

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/09/2026
NAME OF PROVIDER OR SUPPLIER Sunnyside Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 721 Otis Avenue Sunnyside, WA 98944	

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)
<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>Based on interview and record review, the facility failed to ensure residents were provided the opportunity to be involved in making decisions about care and treatment for 2 of 3 residents (Residents 3 and 2) reviewed for rehabilitation services. This failure placed the residents at risk for a decline in physical functioning, worsening mobility, and frustration. Findings included. Review of a policy titled, Care Plans, Comprehensive Person-Centered, dated 03/2022, showed the resident's comprehensive person-centered care plan was consistent with the resident right to participate in the development and implementation of the care plan, including the right to participate in determining the type, amount, frequency, and duration of care; receive the services included in the care plan; and see the care plan and sign it after significant changes were made. Resident 3 Review of the medical record showed Resident 3 was admitted to the facility with diagnoses including diabetes (a group of diseases that affect how the body uses blood sugar), paraplegia (the inability to voluntarily move lower parts of the body), and depression. The 12/10/2025 comprehensive assessment showed Resident 3 required partial/maximum assistance of one staff member for activities of daily living [(ADLs) activities related to personal care]. The assessment also showed Resident 3 had an intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). Record review of a Therapy RA (Restorative Aide) Referral Form dated 02/17/2026, showed Resident 3 had a restorative nursing (person-centered nursing care designed to improve or maintain the functional ability of resident to achieve their highest level of well-being) plan for active range of motion [(AROM) movement of a joint by actively engaging muscles) with a frequency of six times a week. Record review of a care plan dated 12/08/2025, showed Resident 3 had an AROM plan with a frequency of six times per week, initiated on 10/30/2025. Further review of the care plan showed the AROM frequency was reduced to three times per week on 03/05/2026. During an interview on 03/09/2026 at 2:42 PM, Resident 3 stated they were frustrated about the change in their therapy services. They stated they were not informed of the change from six days to three days a week. They stated the facility also cut the length of time for their sessions from 30 minutes per session to 20 minutes per session. Resident 3 stated I am here for therapy, and I feel like I am now restricted as to what I can do. I am frustrated and angry. Resident 2 Review of the medical record showed Resident 2 was admitted to the facility with diagnoses including left sided weakness/paralysis after a stroke (damage to brain cells when the blood supply is blocked or a blood vessel in the brain bursts), lung disease, and high blood pressure. The 01/19/2026 comprehensive assessment showed Resident 2 was dependent on one to two staff members for ADLs. The assessment also showed Resident 2 had a moderately impaired cognition. Review of a care plan dated 01/05/2026, showed Resident 2 had an AROM program initiated 12/20/2024, with a frequency of six times per week. Further review of the care plan showed the AROM frequency was reduced to three times per week on 03/05/2026. During an interview on 03/09/2026 at 9:16 AM, Resident 2's Representative stated at a recent care conference (02/26/2026) they were told Resident 2 was receiving restorative nursing services every day. Resident 2's Representative stated they did not know if that was happening and were not informed of any changes in services. During an interview on (continued on next page)</p>

