulcers (injury to skin and underlying tissue resulting from prolonged pressure on the skin), maintain dignity, and prevent infection. CNA 1 stated delays in providing incontinent care can result in skin breakdown, discomfort, irritation, skin redness and loss (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<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | of dignity. CNA 1 stated on 4/7/26 at 11:20 a.m. she answered Resident 139's call light. The resident requested to be changed because the incontinent pad was wet and causing itching. CNA 1 stated she informed Resident 139 she would check with the assigned CNA (CNA 2) and return in approximately 10 minutes. CNA 1 stated she did not inform anyone because she was in the middle of providing care to another resident. CNA 1 stated she did not provide the needed assistance and did not communicate Resident 139's need for incontinent care to another CNA.During a review of facility's policy and procedure (P&P) titled' Activities of Daily Living (ADLs), dated 10/2024, the P&P indicated Each resident of the facility receive and must be provided the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being consistent with the resident's comprehensive assessment and plan of care. This will include nursing staff conducting routine resident monitoring to ensure resident safety and well-being. Staff will ensure ADL is monitored, assisted with, and provided to residents who are unable to perform ADL.Ensure the following ADL are performed, supervised and assisted included. CNAs will perform self-care with ADLs at the level on the CNA care plan. Encourage the residents to make choice related to their daily living-clothing, time to get up, time for a bath, and type of bath.Bathing showering/ and personal hygieneEating/feedingDressingGroomingToiletingTransferring bed/chairRepositioningWalking /Ambulation |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056488 | A. Building<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure Resident 242 received ferrous sulfate (iron - mineral) and carvedilol (blood pressure medications) as prescribed on 4/10/2026 at 9:00 a.m.This failure had the potential to prevent the medications from maintaining a therapeutic dose level (a level in the blood needed for the medication to work effectively) when medications are not administered according to the physician's orders.Findings:During an observation on 4/8/2026 at 9:28 a.m. in Resident 242's room, Licensed Vocational Nurse 4 (LVN 4) was observed preparing and administering the resident's 9:00 a.m. medications. LVN 4 did not prepare or administer Resident 242's 9:00 a.m. ferrous sulfate or carvedilol as ordered by the physician. The carvedilol was not administered because the medication was not available.During a review of Resident 242's admission Record, the admission Record indicated, Resident 242 was admitted to the facility on [DATE] and readmitted on [DATE]. The admission Record indicated Resident 242 with diagnosis including anemia (a condition where the body does not have enough healthy red blood cells), hypertension (HTN-high blood pressure), and dementia (a progressive state of decline in mental abilities).During a review of Resident 242's History and Physical (H&P), dated 3/1/2026, the H&P indicated Resident 242 was alert and oriented.During a review of Resident 242's Minimum Data Set (MDS - a resident assessment tool) dated 1/1/2026, the MDS indicated Resident 242 cognition (ability to think, understand, learn, and remember) was intact. The MDS indicated Resident 242 was dependent (helper does the work) with activities of daily living ([ADLs] daily self-care activities like toileting, bathing and dressing).During a review of Resident 242's Order Summary Report dated 4/9/2026, the order summary report indicated Resident 242 had an order for iron (mineral) 325 milligrams (mgs- unit of measure) give one tablet by mouth at 9:00 a.m. for anemia. Carvedilol (blood pressure medication) 25 mgs give two times a day (BID) for hypertension hold if systolic blood pressure (SBP- top number) less than (<) 110, hold for heart rate (HR) < 60.During an interview on 4/8/2026 at 1:41 p.m. with Licensed Vocational Nurse 4 (LVN 4), LVN 4, stated he missed administering Resident 242's ferrous sulfate because he did not see the order on the computer screen. LVN 4 stated Resident 242's carvedilol was not administered because the medication was unavailable. LVN 4 stated not receiving these medications placed Resident 242 at risk for a stroke (blood flow to the brain is blocked) or a heart attack (blood flow to heart is blocked).During an interview on 4/10/2026 at 2:02 p.m. with the Director of Nurses (DON), the DON stated medications should be administered as prescribed by the physician and must be available for nurses to give. The DON stated when these medications were not administered as prescribed there would be a delay in treatment and a possibility Resident 242 could experience high blood pressure.During a review of the facility's policy and procedure (P&P) titled Medication Administration dated 5/2022, the P&P indicated Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so.Cross reference F759 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056488 | A. Building<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0759<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure medication error rates are not 5 percent or greater.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain a medication error rate of less than 5 percent % (percent) during medication pass for one of seven sampled residents (Residents 242) by failing to:1.Administer ferrous sulfate (iron-mineral) and carvedilol (blood pressure medication) as prescribed by Resident 242's physician.These deficient practices resulted in a medication administration error rate of 6.9%, which exceeded the 5% threshold and medications not to maintain a therapeutic dose level (maintain a certain level in your blood to work well) when not administering medications according to physician's orders.Findings:During a review of Resident 242's admission Record, the admission Record indicated, Resident 242 was admitted to the facility on [DATE] and readmitted on [DATE]. The admission Record indicated Resident 242 with diagnosis including anemia (a condition where the body does not have enough healthy red blood cells), hypertension (HTN-high blood pressure), and dementia (a progressive state of decline in mental abilities).During a review of Resident 242's History and Physical (H&P), dated 3/1/2026, the H&P indicated Resident 242 was alert and oriented.During a review of Resident 242's Minimum Data Set (MDS - a resident assessment tool) dated 1/1/2026, the MDS indicated Resident 242 cognition (ability to think, understand, learn, and remember) was intact. The MDS indicated Resident 242 was dependent (helper does the work) with activities of daily living ([ADLs] daily self-care activities like toileting, bathing and dressing).During a review of Resident 242's Order Summary Report dated 4/9/2026, the order summary report indicated Resident 242 had an order for iron (mineral) 325 milligrams (mgs- unit of measure) give one tablet by mouth at 9:00 a.m. for anemia. Carvedilol (blood pressure medication) 25 mgs give two times a day (BID) for hypertension hold if systolic blood pressure (SBP- top number) less than (<) 110, hold for heart rate (HR) < 60.During an interview on 4/8/2026 at 1:41 p.m. with Licensed Vocational Nurse 4 (LVN 4), LVN 4, stated he missed administering Resident 242's ferrous sulfate because he did not see the order on the computer screen. LVN 4 stated Resident 242's carvedilol was not administered because the medication was unavailable. LVN 4 stated not receiving these medications placed Resident 242 at risk for a stroke (blood flow to the brain is blocked) or a heart attack (blood flow to heart is blocked).During an interview on 4/10/2026 at 2:02 p.m. with the Director of Nurses (DON), the DON stated medications should be administered as prescribed by the physician and must be available for nurses to give. The DON stated when these medications were not administered as prescribed there would be a delay in treatment and a possibility Resident 242 could experience high blood pressure.During a review of the facility's policy and procedure (P&P) titled Medication Administration dated 5/2022, the P&P indicated Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so.Cross Reference F755 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056488 | A. Building<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure medications were stored safely and in accordance with manufacturer expiration dates and facility policy. The facility failed to:1.Remove expired medications, expired vaccines from medication rooms2. Replaced an outdated insulin emergency kit (Ekit- emergency medication used to treat high blood sugar) after it was last on 11/16/2025.These failure had the potential to result in ineffective treatment, delayed access to emergency medications, and compromised resident safety for residents who received these medications.Findings:During a concurrent observation and interview on 4/7/2026 at 11:00 a.m. with Registered Nurse Supervisor 3 (RNS 3), in medication room [ROOM NUMBER], observed a container of Gavilyte -G sol (laxative) with an expiration date of 6/16/2025. RNS 3 stated staff must discard expired medications because they may no longer be effective and should not be given to a resident.During a concurrent