STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335409	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Care Center	7000 Collamer Rd East Syracuse, NY 13057

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observations and interviews during the recertification survey conducted 9/8/2025-9/12/2025, the facility did not ensure drugs and biologicals were labeled and stored in accordance with currently accepted professional principles and include the appropriate accessory and cautionary instructions, and the expiration date when applicable for two (2) of four (4) medication carts (East Hall North cart and [NAME] Hall North cart) and one (1) of two (2) medication rooms (East Hall) reviewed. Specifically, the East Hall North and [NAME] Hall North medication carts contained resident medications without pharmacy labels; opened undated medications; and expired medications; and the [NAME] Hall North medication cart was unlocked and contained three cups of medication in the top drawer. Findings include: The facility policy Medication/ Treatment Labeling and Storage, reviewed 4/2025, documented medications were stored in a safe, secure, and orderly manner. Medications should be labeled accordingly and missing, incomplete, improper, or incorrect containers shall be returned to the dispensing pharmacy or destroyed. The facility did not use any discontinued, outdated, or deteriorated drugs or biologicals. During an observation on 9/8/2025 at 9:07 PM the East Hall North medication cart contained the following:-two bottles of Latanoprost eye drops for Resident #23. One bottle was not dated when opened, and the second bottle was opened 8/1/2025. -one bottle of Latanoprost eye drops for Resident #15 was opened on 8/1/2025. -one bottle of artificial tears for Resident #60 opened 7/9/2025. -two Ozempic pens without resident names, additionally one was not dated when opened. -one Basaglar insulin pen without a resident name and no date when opened. -one Humalog insulin pen for Resident #7 that was not dated when opened. -Resident #7 had one Trelegy inhaler not labeled when opened. -Resident #7 had one Albuterol inhaler not dated when opened with a pharmacy dispense date of 7/26/2025.-Resident #7 had one Albuterol inhaler not dated when opened with a dispense date of 3/6/2025. -Resident #37 had one Spiriva inhaler opened 6/17/2025. During an interview on 9/8/2025 at 9:07 PM, Licensed Practical Nurse #6 stated eye drops should be labeled when opened and were good for either 30 days or until the bottle was gone, depending on the medication. Resident #15 Latanoprost eye drops were administered and had been opened on 8/1/2025. They thought the eye drops expired 9/1/2025 and it should have been discarded. Ozempic pens should be dated when opened and placed in a small plastic bag with the resident's name. The Basaglar insulin pen did not have a pharmacy resident name label, was not in a bag with the resident's name, or dated when opened. They did not administer the Basaglar insulin pen, but it was nearly empty. Without the label staff would not know which resident the pen belonged to. The Humalog insulin pen for Resident #7 should have been dated when opened as insulin expired in 28 days and should be discarded. All inhalers required an open date and were used until they were empty. Resident #7 had a Trelegy inhaler opened and not dated when opened; an Albuterol inhaler not dated when opened with a dispense date of 3/6/2025; and an undated Albuterol inhaler with a dispense date of 7/26/2025. Resident #37 had a Spiriva inhaler opened 6/17/2025. Medications should be discarded when expired because they were not as effective and could grow bacteria. Every nurse working the medication cart was responsible for making sure all inhalers, insulin pens, and eye drops were labeled (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
	335409	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Care Center	7000 Collamer Rd East Syracuse, NY 13057

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	when opened and discarded when expired. During an observation of the [NAME] Wing North cart on 9/9/2025 at 8:15 AM, the cart contained:-two Basaglar insulin pens without resident names and not dated when opened.-Resident #10 had a Basaglar insulin pen not dated when opened.-Resident #40 had Lantoprost eye drops not dated when opened.-Resident #10 had a Spiriva inhaler opened 7/11/2025. -Resident #13 had an Albuterol inhaler with an open date of March 2025. During an interview on 9/9/2025 at 8:25 AM, Licensed Practical Nurse #16 stated insulin pens were dated when opened and expired in 28 days. They stated no one received insulin in the morning and was last administered the prior evening. The eye drops were also dated when opened and good for 28 days. It was every nurse's responsibility to ensure all medications in the cart were dated when opened and discarded when expired. They did not check the medication cart for expired medications and should have. Medications were discarded when expired because they were not as effective and were not safe to administer. Unlocked Medication CartDuring an observation on 9/8/2025 at 6:10 PM, the [NAME] Wing North Cart was unlocked. There was one medication cup with several white round pills, another medication cup with several orange round pills, and a third cup with a variety of medications (two small brown pills, one oval orange pills that covered other medications in the cup). Resident #21 was wheeling themselves around and grabbed the top drawer of the unlocked medication cart. During an interview on 9/11/2025 at 12:20 PM, Licensed Practical Nurse #18 stated they were assigned to the medication cart on 9/8/2025 for the day and evening shifts. They were trained on medication administration by Licensed Practical Nurse #20 and the medication cart should be always locked, for the safety of all residents. They did not lock it because they were very busy. They stated there were three cups of medications in the top drawer; one was Tylenol, one was senna, and one was for a resident who refused their medication. They were trained to put Tylenol and Senna in medication cups because the bottles were too big to fit in the top drawer. It was easier to put the medication in the medication cup in the top drawer because it required a lot of bending to get the medication out of the bottom drawer. During an interview on 9/11/2025 at 5:08 PM, Licensed Practical Nurse #20 stated they trained new employees on administering medications to residents. The medication cart should always be locked when unattended for safety reasons. Medications should not be in unlabeled medications cups because the wrong medication could be administered to the wrong person. They instructed new staff to move Tylenol from the large bottle into smaller, unlabeled medications cups to prevent nurses from bending over multiples times reaching for the lower drawer. This was a short cut nurses should not take, and they should not teach orientees. There were residents that wandered on the unit who could open the cart and take the unsecured medications. Resident #21 wandered and was often reaching for things. During an interview on 9/12/2025 at 9:40 AM, the Assistant Director of Nursing stated they taught the general nursing orientation and trained all nurses on medication administration. The nurses also received two days of training by nursing staff on the medication cart. They expected the medication cart to always be locked when unattended so residents or anyone in the building could not have access to medications. All medications should be kept in the labeled container for safety reasons and so medications could be easily identified. Eye drops, insulin, and inhalers should be labeled when opened and discarded within 28 days. Expired medications were not as effective. 10NYCRR 415.18(d)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335409	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Care Center	7000 Collamer Rd East Syracuse, NY 13057

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observations, record review, and interviews during the recertification and abbreviated (576137/ NY00340739 and 576142/ NY00346243) surveys conducted 9/8/2025 - 9/12/2025, the facility did not ensure resident menus were followed for two (2) of seven (7) meals observed. Specifically, the facility ran out of preplanned menu items and substituted with items that were not nutritionally equivalent; and did not inform Registered Dietitian #5 there was no orange juice, and an orange-flavored citrus punch was substituted. The Foodservice Director did not submit food orders timely to ensure food items were available for the preplanned lunch meal for 9/9/2025. Additionally, Residents #24, #64, and #66 did not receive food items at meals as planned; and Residents #7 and #48 stated the facility sometimes ran out of food.Findings include: The facility policy Food Procurement, revised 10/2024, documented orders would be placed by the Dietary Manager/ Food Service Director or designated staff according to menu requirements and inventory needs. All deliveries would be checked against invoices to ensure accuracy, quality, and condition. The Dietary Manager/ Food Service Director was responsible for ordering and oversight of procurement. Administration would review procurement practices quarterly to ensure compliance. The undated Food Service Director job description documented they would complete supply orders and maintain appropriate par levels. They were to ensure the food service department operated within weekly budget for staffing and supplies. Additionally, monitor food control systems, such as food temperatures, portion control, preparation, and presentation of food. The facility policy Tray Identification, revised 4/2025, documented the Food Service Manager or supervisor would check trays for correct diets before food carts were transported to the units. Nursing staff would check each tray for correct diets prior to serving the residents.The facility policy Substitutions, revised 5/2024, documented The Food Service Manager, in conjunction with the Clinical Dietitian, may make food substitutions as appropriate or necessary. All substitutions would be noted on the menu and filed in accordance with established dietary polices. Notations of substitutions must include the reason for the substitution. The facility's week three food par list did not document the quantity of potato tots, pineapple, ketchup or mustard. The week three par list documented 30 dozen shelled eggs, six orange juice, six apple juice, and one American cheese. The food par list did not indicate the product size or quantity needed for orange juice, apple juice or American Cheese. The facility's September 2025 food purchase orders did not document regular orange juice, apple juice, pineapple, or tater tots were ordered. The 9/5/2025 food purchase order for delivery on 9/11/2025 documented six #10 cans of ketchup and four 1-gallon containers of mustard were ordered. During an interview on 9/8/2025 at 7:32 PM, Resident #7 stated the facility sometimes ran out of food items.During an interview on 9/8/2025 at 8:54 PM Resident #46 stated the facility often ran out of food items. A receipt from a local grocery store dated 9/9/2025 at 6:42 AM, documented 120 shelled eggs, six bottles of juice, six bottles of orange-flavored citrus punch, American Cheese, shredded cheese, three packages of potato tots, two yellow mustards, and two ketchups were purchased. The facility's week three preplanned menu documented the 9/9/2025 lunch meal was a cheeseburger on a bun, broccoli salad, banana, and potato tots. The alternative entree was baked chicken.During an observation on 9/9/2025 at 12:29 PM, the main kitchen walk-in cooler contained five 1-gallon plastic containers of orange-flavored citrus punch, six 96-ounce plastic bottles of apple juice, and one 5-pound block of American cheese. During an interview on 9/9/2025 at 12:49 PM the Food Service Director stated they were responsible for ordering food supplies. They did not order apple juice or orange juice because they missed it. They reviewed the food inventory on the evening of 9/8/2025 and noticed other items were missing. They asked [NAME] #22 to go a local store the morning of 9/9/2025 to purchase items such as juice, cheese, potato tots, and condiments. Any menu substitutions should be approved by Registered Dietitian #5. They did not alert Registered Dietitian #5 the orange-flavored citrus punch was substituted for orange juice. During an interview on (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335409	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Care Center	7000 Collamer Rd East Syracuse, NY 13057

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	9/9/2025 at 1:21 PM, [NAME] #22 stated they went to a local grocery store weekly to purchase items needed for the preplanned menu. The Food Service Director was responsible for ordering, and they were unsure why items were not stocked. The Food Service Director called them on the evening of 9/8/2025 at 10:00 PM asking them to go to a local store to purchase orange juice, apple juice, cheese and potato tots. While at the store they decided to purchase the orange -flavored citrus punch. All menu substitutions should be approved by Registered Dietitian #5. They stated they did not tell Registered Dietitian #5 they bought orange -flavored citrus punch instead of orange juice. The week three preplanned menu documented the 9/10/2025 lunch meal included an open-face roast pork sandwich with gravy, mashed potatoes, carrots, and banana cake with frosting. The alterative entree was baked ham.During a meal observation on 9/10/2025 between 12:50 PM and 12:52 PM, Residents #66's and #64's meal tickets documented they were to receive two ounces of pineapple sauce with their baked ham. Neither resident had pineapple sauce.During a meal observation on 9/10/2025 at 1:14 PM, Resident #24's meal ticket documented they were to receive eight fluid ounces of an oral nutrition supplement. The resident did not receive the oral nutrition supplement. During a follow up interview on 9/10/2025 at 4:39 PM, the Food Service Director stated they completed the food ordering for the facility and ordered items weekly. They reviewed the menu, production lists, facility census, and inventory on hand to ensure all the food needed was on hand when needed. Sometimes they forgot to order food items and went to a local store to purchase the items. The production sheets did not indicate which type of juices or quantity needed for specific types of juice and only listed the total of number of assorted juices needed. They reviewed the food inventory on hand the evening of 9/8/2025 and saw items were needed. They called [NAME] #22 and asked them to purchase items at the local store including juice, cheese, potato tots, and condiments. [NAME] #22 purchased the orange-flavored citrus punch. It was not a nutritional equivalent to orange juice, and they did not tell Registered Dietitian #5 the orange-flavored citrus punch was being substituted for orange juice. It was important to ensure the correct quantity of food items were on hand, so the residents were not missing items, and all menu substitutions were reviewed and approved by the registered dietitian to ensure they were nutritionally equivalent. They checked the meal trays for the lunch meal service on 9/10/2025 and heard after the meal items were missing. During an interview on 9/10/2025 at 5:41 PM, Registered Dietitian #5 stated the Food Service Director should alert them to any menu substitutions so they could ensure they were nutritionally equivalent. They were unaware an orange-flavored citrus punch was substituted for orange juice. They would not have approved that substitution as it was not a nutritional equivalent to orange juice. They were not aware the meal tickets and productions sheet documented assorted juices instead of specific juices. During a follow up interview on 9/11/2025 at 2:49 PM, Registered Dietitian #5 stated during their meal rounds they checked to ensure all items were on the residents' meal tickets. They were unaware the residents were not provided with two ounces of pineapple sauce or the alternate lunch entree on 9/10/2025. Residents should receive items on their tray to honor their food preferences. Resident #24 should have received their oral nutrition supplement as they had increased calorie and protein needs. During an interview on 9/12/2025 at 9:13 PM, the Administrator stated the Food Service Director was responsible for purchasing the food at the facility. At times the Food Service Director would ask to purchase items at a local store, but they thought the facility had enough food to serve the residents. They thought the recent holiday may affected the food purchasing and delivery schedule. During a follow up interview on 9/12/2025 at 9:19 AM, the Food Service Director stated the 9/10/2025 alternate lunch entree should have been served with two ounces of pineapple sauce. They thought it had been made and served. Oral nutritional supplements were put on the resident's meal trays by the food service department and they must have overlooked Resident #24's meal ticket. The residents should receive all items listed on their meal tickets. 10NYCRR 415.14(c)(1-3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335409	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Care Center	7000 Collamer Rd East Syracuse, NY 13057

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations, record review, and interviews during the recertification and abbreviated (NY00346243/ iQIES 576143) surveys conducted 9/8/2025-9/12/2025, the facility did not ensure food was served at palatable and appetizing temperatures in accordance with professional standards for food service for 2 of 2 meals (9/9/2025 and 9/10/2025 lunch meals) reviewed. Specifically, the lunch meal test trays on 9/9/2025 and 9/10/2025 were not flavorful or served at palatable and appetizing temperatures. Additionally, seven (7) anonymous residents at the Resident Council Meeting stated the food was often cold and not flavorful Findings Include:The facility policy Food and Nutrition Services, revised 1/2025, documented each resident received meals that were nourishing and palatable. Food and nutrition staff would inspect food trays to ensure the food appeared palatable, attractive and was served at a safe and appetizing temperature. During a meal observation on 9/09/2025 at 12:37 PM, Resident #66's lunch tray was sampled in the presence of Certified Nurse Aide #19, and a replacement tray was ordered. The tray was tested for temperature and palatability with the following results: -assorted juice was 55 degrees Fahrenheit.-cheeseburger on bun was 104.5 degrees Fahrenheit and the center of the hamburger was red.-broccoli salad was 46.4 degrees Fahrenheit.-potato tots were 111 degrees Fahrenheit and cold.During a resident council meeting on 9/9/2025 at 2:00 PM, seven anonymous residents stated the hot food was usually cold and not palatable. During a meal observation on 9/10/2025 at 12:48 PM, Resident #1's lunch tray was sampled in the presence of Certified Nurse Aide #9, and a replacement tray was ordered. The tray was tested for temperature and palatability with the following results: -honey thick water was 58 degrees Fahrenheit and tasted sour.-honey thick Heath Shake (nutritional supplement) was 61 degrees Fahrenheit.-honey thick cranberry juice was 55 degrees Fahrenheit.-pureed roast pork sandwich with gravy was 105 degrees Fahrenheit and cold.-pureed carrots were 108 degrees Fahrenheit and cold.-mashed potatoes with gravy was 119 degrees Fahrenheit.During an interview on 9/10/2025 at 4:39 PM, Food Service Director #4 stated hot beef should be cooked to at least 145 degrees Fahrenheit and cooked pork should be cooked to 165 degrees Fahrenheit. They stated cold foods and beverages should be held at 36-41 degrees Fahrenheit. Hamburgers should be tan in the middle and not red. The cook took the first cooking temperature at the end of the cooking process and a second temperature when the food was loaded into the steamer. They stated it was important to cook and serve food at palatable temperatures to prevent bacterial growth and encourage intake. They stated they usually did test trays daily, changing meals and tray location.During an interview on 9/10/2025 at 5:41 PM, Registered Dietitian #5 stated they did meal tray observations during meals. If they noted any issues, they informed the Food Service Director or Administration. They stated they expected the food to be palatable and would rather the residents consume the food instead of supplements.During an interview on 9/11/2025 at 11:07 AM, Certified Nursing Aide #15 stated they had several food complaints from residents regarding food palatability and cold temperatures. They stated the kitchen staff were responsible for making sure all items served on the tray were hot and palatable.During an interview on 9/11/2025 at 1:34 PM, Licensed Practical Nurse #16 stated they had several resident complaints about food palatability, including lack of flavor and cold food temperatures. They stated the food did not appear appetizing.During an interview on 9/11/2025 at 3:14 PM, the Food Service Director stated after hot food was pureed, it was put in a metal hotel pan and reheated to at least 165 degrees Fahrenheit. The temperature was obtained with a stem thermometer. They purchased the honey thick milkshakes and sent them on the tray still in the carton. The nursing staff would open the carton and pour the milkshake into the glass. They stated they did test trays on pureed food at times by creating an extra tray and loading it on the meal cart, then testing the tray last, after all residents from that cart were served. They did not obtain a temperature of the honey thick milkshake prior to leaving the kitchen for the lunch meal on 9/10/2025. They stated they used a thermal base to keep plates hot at meals, however if a red divided plate was used, as was the case in the second test tray, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335409	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Care Center	7000 Collamer Rd East Syracuse, NY 13057

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the thermal base could not be used as it would melt the red plate. They stated that the red plate was used when therapy requested it. 10NYCRR 415.14(d)(1)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335409	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Care Center	7000 Collamer Rd East Syracuse, NY 13057

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, record review, and interviews during the recertification survey conducted 9/8/2025-9/12/2025, the facility did not ensure food was stored, prepared, distributed, and served in accordance with professional standards for one (1) of one (1) main kitchen reviewed. Specifically, food was not discarded in a timely manner; one box of bananas was stored directly on the floor; [NAME] #21 scooped chopped eggs into a mixing bowl with ungloved hands; and dishes were not sanitized properly. Findings include: The facility policy Food Receiving and Storage, revised October 2024, documented all foods stored in the refrigerator and freezer would be covered and dated with a use by date. Food was kept at least 18 inches off the floor. The facility policy Sanitization, revised October 2024, documented all equipment, food contact surfaces, and utensils should be washed to remove or completely loosen soils by using manual or mechanical means necessary and sanitized using hot water and/ or chemical sanitizing solutions. Sanitizing would be performed with one of the following solutions: - 50-100 parts per million (ppm) chorine solution. -150-200 parts per million quaternary ammonium compound (QAC) or: - 12.5 part per million iodine solution. Sanitizing of utensils and removeable parts of equipment would be accomplished in of the following ways: -contact for at least 30 seconds with an iodine solution (at approved concentration). -contact with quaternary ammonium compound (at approved concentration) per manufacturer's instructions. -contact for at least 10 seconds with chlorine (at approved concentration) or; -Immersion for 30 seconds in hot (at least 171 degrees Fahrenheit (F)) water. The facility policy Food Preparation and Service, revised October 2024, documented food preparation staff would adhere to proper hygiene and sanitary practices to prevent the spread of foodborne illness. Bare hand contact with food was prohibited. Gloves were to be worn when directly handling food. Food Storage: During an observation in the main kitchen on 9/8/2025 at 6:18 PM, in the presence of [NAME] #21, the main walk-in cooler contained: - one undated metal half pan of home fries; - two plastic five-pound bags of coleslaw with a best used by of 8/25/25; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335409	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Care Center	7000 Collamer Rd East Syracuse, NY 13057

