

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  11/08/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46144</b></p> <p>Based on interview and record review the facility failed to ensure one out of three sampled residents (Resident 1) had a care plan for Activities of Daily Living (ADL- routine tasks/activities such as bathing, dressing, and toileting a person of life-threatening conditions) specific to showering with interventions.</p> <p>These deficient practice had the potential for the resident to not receive care services specific to resident's needs which can result in Resident 1 sustaining another fall.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE]. Resident 1 ' s diagnoses included schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior), restlessness/agitation (a sense of severe uneasiness, crankiness, or inner tension), lack of coordination ( the inability to control the muscles in your body to coordinate movements), abnormalities of gait/mobility (an unusual walking pattern that can be caused by medical conditions or issues with legs or feet.</p> <p>During a review of Resident 1 ' s History and Physical (H&amp;P), dated 10/7/2024, the H&amp;P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a federally mandated resident assessment tool), dated 10/8/2024, the MDS indicated Resident 39 ' s cognition (ability to learn, reason, remember, understand, and make decisions) resident was able to understand and be understood. The MDS indicated Resident 1 required supervision by staff for showers, dressing, and personal hygiene. The MDS indicated Resident required supervision by staff when walking.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/8/2024 at 1:22 p.m. with Certified Nursing Assistant (CNA) 2, CNA 2 stated on 11/1/2024 it was shower day. CNA 2 stated Resident 1 wanted to take a shower without assistance. CNA 2 stated she stepped out of the shower, closed the curtain, and waited on the outside of the door in the hallway. CNA 2 stated I was standing on the outside of the door in the hallway waiting for Resident 1 to finish her shower. CNA 2 stated when I opened the door from the hallway and the resident was already walking out from behind the shower curtain and she fell to the ground. CNA 2 stated Resident 1 needed supervision while in the shower. CNA 2 stated it was important to keep a close watch on Resident 1 because she would move fast when walking, did not pay attention, and did what every she wanted. CNA 2 stated since I was not in the shower with Resident 1, she fell , and she ended up getting hurt.</p> <p>During a concurrent interview and record review on 11/8/2024 at 3:27 p.m. with Director of Nursing (DON), Resident 1's licensed nursing notes, dated 10/29/2024 indicated Resident 1 required partial/moderate assistance (helper does less than half the effort, helper lifts, holds, or supports trunk or limbs, but provides less than half the effort), the DON stated Resident 1 should have had a care plan for ADLs specific to showering with interventions listed how to monitor the resident while showering.</p> <p>During a review of facility ' s policies and procedure (P&amp;P) titled, Care Plans, Comprehensive Person-Centered, dated 3/2022, the P&amp;P indicated, a comprehensive person-centered care plan that includes measurable objectives and timetables to meet the resident ' s physical, psychosocial, and functional needs is developed and implemented for each resident. The P&amp;P indicated person-centered care plan should reflects currently recognized standards of practice for problems areas and conditions.</p> <p>During a review of facility ' s policies and procedure (P&amp;P) titled, Care Planning-Interdisciplinary Team, dated 3/2022, the P&amp;P indicated, the interdisciplinary team is responsible for the development of resident care plans.</p>		