observation and interview on 4/7/2026 at 2:15 p.m. with Licensed Vocational Nurse 5 (LVN 5), in medication room [ROOM NUMBER] two expired pneumococcal (respiratory illness) vaccines (medical treatment that helps the body fight disease) with expiration date of 3/12/2026 and 3/24/2026, two expired COVID-19 (respiratory illness) vaccines with expiration date of 3/12/2026, and 3/24/2026), and an open insulin e-kit last accessed (opened) on 11/16/2025. LVN 5 stated staff must discard expired medications because they are not safe to give to residents. LVN 5 stated that the insulin e-kit opened on 11/16/2025 should have been reordered on that day. LVN 5 stated e-kits are for emergencies and medications need to be available.During an interview on 4/10/2026 at 2:02 p.m. with the Director of Nursing (DON), the DON stated staff should not store expired medications in the medication rooms and must discard them because they may lose their potency and become ineffective. The DON stated Ekit should be reordered on the day they were opened to ensure medications were available in an emergency.During a review of the facility's policy and procedure (P&P) titled, Medication Ordering and Receiving dated 2024, the P&P indicated, the nurse records the medication use from the emergency kit on the medication order form and calls the pharmacy for replacement of the kit/dose and/or flags the kit with a color coded lock to indicate need for replacement of kit/dose, as soon as possible after the medication has been administered. The kits are monitored/inventoried by the (consultant pharmacist/provider pharmacy at least every thirty (30) days) for completeness and expiration dating of the contents.During a review of the facility's P&P titled, Medication Storage in the facility dated 2024, the P&P indicated, no expired medication will be administered to a resident. All expired medications will be removed from the active supply and destroyed in the facility, regardless of amount remaining. The medication will be destroyed in the usual manner. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056488 | A. Building<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0791<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide or obtain dental services for each resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide dental services for one of three sampled residents (Resident 198).This failure had the potential to lead to weight loss, inability to chew effectively, pain, or infection of the mouth.Findings:During a review of Resident 198's admission Record, the admission Record indicated Resident 198 was admitted to the facility on [DATE] with diagnoses including major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) and hypertension (HTN- high blood pressure).During a review of Resident 198's Dental Care Consult Note dated 2/11/2026, the Dental Care Consult Note indicated Resident 198 had tooth pain and an infected tooth and agreed to a tooth extraction (removal).During a review of Resident 198's Minimum Data Set (MDS- a resident assessment tool) dated 2/13/2026, the MDS indicated Resident 198's cognition (ability to think, understand, learn, and remember) was moderately impaired. The MDS indicated Resident 198 required maximal (helper does more than half the effort) assistance with toileting, showering, and personal hygiene.During an interview on 4/7/2026 at 10:47 a.m. with Resident 198, Resident 198 stated she had been waiting to be seen by a dentist because she recently had a tooth infection and was still experiencing pain.During a concurrent observation and interview on 4/10/2026 at 8:49 p.m., with Social Services Director (SSD) 1, SSD 1 stated Resident 198's last dental visit was 2/11/2026 and the recommendations were to have tooth extractions due to infections and a fistula (a small, pimple-like bump on the gums caused by an underlying, untreated infection, usually at the root of a tooth). SSD 1 stated, based on the documentation, this recommendation was not followed up on but should have been. SSD 1 stated the lack of follow up on this recommendation from two months could result in Resident 198 developing increased pain.During an interview on 4/10/2026 at 2:45 p.m., with the Director of Nursing (DON), the DON stated she expects the social services department to follow up with dental recommendations and not doing so could potentially lead to Resident 198 experiencing pain, difficulty with chewing her food, tooth decay (rotting), or inability to enjoy her food. During a review of the facility's policy and procedure (P&P) titled, Dental Services, revised 12/2016, the P&P indicated, Routine and emergency dental services are available to meet the resident's oral health services in accordance with the resident's assessment and plan of care. The P&P indicated, Social services representatives will assist residents with appointments. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056488 | A. Building<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0809<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure meals and snacks are served at times in accordance with resident?s needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation interview and record review the facility failed to ensure lunch trays for two of two sampled residents (Resident 24 and Resident 5) were served in a timely manner.This failure resulted in Resident 24 and Resident 5 receiving their lunch trays more than one hour late.Findings:During a review of Resident 24's admission Record, the admission Record indicated Resident 24 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of but not limited to diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), hypokalemia (abnormally low potassium levels), gastro-esophageal reflux (a chronic condition where stomach acid frequently flows back into the esophagus), and chronic kidney disease (a progressive, long-term condition where damaged kidneys cannot filter blood properly).During a review of Resident 24's History and Physical (H&P) dated 10/31/2025, the H&P indicated Resident 24 had the capacity to understand and make decisions.During a review of Resident 24's Minimum Data Sheet (MDS-resident assessment tool) dated 1/20/2026, the MDS indicated Resident 24 was independent with eating. The MDS indicated Resident 24 needed set up or clean-up assistance from nursing staff (helper sets up or cleans up) with oral hygiene. The MDS indicated Resident 24 needed partial to moderate assistance from nursing staff with toileting, showering, dressing and personal hygiene.During a review of Resident 5's admission Record, the admission Record indicated Resident 5 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of but not limited to end stage renal disease (ESRD-irreversible kidney failure), dependence on renal dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed), diabetes mellitus, and anemia (a condition where the body does not have enough healthy red blood cells).During a review of Resident 5's MDS dated [DATE], the MDS indicated Resident 5 was dependent (helper does all the effort) on nursing staff for eating, oral hygiene, toileting, showering, dressing and transferring.During a review of Resident 5's H&P dated 4/2/2026, the H&P indicated Resident 1 did not have the capacity to understand and make decisions.During an observation on 4/07/2026 at 12:10 p.m. in the main dining room residents were seated at several tables awaiting for the lunch meal trays to come out, the posted mealtimes in the dining room read 7:15 a.m., 11:45 a.m., and 5:15 p.m.During an observation on 4/7/2026 at 1 p.m. Resident 24 was served her lunch tray.During an observation on 4/7/2026 at 1:11 p.m. Resident 5 was served her lunch tray.During an interview on 4/10/2026 at 1:31 p.m. with Certified Nursing Assistant (CNA) 9, CNA 9 stated the residents eat at approximately 12 p.m. CNA 9 stated she does not know why the lunch trays were late. CNA 9 stated the residents were supposed to eat at a certain time and should not eat too far from when the last meals was served or the resident could become hungry and frustrated. CNA 9 stated when the lunch carts come from the kitchen the treatment nurses checks the trays for accuracy and transports the carts to the nurses stations. CNA 9 stated the CNAs will deliver the meal trays to the residents rooms. CNA 9 stated resident will refuse meals and become upset due to meals being served late.During an interview on 4/10/2026 at 3:16 p.m. with the Director of Nursing (DON), the DON stated meal trays should be delivered on time, as residents become hungry between meals. The DON emphasized that meal trays must be served in a timely manner.During a review of the facility's policy and procedure (P&P), titled Timely Meal Service,' dated 2021, the P&P indicated Food will be delivered promptly to assure safe, palatable, and high-quality food served at the proper temperature. Meals will be distributed promptly with supervision as needed by nursing staff. (Close supervision may be needed for those with feeding difficulties). Staff should check each name and room number to verify correct information and check items on the plate or tray against the meal ID card/ticket to assure accuracy. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056488 | A. Building<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, interview, and record review, the facility failed to store and thaw food items safely. The facility failed to:1.Ensure garlic powder, corn starch, kosher salt, and macaroni were labeled with open dates.2.Ensure frozen chicken was thawed under cold running water.3.Ensure the temperature of milk on the breakfast tray line (where food is plated for service) was maintained below 41 degrees Farenheight ( F unit of measure).These failures had the potential to expose residents to foodˆborne illnesses (any illness resulting from eating food contaminated with bacteria, viruses, or parasites).Findings:During an observation on 4/7/2026 at 8:10 a.m. in the kitchen, a open container of garlic powder, corn starch, kosher salt and macaroni, was observed without open dates. Frozen chicken was observed being defrosted in the sink in a container of stagnant water.During an observation on 4/9/2026 at 7:02 a.m. in the kitchen during breakfast tray line, the temperature of the milk was observed to be 55 F.During an interview on 4/10/2026 at 9:47 a.m. with the Cook, the [NAME] stated that any time a food item was open, an open date must be placed on the package to ensure the food remains fresh for serving to residents. The [NAME] stated that when defrosting meat, it must be fully submerged in a basin of cold running water to prevent foodˆborne illness. The [NAME] also stated that milk must be served below 41 F for palatability and to prevent foodˆborne illness.During an interview on 4/10/2026 at 4:10 p.m. with the Dietary Supervisor (DS), the DS stated when food was opened, staff must place an open date on the container so the staff know when to discard the food and to ensure freshness and palatability. The DS stated frozen meat may be defrosted in the refrigerator or in a vessel with cold running water to ensure the meat thaws properly and cooks evenly. The DS stated milk must be served at 40 F or lower for palatability and to prevent food borne illness.During a review of the facility's policy and procedure (P&P) titled General Food Preparation and Handling dated 3/8/2021, the P&P indicated, Food items will be prepared to conserve maximum nutritive value, develop, and enhance flavor and keep free of harmful organisms and substances. The P&P indicated, Meats, fish, and poultry will be defrosted using safe thawing practices: In the sink, submerging the item under cold water (less than 70 F) that is running fast enough to agitate and float off loose ice particles.During a review of the facility's P&P titled Food temperatures, the P&P indicated, All cold food items must be stored at a temperature of 41 F or below. Temperatures should be taken periodically to assure hot foods stay above 135 F and cold foods stay below 41 F during the holding and plating process and until food leaves the service area. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056488 | A. Building<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure accurate and complete medication documentation for two of six sampled residents (Residents 214 and 242).1.For Resident 242, the MAR indicated the resident received ferrous sulfate (iron) on 4/10/2026 at 10:03 a.m., but the medication was observed not to have been administered during the medication pass.2.For Resident 214, the Medication Administration Record (MAR) documented that the resident received a COVIDˆ19 vaccine (respiratory illness) and a pneumonia (PNA respiratory infection) vaccine on 3/12/2026 at 11:29 p.m.; however, both vaccines were observed in the medication refrigerator on 4/7/2026, indicating the vaccines were not administered as documented.These failures had the potential to result in inaccurate clinical records and place residents at risk for unmet medical needs and potential adverse health outcomes.Findings:During an observation on 4/8/2026 at 9:28 a.m. in Resident 242's room, Licensed Vocational Nurse 4 (LVN 4) was observed preparing and administering the resident's 9:00 a.m. medications. LVN 4 did not prepare or administer the 9:00 a.m. iron medication as ordered by the physician.During a review of Resident 242's admission Record, the admission Record indicated, Resident 242 was admitted to the facility on [DATE] and readmitted on [DATE]. The admission Record indicated Resident 242 with diagnosis including anemia (a condition where the body does not have enough healthy red blood cells), hypertension (HTN-high blood pressure), and dementia (a progressive state of decline in mental abilities).During a review of Resident 242's History and Physical (H&P), dated 3/1/2026, the H&P indicated Resident 242 was alert and oriented.During a review of Resident 242's Minimum Data Set (MDS - a resident assessment tool) dated 1/1/2026, the MDS indicated Resident 242 cognition (ability to think, understand, learn, and remember) was intact. The MDS indicated Resident 242 was dependent (helper does the work) with activities of daily living ([ADLs] daily self-care activities like