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- one plastic five-pound bag of mixed greens salad with a best used by date of 9/1/2025; - one undated plastic five-pound container of cottage cheese; - three pounds of undated corned beef wrapped in plastic wrap with Tuesday written on it; and - one eight-pound block of American cheese wrapped in plastic wrapped dated 9/3/2025. During an observation on 9/9/2025 at 11:55 AM, there was one cardboard box of bananas placed directly on the floor of the main kitchen. During an interview on 9/8/2025 at 6:51 PM, the Food Service Director stated all items in the walk-in cooler should be labeled and dated to ensure freshness and quality of food items and for food safety reasons. It was the responsibility of all food service staff to label and date items and check to ensure items were discarded when not dated or past their best used by date. If an item was taken out of its original container it was only good for three days. Dishware Sanitation: -During an observation on 9/9/2025 at 12:35 PM, [NAME] #21 was washing dishes in the 3-bay sink. There were no quaternary test strips observed. -During an observation on 9/9/2025 at 1:20 PM, [NAME] # 22 was washing dishes in the 3-bay sink. There were no quaternary test strips observed. During an interview on 9/9/2025 at 1:33 PM, [NAME] #22 stated they did not check the sanitizer solution in the 3-bay sink prior to washing dishes. There were no sanitizer testing strips to test the sanitizer solution. They did not let the Food Service Director know there were no sanitizer testing strips available. During an interview on 9/9/2025 at 1:34 PM, [NAME] #21 stated they filled the 3 -bay sink including the dish sanitizer bay of the sink. They did not test the sanitizer solution as there were no sanitizer testing strips. They were busy and did not tell anyone. The Pot and Pan Sink Sanitizing Log documented on 9/9/2025 at lunch the water temperature was 80 degrees Fahrenheit and 200 parts per million. Food Preparation: During an observation and interview on 9/9/2025 at 1:37 PM, [NAME] #21 used their ungloved hands to scoop chopped hard boiled eggs from the food processor into a metal mixing bowl. They added seasoning to the bowl and mixed the eggs with their bare hands. At 1:38 PM, [NAME] #21 stated they used their bare hands to scoop the chopped hard-boiled eggs from the food processor, and it was not sanitary. They discarded the chopped hard-boiled egg mixture. During an interview on 9/10/2025 at 4:39 PM, the Food Service Director stated they were unaware staff did not have the sanitizer test strips available to check the concentration of the sanitizer solution. They kept the extra supply of sanitizer testing strips in their desk and staff should let them know if they needed them. Dishes and utensils should be sanitized to ensure they were disinfected. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335409	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Care Center	7000 Collamer Rd East Syracuse, NY 13057

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	All food service staff were educated on proper food preparation and should not use ungloved hands to scoop food from the food processor as there was a potential for foodborne illness. 10NYCRR 415.14(h)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335409	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Care Center	7000 Collamer Rd East Syracuse, NY 13057

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews during the recertification survey conducted 9/8/2025-9/12/2025, the facility did not ensure a safe, clean, comfortable, and homelike environment for one (1) of two (2) resident units (West Unit). Specifically, the [NAME] Unit dining room had sticky floors with ants, there were flying insects throughout the unit, and resident room [ROOM NUMBER] had unclean walls.Findings include:The facility policy Quality of Life/Homelike Environment, revised 5/2025, documented residents were provided with a safe, clean, comfortable and homelike environment. The facility policy Inservice- Daily Cleaning, revised 7/12/2025, documented the housekeeper should clean and dust all windowsills, tables, chairs with disinfectant, and clean all spots, spills, scuff marks on vertical surfaces such as walls, doors, and over the bed table stands. The following observations were made of room [ROOM NUMBER]: -On 9/8/2025 at 6:29 PM, the wall to the right side of the window had a yellow-white liquid substance covering the wall. -On 9/9/2025 at 11:29 AM, there were white spots on the floor from the door to the head of the bed, the yellow-white splattered substance to the right of the window under the television remained on the wall. -On 9/9/2025 at 2:34 PM, a white thick substance was on the floor and baseboard to the right of the window, and the yellow-white substance remained on the wall under the television. During an interview on 9/9/2025 at 1:12 PM, Housekeeper #23 stated they cleaned the resident rooms every day. They were responsible for cleaning the resident walls but did not clean room [ROOM NUMBER] in a while and was due to be cleaned. The following observations were made on the [NAME] Unit: - On 9/8/2025 at 6:52 PM, the dining room had ants surrounding crumbs on the floor. - On 9/9/2025 at 11:20, there was a fruit fly in the hall outside of room [ROOM NUMBER]. - On 9/9/2025 at 2:14 PM, there was a fruit fly in the hall outside of room [ROOM NUMBER]. - On 9/10/2025 at 9:15 AM, there was a fruit fly in the hall outside of room [ROOM NUMBER]. - On 9/10/2025 at 12:01 PM, a fly landed on a tray table outside of room [ROOM NUMBER]. - On 9/11/2025 at 11:33 AM, a fruit fly was on the face of a resident in room [ROOM NUMBER]. During an interview on 9/11/2025 at 11:07 AM, Certified Nurse Aid #15 stated they saw fruit flies, ants and spiders in the facility. They had bug traps, but the fruit flies were a severe issue earlier in the year. It was not a homelike environment as food was left out, trash was not emptied, and food (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335409	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Care Center	7000 Collamer Rd East Syracuse, NY 13057

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was not cleaned off the floor or nightstands in resident rooms. During an interview on 9/11/2025 at 1:34 PM, Licensed Practical Nurse #16 stated they saw fruit flies and ants, especially in the dining room when food was on the floor. They also had spiders. The floors were not cleaned properly at the facility leading to ants. During an interview on 9/12/2025 at 9:30 AM, the Director of Facilities stated housekeeping staff were responsible for cleaning the rooms every day. They had a checklist they followed to ensure the rooms were cleaned and included mopping the floor, sweeping, cleaning the sink, the toilet, dusting the bathroom and rooms and cleaning the walls. If they were soiled and were not able to be cleaned, they should put in a work order to ensure they order a product that cleaned the areas properly. They stated if any staff saw pests, they should let them know as soon as possible so they could contact pest control services. They were not aware of ants in the [NAME] Wing dining room, but the ant traps were due to be replaced that day. The housekeepers cleaned up all the food droppings in the dining room on Monday and Tuesday to prevent an ant problem. 10 NYCRR 415.29(j)(1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335409	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Care Center	7000 Collamer Rd East Syracuse, NY 13057

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observations, record review, and interviews during the recertification survey conducted 9/8/2025-9/12/2025, the facility did not ensure the comprehensive person-centered care plan was implemented to ensure a resident's nursing needs were met for one (1) of one (1) resident (Resident #46) reviewed. Specifically, Resident #46 was at risk for falls, and the care plan was not implemented or updated with individualized interventions for fall prevention. Findings include: The facility policy Care Planning, last reviewed 7/2025, documented the comprehensive care plan was based on the resident's comprehensive assessment and was developed by a Care Planning/Interdisciplinary Team. The resident and resident's family were encouraged to participate in the development and revisions of the resident's care plan. The policy did not document when to update a care plan.The facility policy Fall Policy and Procedure, last revised on 9/2024, documented when a resident had a fall, the charge nurse or designee would follow the accident and incident protocols and ensure the resident's comprehensive care plan was updated with interventions to reflect the event and ensure the event was documented on the 24-hour report.Resident #46 had diagnoses including dementia and anxiety. The 8/22/2025 Minimum Data Set assessment documented the resident had intact cognition, required partial to moderate assistance with most activities of daily living, and had two or more falls since their admission or prior assessment. The Comprehensive Care Plan initiated 2/20/2025 documented the resident was at risk for falls. Interventions included: on 3/13/2025 offer the resident assistance if they appear restless and attempt to get out of bed during rounds; on 4/2/2025 ensure the resident was toileted prior to lying down for a nap; on 5/6/2025 educate the resident on the use of the call bell and wait for staff to assist; and on 5/13/2025 have floor mats down when in bed.The 7/17/2025 at 3:55 PM incident report created by Registered Nurse #14, documented the resident had an unwitnessed fall in their room. Contributing factors included cardiac/respiratory disease. The resident was found in bed and stated they fell. The resident had a 5-centimeter abrasion and hematoma (pooled blood) on the top of the head, and a 2-centimeter bruise to the occipital (back of head) area. The medical provider and family were made aware. The incident report did not document if fall interventions were in place at the time of the incident. The 8/1/2025 at 11:18 AM incident report created by Registered Nurse #14 documented the resident had an unwitnessed fall in their room on 8/1/2025 at 11:12 AM. Contributing factors was checked none of the above. The resident was found on the floor and reported they fell when attempting to get out of bed. The resident was assessed and had two skin tears to the right elbow and posterior arm. The resident was assisted back to bed safely and reminded to use the call light for assistance. The medical provider and family were made aware. The incident report did not document if fall interventions were in place at the time of the incident. There was no documented evidence of root cause analysis of the fall and need for additional person-centered interventions for fall prevention. The 8/1/2025 Physician Assistant #13's progress note documented the resident was seen due to reported fall. The resident was found on their floor in the room and reported to nursing that they had fallen on their right elbow and posterior head. The resident had decreased safety awareness and was reminded to call for assistance prior to transferring and would continue with Physical and Occupational Therapy.The 9/7/2025 at 8:09 PM incident report created by Registered Nurse #11 documented the resident had an unwitnessed fall in their room. There were no contributing factors identified. The resident was found by nursing staff and reported they tripped over a pillow. The resident had reopened the previous skin tear on the left elbow. The medical provider and family were made aware. The incident report did not document if fall interventions were in place at the time of the incident. There was no documented evidence Resident #46's care plan was reviewed and updated to include the resident's recent falls on 7/17/2025, 8/1/2025 and 9/7/2025. The fall comprehensive care plan updated on 9/7/2025 documented to continue with current plan of care.During an observation on 9/8/2025 at 8:09 PM, Resident #46 was in (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335409	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Care Center	7000 Collamer Rd East Syracuse, NY 13057

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	bed. Their walker was on the other side of the room and there was a blanket and a pillow on the floor next to their bed. There were no fall mats on the floor or in the resident's room as planned. During an observation on 9/10/2025 at 8:58 AM, the resident was lying in bed with their walker on the other side of the room. There were no fall mats in the room. During an interview on 9/11/2025 at 12:01 PM, Registered Nurse Supervisor #11 stated after Resident #46 had a fall, the registered nurse was required to do a full observation and assessment. They should also look at the fall care plan and ensure all the fall prevention interventions were in place. On 9/7/2025, the resident was not independent with mobility and had their fall mats in place.During an interview on 9/11/2025 at 1:20 PM, the Assistant Director of Nursing stated care plans should be looked at with each fall. The situation of the fall should be reviewed, and they should add interventions that could prevent additional falls in the future. They stated when the resident tripped on the pillow on the floor, nursing should have added to the care plan to ensure the floors were clear and the room was clutter free. Resident #46 was alert and oriented. Nursing should be aware of all interventions placed on the care plan to prevent falls. If the resident was in bed, then nursing should place the fall mats on the floor until the resident got out of bed. They stated the resident's care plan was reviewed with each fall but there were no new interventions added. Staff should try new interventions to ensure the resident had fewer or no falls and to prevent injury. 10NYCRR 415.11(c)(2)(iii)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335409	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Care Center	7000 Collamer Rd East Syracuse, NY 13057

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. Based on observations, record review, and interviews during the recertification survey conducted 9/8/2025-9/12/2025, the facility did not ensure residents were provided the appropriate treatment and services to maintain or improve their ability to carry out activities of daily living including functional communication systems for one (1) of one (1) resident (Resident #22) reviewed. Specifically, Resident #22's primary language was not English, and the resident was not consistently provided with translation services or alternate forms of communication. Findings include:The facility policy Residents Rights, last reviewed 1/2025, documented all residents would be treated with respect, kindness, and dignity; and had the right to communicate with and access people and services, both inside and outside the facility. The facility policy Translation and/or Interpretation of Facility Services, revised 1/2025, documented individuals with limited English proficiency had meaningful access to information and services provided by the facility. The Director of Social Work identified a language barrier and coordinated the language access plan. All persons were informed of their rights to obtain competent oral translation services free of charge. Family members and friends were not relied upon to provide interpretation services for the resident, unless explicitly requested by the resident. Resident #22 had diagnoses including diabetes. The 7/17/2025 Minimum Data Set assessment documented the resident was cognitively intact, their preferred language was Spanish, and they needed or wanted an interpreter to communicate with a doctor or health care staff. The Comprehensive Care Plan initiated 5/25/2023 and revised 9/9/2025 documented the resident had a communication problem related to Spanish being their primary language. Interventions included a language line was to be used to communicate with the resident. The following observations were made of Resident #22: -On 9/08/2025 at 6:10 PM, were seated in their wheelchair in the doorway to their room. They were talking extensively to their roommate in Spanish. Their bed was covered with boxes of their belongings. No language or communication board was observed in the resident's room. -On 9/08/2025 at 7:46 PM, in their room with staff clearing off the bed and moving boxes. Staff spoke with the resident in English. The resident was crying and waving their arms in the air and trying to express themself in Spanish. They kept pointing at the boxes and speaking rapidly in Spanish. Nursing staff did not try to assess what the resident needed. No language or communication board was observed in the resident's room. -On 9/09/2025 at 12:50 PM, Resident #22 propelled themselves in their wheelchair between the hallway and their room. They were very talkative, but only spoke Spanish, not English. There was no language or communication boards observed in their room and the monthly activities calendar taped on the wall was in English. -On 9/09/2025 at 1:09 PM, Licensed Practical Nurse #10 approached Resident #22 and told them in English they needed to go to their room and followed the resident to their room to administer insulin. Licensed Practical Nurse #10 did not attempt to communicate with the resident in their preferred language or use an alternate form of communication.During an interview on 9/11/2025 at 1:50 PM, Certified Nursing Aide #9 stated Resident #22 had a communication board in their room. Certified Nursing Aide #9 entered the resident's room and pulled the communication board from under some towels. On 9/09/2025 at 1:27 PM, Resident #22 was interviewed using the Language Line (Spanish interpreter #425575). They stated the facility staff did not communicate with them in a way they could understand and did not tell them what meds they were taking or what they were doing when treating them. They stated they were frustrated when they did not know which procedures or medications they received but shrugged their shoulders and stated when staff called their name they would just follow and allow treatment. They stated they became very upset and started crying in the evening on 9/8/2025 because they thought staff were kicking them out of the facility, and it made them very angry because they had lived in the facility for so long.During an interview on 9/11/2025 at 1:50 PM, Certified Nursing Aide #9 stated they used a facility translator that was kept plugged in on the unit, however it was not (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335409	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Care Center	7000 Collamer Rd East Syracuse, NY 13057

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	available, and they did not know where it was. They stated staff often used their phones to translate and some residents had a communication board. They stated Resident #22 had a communication board. During an interview on 9/11/2025 at 2:00 PM, Licensed Practical Nurse #10 stated they used a language line to communicate with a resident if they did not understand English. They did not always use the language line if they were doing something they thought the resident understood. They sometimes used the language line with Resident #22, but not when they gave routine medications. They thought the resident knew what the medications were. During an interview on 9/12/2025 at 8:43 AM, Registered Nurse #11 stated they used the language line to communicate with residents who did not understand English. Residents also utilized communication boards, but they had not seen those in the facility. They stated the procedure to use the language line was posted on the unit and they knew it was being utilized if it was documented in the health record or through observation on rounds. They stated all residents had the right to know what medications they were taking and why, and that staff should use the language line for this purpose. During an interview on 9/12/2025 at 8:58 AM, the Director of Social Work stated they determined if a resident was unable to understand English from the admission hospital documentation. They added a communication problem to the care plan, with interventions, and sent an e-mail out to the departments to alert them. Staff should use the language line to communicate with the resident, and the interpreter helped determine how much the resident understood. During a telephone interview on 9/12/2025 at 10:10 AM, Physician's Assistant #13 stated they used a language line to communicate with residents who did not speak or understand English. Use of the language line depended on what they saw the resident for. They stated they utilized the language line if they needed information regarding the resident's symptoms or other subjective data. If they were addressing medicine reviews or laboratory findings, they did not access the language line. They stated they knew the resident understood them because they nodded their head. They stated residents all had the right to be spoken to in their own language. 10NYCRR 415.12(a)(3).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335409	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Care Center	7000 Collamer Rd East Syracuse, NY 13057