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
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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	03/05/2026 at 1:27 PM, Staff D, Director of Rehab, stated they had heard that residents were unhappy about the change in restorative services. They stated therapy services wrote the restorative programs, and they were implemented by nursing staff. Staff D stated restorative services were now three days per week. During a follow up interview on 03/09/2026 at 3:00 PM, Staff D stated the therapy department was not consulted on the changes to restorative services. They stated residents would show a decline in their condition in probably three to six months with the new changes. Staff D stated any resident that was on a ROM program for contractures (a permanent tightening of the muscles, tendons, and skin that causes the joints to shorten and become very stiff) or splinting should remain at a higher frequency than three days per week to maintain ROM. During an interview on 03/09/2026 at 1:58 PM, Staff B, Director of Nursing Services, stated the residents were not notified of the change in restorative services that occurred on 03/01/2026. They stated the process should have been to send out a letter to the residents and their representatives informing them of the change. They stated the facility did not involve therapy and did not complete new assessments; they decreased the frequency of visits from six to three visits per week due to budget cuts. Staff B stated there was no plan in place to ensure the residents did not decline. During an interview on 03/09/2026 at 2:12 PM, Staff A, Administrator, stated the facility knew of the upcoming changes to restorative services in February 2026, and should have notified the residents and/or their representative prior to the change on 03/01/2026. Reference: WAC 388-97-0200(2)(3)		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>Based on interview and record review, the facility failed to allow residents the right to make choices related to the time of day for showering for 3 of 4 residents (Residents 1, 2, and 3) reviewed for self-determination. This failure placed the residents at risk for distress, poor hygiene, and an undignified existence. Findings included. Review of a policy titled, Resident Rights, 02/2021, showed resident rights included the right to a dignified existence and self-determination. Resident 1 Review of the medical record showed Resident 1 was admitted to the facility with diagnoses including a dislocation of the right knee, anxiety, and need for assistance with personal care. The 01/06/2026 comprehensive assessment showed Resident 1 was independent with activities of daily living [(ADLs) activities related to personal care] and had a moderately impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). The assessment also showed it was very important for Resident 1 to make choices regarding their customary routines and activities. During an interview on 03/09/2026 at 12:50 PM, Resident 1 stated they were not informed of the change in the shower schedule. They stated they were assigned to the evening shower schedule and preferred their shower during the day. Resident 1 stated I wish they would have come to me and asked what I wanted because I don't like evening showers. Resident 2 Review of the medical record showed Resident 2 was admitted to the facility with diagnoses including left sided weakness/paralysis after a stroke (damage to brain cells when the blood supply is blocked or a blood vessel in the brain bursts), lung disease, and high blood pressure. The 01/19/2026 comprehensive assessment showed Resident 2 was dependent on one to two staff members for ADLs and had a moderately impaired cognition. The assessment also showed it was very important for Resident 2 to make choices regarding their customary routines and activities. During an interview on 03/09/2026 at 9:16 AM, Resident 2's Representative (RR) stated the staff wake Resident 2 up early and take them to the shower. They stated Resident 2 doesn't like that. The RR stated Resident 2 did not have choices as they liked to sleep in and wanted to have their shower in the afternoon. They stated, if they (staff) would work with their (Resident 2's) choices, they would be happier in the facility. During an interview on 03/09/2026 at 12:59 PM, Staff C, Nursing Assistant (NA), stated they were the shower aide prior to the changes in the shower schedule. They stated they always completed Resident 2's shower first, before breakfast. Resident 3 Review of the medical record showed Resident 3 was admitted to the facility with diagnoses including diabetes (a group of diseases that affect how the body uses blood sugar), paraplegia (the inability to voluntarily move lower parts of the body), and depression. The 12/10/2025 comprehensive assessment showed Resident 3 required substantial/maximum assistance of one staff member for showers and was cognitively intact. The assessment also showed it was very important for Resident 3 to make choices regarding their customary routines and activities. During an interview on 03/09/2026 at 2:42 PM, Resident 3 stated a NA had told them the shower aide would no longer be providing the showers. They stated, I don't agree with it, they did not give us a choice of day or evening showers. During an interview on 03/05/2026 at 9:13 AM, Staff B, Director of Nursing Services, stated there were changes to the shower schedule that included, starting 03/01/2026, the NAs would be doing their own resident showers. They stated the facility would no longer have a shower aide. Staff B stated there were a couple resident complaints with the change. Staff B stated the change was due to budget cuts. During a follow up interview on 03/09/2026 at 1:58 PM, Staff B stated when the change to the shower schedule was made, the residents were not given the choice between day and evening showers. They stated residents should have been given the choice but did not think anyone would want an evening shower and they had to split the workload between the shifts. During an interview on 03/09/2026 at 2:12 PM, Staff A, Administrator, stated they had moved the shower aides to work the floor to increase floor staff. They stated the showers were split between the day and evening shifts. Staff A stated the (continued on next page)</p>		

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	residents should have been given a choice for their shower time. Staff A stated they did not know residents were not given the choice. Reference WAC: 388-97-0180(2)		