toileting, bathing and dressing).During a review of Resident 242's Order Summary Report dated 4/9/2026, the order summary report indicated Resident 242 had an order for iron (mineral) 325 milligrams (mgs- unit of measure) give one tablet by mouth at 9:00 a.m. for anemia.During a review of Resident 242's MAR dated 4/9/2026, the MAR indicated iron was documented as administered at 10:03 a.m.During an interview on 4/8/2026 at 1:41 p.m., Licensed Vocational Nurse (LVN) 4, LVN 4 stated he missed giving the iron because he did not see the order on the computer screen and had already signed for the medication.2. During a review of Resident 214's admission Record, the admission Record indicated Resident 214 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), Alzheimer's disease (a disease characterized by a progressive decline in mental abilities) and muscle weakness.During a review of Resident 214's History and Physical (H&P), dated 3/5/2026, the H&P indicated Resident 214 was alert and oriented to name only.During a review of Resident 214's Minimum Data Set (MDS - a resident assessment tool) dated 3/11/2026, the MDS indicated Resident 214's cognition ((ability to think, understand, learn, and remember)was intact. The MDS indicated Resident 214 was dependent (helper does the work) with activities of daily living ([ADLs] daily self-care activities like toileting, bathing and dressing).During a review of Resident 214's Order Summary Report dated 4/9/2026, the Order Summary Report indicated Resident 214 had orders for a Covid 19 vaccine inject 0.3 milliliter (ml-unit of measure) intermuscular (in the muscle) administer by 3/12/2026 and Prevnar 20 (pneumonia vaccine) vaccine inject 0.3 ml intramuscularly administer by 3/12/2026.During a review of Resident 214's MAR dated 3/12/2026, the MAR indicated Resident 214 was administered the Covid 19 and PNA vaccines on 3/12/2026 at 11: 59 p.m.During a concurrent observation and interview on 4/7/2026 at 10:50 a.m. with LVN 5, Resident 214's COVIDˆ19 and PNA vaccines were observed in the medication refrigerator. LVN 5 stated Resident 214 should have received the vaccines before 3/12/2026, which was their expiration<br>(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<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | date.During a telephone interview on 4/10/2026 at 1:43 p.m., with LVN 6, LVN 6 stated she signs Resident 214's MAR before actually giving the medications. LVN 6 stated she did not give the vaccines and had documented them in error. LVN 6 stated Resident 214 was at risk of contracting COVIDˆ19 and pneumonia and could possibly be hospitalized .During an interview on 4/10/2026 at 2:02 p.m., with the Director of Nursing (DON), the DON stated medications should be administered as prescribed by the physician. The DON stated licensed nurses must follow standards of practice by preparing medications, administering them, and then documenting. The DON stated vaccines are preventive, and residents who do not receive them as ordered are at risk for infection.During a review of the facility's policy and procedure (P&P) titled, Medication Administration dated May 2024, the P&P indicated, Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. The P&P indicated the five rights system was used. Five rights - right resident, right drug, right dose, right route and right time are applied for each medication being administered. A triple check of these five rights is recommended at three steps in the process of preparation of the medications steps in the process of preparation of a medication for administration: (I) when the medication is selected, (2) when the dose is removed from the container, (3) just after the dose is prepared and the medication is put away. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056488 | A. Building<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0849<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure coordinated and comprehensive hospice (compassionate care for people who are near the end of life provided at the person's home or within a health care facility) services for one of three sampled residents (Resident 7)The facility failed to:1. Develop and implement an individualized and person-centered care plan for Resident 7 by failing to ensure coordination of care between the facility and the hospice provider for Resident 7. 