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observations, record review, and interviews during the recertification survey conducted 9/8/2025- 9/12/2025, the facility did not ensure residents who were unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for one (1) of three (3) residents (Resident #66) reviewed. Specifically, Resident #66 had brown debris underneath long, untrimmed fingernails; foul breath with white debris on their teeth; and uncombed hair.Findings include:The facility policy Activities of Daily Living (ADLs) Supporting, revised 3/2018, documented residents who were unable to carry out activities of daily living independently, would receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Appropriate care and services were provided for residents and in accordance with the plan of care including appropriate support with hygiene, bathing, dressing, grooming, oral care, toileting, meals, and mobility. Resident #66 had diagnoses including dementia, anxiety, and diabetes. The 6/17/2025 Minimum Data Set assessment documented the resident had severe cognitive impairment, did not exhibit behavioral symptoms, did not reject care, and required partial/moderate assistance for most activities of daily living. The Comprehensive Care Plan initiated 7/31/2025, documented the resident had activity of daily living deficits and required assistance with activities of daily living and functional mobility. Interventions included set up for personal hygiene and assistance of one for bathing and dressing. The undated care instructions (Resident Care Profile) documented the resident required set up assistance with personal hygiene and assistance of one for bathing and dressing. During observations on 9/8/2025 at 6:59 PM, 9/9/2025 at 12:26 PM, 9/11/1015 at 8:53 AM, and 9/11/2025 at 11:33 AM, Resident #66 had long, untrimmed fingernails with a brown and black substance underneath their nails; uncombed hair; and noticeable bad breath with a white substance on their bottom front teeth. During an interview on 9/9/2025 at 12:26 PM, Resident #66 stated they were not sure what day they were scheduled for a shower. They never refused their shower but often did not receive a shower and wanted one because showers were weekly. They wanted their hair combed, their nails cleaned, cut, and painted, and their teeth brushed. The stated they did not believe they even had a toothbrush. The resident's drawers were opened with the resident present, and no toothbrush was observed. The shower schedule posted behind the nurse's station documented Resident #66's shower day was on Monday on the evening shift. During an interview on 9/11/2025 at 11:07 AM, Certified Nurse Aide #15 stated they were responsible for providing hygiene care for residents on shower days and as needed. Showers were provided weekly with hygiene care on shower days including washing the resident, washing hair, brushing teeth, and clipping nails. On their non shower days they were provided a bed bath washing under arms, under breasts, and the groin area, hair was combed, teeth brushed, and nail care was provided. Nails should be cut and cleaned even if it was not their shower day. Oral care should be completed twice a day to prevent heath issues and hair should be combed daily so it did not get matted. They did not notice Resident #66's nails that morning. Certified Nurse Aide #15 stated they did not provide oral care or nail care because they were busy. They did not give the resident a brush or comb because they thought the resident was going to do it themselves. During an interview on 9/11/2025 at 12:07 PM, Certified Nurse Aide #17 stated they worked the evening shift and often had showers assigned on their schedule. Resident #66 was on their assignment that week for a shower on 9/8/2025 and they worked that day. They did not give the resident a shower, provide nail care, or oral care because there were too many showers scheduled on the evening shift. If a resident did not get their shower they should tell the nurse. They did not tell the nurse Resident #66's shower was not completed, because the nurse was new. They normally also reported this to a supervisor but did not that evening. They did not clip Resident #66's nails because the resident could do it themselves, but they did not provide the resident with clippers or nail file. They did not provide oral care because the resident could do it themselves. They believed the resident's care plan documented the resident required set up (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335409	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Care Center	7000 Collamer Rd East Syracuse, NY 13057

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	assistance for hygiene which meant they should prepare the resident by giving them their toothbrush, toothpaste and hairbrush. During an interview on 9/11/2025 at 12:20 PM, Licensed Practical Nurse #18 stated they worked the evening shift on 9/8/2025 and was responsible for making sure certified nurse aides completed their assignment. They were not notified showers were not completed and should have been. They documented in a progress note when a resident did not get their shower or refused their shower. During an interview on 9/11/2025 at 1:34 PM, Licensed Practical Nurse #16 stated certified nurse aides provided hygiene care for the residents according to the care plan. When the care plan documented assistance of one, that meant one staff assisted the resident. Set up meant to set the resident up with the wash basin, tray, toothbrush and toothpaste. When a resident refused care the certified nurse aide notified them, and they documented it in the progress note. They were not notified of any resident that refused care this week. 10 NYCRR 415.12(a)(3)