

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/01/2024
NAME OF PROVIDER OR SUPPLIER Sunnyview Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 W Washington Bl Los Angeles, CA 90018	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45657</p> <p>Based on interview and record review, the facility failed to exercise reasonable care for the protection of two of four sampled Resident 's (Resident 1 and Resident 4) by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Resident 1 's ID (identification) card, Medi-Cal card and passport were documented on the resident 's Inventory List. 2. Ensure Resident 3 's Compact Discs (CDs) was not lost or stolen. <p>This deficient practice had the potential for Resident 1 's personal belongings to be lost or stolen without accountability and could negatively affect Resident 3 's psychosocial well-being.</p> <p>Findings:</p> <p>During a review of Resident 1 's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1 's diagnoses included, end stage renal disease ([ESRD] irreversible kidney failure), cardiomegaly (a condition where the heart becomes larger than normal), cerebrovascular accident ([CVA] stroke, loss of blood flow to a part of the brain.)</p> <p>During a review of Resident 1 's Social Services Progress Note dated 5/30/2024 at 12:32 p.m., the Progress Note indicated, Resident 1 's brother submitted the resident 's ID, Medi-Cal card, Passport, and cash to SSD. The Progress Note indicated SSD would give Resident 1 's belongings to the Business Office Manager (BOM).</p> <p>During a review of Resident 1 's Inventory Lists dated 7/ 20/2024, 7/30/2024 and 10/10/2024, the Inventory Lists did not indicate Resident 1 's ID card, Medi-Cal card and Passport received by the SSD were documented.</p> <p>During a review of Resident 1 's Minimum Data Set ([MDS] a federally mandated resident assessment tool), dated 9/14/2024, the MDS indicated Resident 1 was able to understand others and make self-understood. The MDS indicated Resident 1 required substantial to maximal assistance (staff does more than half the effort) with activities of daily living (ADLs) such as dressing, toilet use, personal hygiene. The MDS indicated Resident 1 required partial to moderated assistance (staff does less than half the effort) for transfers (moving between surfaces to and from bed, chair, and wheelchair).</p> <p>(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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s History and Physical (H&P) dated 9/19/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a phone interview on 10/31/2024 at 1:00 p.m., with Resident 1 ' s representative (RP), the RP stated she received a closed envelope from the facility on 10/10/2024. The RP stated, the envelope listed the following which was supposed to be enclosed in the envelope for Resident 1: check book, cash \$1,800,00, Passport, Medi-Cal ID and ID card. The RP stated when she opened the envelope at home, Resident 1 ' s passport, ID card and Medi-Cal card were missing.</p> <p>During a concurrent interview and record review on 11/1/2024 at 11:00 a.m., with the BOM, Resident 1 ' s Social Services Progress Noted dated 5/30/2024 was reviewed. The BOM stated, which indicated the SSD gave her Resident 1 ' s check book and money and did not receive the resident ' s passport, ID card and Medi-Cal card. The BOM stated she had not seen any of the resident ' s listed documents.</p> <p>During a review of Resident 3 ' s Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 3 ' s diagnoses included blindness of the right and left eye, cardiomegaly, and osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage)</p> <p>During a review of Resident 3 ' s H&P dated 1/15/2024, the H&P indicated Resident 3 had the capacity to understand and make decisions.</p> <p>During a review of Resident 3 ' s MDS dated [DATE], the MDS indicated Resident 1 was able to understand others and make self-understood. The MDS indicated Resident 3 required partial to moderate assistance with ADLs such as dressing, toilet use, personal hygiene. The MDS indicated Resident 3 required supervision or touching assistance for transfers.</p> <p>During a review of Resident 3 ' s Inventory List dated 3/17/2020. The Inventory List indicated, Resident 3 had 20 CD ' s and one CD player.</p> <p>During an interview on 11/1/2024 at 9:30 a.m., with Resident 3 in Resident 3 ' s room, Resident 3 stated she lost her Bible CDs at the facility and had been missing for about 6 months. Resident 3 stated, she notified the SSD and Supervisor (unnamed) about the missing belongings. Resident 3 stated she would like to be able to listen to her Bible CD ' s.</p> <p>During a concurrent interview and record review on 11/1/2024 at 1:00 p.m. with the Director of Nursing (DON), Resident 1 ' s Inventory Lists were reviewed. The DON the SSD should have updated Resident 1 ' s Inventory List when she received the resident ' s items on 5/30/2024 however was not done. The DON stated any important documents for the residents should be stored in the business office in a lock cabinet for safe keeping. The DON stated staff needed to add any new belongings brought in by the resident ' s families, to the resident ' s Inventory List with the date and time received. The DON stated she does not recall being notified about Resident 3 ' s Bible CDs missing. The DON stated it was important for Resident 3 to listen to those CDs due to her visual impairment.</p> <p>During an interview on 11/7/2024 at 8:00 a.m., with SSD, SSD stated Resident 1 ' s brother gave her Resident 1 ' s passport, ID card and medical card on 5/30/2024 and had given the items to the BOM. SSD stated she did not update Resident1 ' s Inventory List. SSD stated it was important to update the resident ' s Inventory List, to account for the resident ' s belongings.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility ' s Policy and Procedure (P&P) titled, Personal Property dated 8/2022, the P&P indicated the resident ' s personal belonging and clothing are inventoried and documented upon admission and updated as necessary. The P&P indicated, the facility promptly investigates any complaints of misappropriation or mistreatment of resident property.</p>		