2.Ensure Resident 7 hospice eligibility were reassessed after showing clinical improvements.These failures had the potential for Resident 7 to receive care that did not reflect her current clinical condition, needs, or appropriate hospice eligibility.Findings:During a review of Resident 7's admission Record, the admission Record indicated Resident 7 was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 7's diagnoses included diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing) and dementia (a progressive state of decline in mental abilities).During a review of Resident 7's Order Summary Report, the Order Summary indicated an order for Hospice, dated 6/19/2025, for a diagnosis of protein calorie malnutrition (a serious, potentially life-threatening condition where the body does not get enough calories or protein to function properly). During a review of Resident 7's MDS dated [DATE], the MDS indicated Resident 7's cognition (ability to think, understand, learn, and remember) was severely impaired. The MDS indicated Resident 7 was dependent (helper does all of the effort) on activities of daily living (ADLs-activities such as bathing, dressing, and toileting a person performs daily).1.During a concurrent interview and record review on 4/9/2026 at 9:06 a.m., with Registered Nurse Supervisor (RNS) 2, RNS 2 stated the hospice plan of care had not been merged with the facility's care plan for Resident 7. RNS 2 stated the care plans should be merged so staff know how to properly care for Resident 7.During a concurrent interview and record review on 4/10/2026 at 10:36 a.m. with Minimum Data Set Nurse (MDSN) 1, MDSN 1 stated the facility did not have an individualized hospice care plan that reflected the hospice services for Resident 7, although one should have been in place. MDSN 1 stated it was important to merge Resident 7's facility care plan with the hospice care plan so the plan was individualized and patient^centered.2. During a concurrent interview and record review on 4/9/2026 at 9:06 a.m. with RNS 2, RNS 2 stated Resident 7 was placed on hospice on 6/19/2025 because she is terminally ill (having an incurable, progressive disease expected to cause death) and has a diagnosis of severe protein malnutrition. RNS 2 stated she does not consider severe protein malnutrition to be a terminal diagnosis. RNS 2 stated Hospice Nurse (HN) 1 told her Resident 7's albumin level (a protein made by the liver) was low, which was the determining factor for keeping Resident 7 on hospice. RNS 2 stated Resident 7 had been eating only ten percent or less of her meals and was not opening her eyes. Resident 7's Nutrition Amount Eaten Task dated 3/27/2026 through 4/8/2026 was reviewed. RNS 2 stated the Nutrition Amount Eaten Task indicated Resident 7 had eaten between 26% and 100%.During a phone interview on 4/9/2026 at 4:19 p.m., with the Hospice Doctor (HD) 1, HD 1 stated Resident 7's decline has slowed down, her recent albumin level was not severe, her weight loss has slowed down, and she has been eating. HD 1 stated the hospice team was planning on discussing removing Resident 7 from hospice. During a concurrent interview and record review on 4/10/2026 at 11:46 a.m. with Treatment Nurse (TN) 1, Wound [NAME] Note was reviewed. TN 1 stated she had been providing wound care for Resident 7 for the past four months, during which some of Resident 7's wounds had improved. TN 1 stated the Wound Consult Note dated 4/3/2026 indicated Resident 7's right hip and sacrococcygeal (tail bone) wounds were smaller and improving. TN 1 stated the Wound Consult Note showed Resident 7's abdominal wound had resolved.During a concurrent interview and record review on 4/10/2026 at 2:45 p.m. with the Director of Nursing (DON), the DON stated for residents on hospice, the facility and hospice staff collaborate on care, and this collaboration should<br>(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<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunnyside Nursing Center | 22617 S. Vermont Ave<br>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 0849<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | be reflected in the resident's care plan. The DON stated both the facility and hospice staff work together to provide end˜stage comfort measures for residents. The DON stated hospice requires a clearly defined and explicit (full detail) terminal condition, and if a resident's condition stabilizes while on hospice, the resident may no longer meet the criteria to remain on hospice.During a review the facility's policy and procedure (P&P) titled, Hospice Program, revised 7/2017, the P&P indicated, Coordinated care plans for residents receiving hospice services will include the most recent hospice plan of care as well as the care and services provided by our facility in order to maintain the resident's highest practicable physical, mental, and psychosocial well-being. The P&P indicated, The coordinated care plan shall be revised and updated as necessary to reflect the resident's current status. The P&P indicated, . it is the responsibility of the facility to meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs. |