STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495387	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Presbyterian Retirement Community	3935 Sunnyside Drive, Suite A Harrisonburg, VA 22801

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. Based on staff interview, clinical record review, and facility document review, the facility failed to obtain a medical provider ordered lab test for (1) one of (23) twenty-three sampled residents, Resident #47. The findings included: For resident #47 the facility failed to obtain a complete blood count (CBC), a comprehensive metabolic panel (CMP) and a lipoprotein (LP) level ordered by the medical provider on 12/2/2025.Resident #47's diagnoses included but were not limited to Parkinson's, dementia, high, cholesterol, hypertension and malnutrition.According to the annual minimum data set (MDS) assessment with an assessment reference date of 1/13/26 resident #47 was assigned a brief interview for mental status score of 8 out 15 indicating moderate cognitive impairment.During a review of the clinical record a medical provider order for lab work was reviewed. The order was dated 12/2/25 and read in part, CBC, CMP, LP q HS for six months. The start date for the order was 12/3/25. There were no lab results in the record for these labs.On 3/25/26 at 12:34 PM spoke with the Director of Nursing (DON) who stated they would look for the results of the ordered lab work.On 3/25/26 at 2:46 PM the DON stated that the ordered lab work for resident #47 was not done. The DON stated they were not sure why and that they could not find where the provider was notified that the labs were not obtained. The DON stated that they made the provider aware and are beginning education with the nursing staff regarding the lab process. When asked what happened that the lab wasn't drawn, the DON stated, I'm not sure. They stated that the resident historically refuses care but there is no documentation in the record to verify that. When asked how the nursing staff knows to obtain labs on a resident they stated, It should come up on the MAR (medication administration record. The DON provided an Inservice Documentation form that read in part, Information: if a lab specimen is unable to be obtained for any reason (missed draw, resident refusal, resident not available, etc.), the provider must be notified of the lab not being drawn. If there is a new order for lab to be obtained, please enter the order and notify your Clinical Coordinator.The policy entitled Laboratory and Diagnostic testing/reporting with an effective date of 10/2025 was requested and provided. The document read in part, Diagnostic testing is important for determining the appropriate treatment for different illnesses or ailments. The physician who treats a patient must order all diagnostic x-rays, diagnostic lab tests, and other diagnostic tests for a specific medical problem. They use the results to manage the patient's specific medical problem and may provide consultation. Under the heading Procedures, the document read in part, Provide or obtain laboratory services only when ordered by a physician, physician assistant, nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws.On 3/26/26 at 11:48 AM the survey team met with the Administrator, DON, Regional Director of Clinical Integration and Chief Executive Officer. The above concern was reviewed at that time.No further information was provided to the survey team prior to the exit conference.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE