

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 12/31/2025
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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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

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 12/31/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow its policy and procedure (P&P) titled, Skin Breakdown when licensed nurses did not perform weekly skin progress reports for one of four residents (Resident 1) who had moisture-associated skin damage (MASD - skin damage caused from prolonged exposure to moisture). This failure had the potential to result in the worsening of Resident 1's MASD and a delay in care or services for Resident 1. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted on [DATE] and readmitted on [DATE]. The admission Record indicated Resident 1's diagnoses included diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), generalized muscle weakness (lack of strength), and candidiasis (a common fungal skin infection caused by yeast, appearing as red, itchy rashes) of skin. During a review of Resident 1's History and Physical (H&P), dated 8/19/2025, the H&P indicated Resident 1 had the capacity to understand and make medical decisions. During a review of Resident 1's Bowel and Bladder (B&B) Program Screener, dated 10/18/2025, the Screener indicated Resident 1 was never continent of bowel or bladder, had some redness on his genitals, perineal, or buttock skin, was immobile, and had predisposing factors (underlying, long-term conditions that increase risk of complications). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 10/17/2025, the MDS indicated Resident 1 had severe cognitive (ability to think and reason) impairment. The MDS indicated Resident 1 had lower extremity impairment on both sides and was dependent (helped does all the effort) for personal hygiene. The MDS indicated Resident 1 had skin impairment. During a review of Resident 1's Care Plan titled, MASD. Location: Sacrococcyx (the lower back and tailbone), groin area., dated 10/21/2025, the Care Plan indicated the goal was to resolve Resident 1's skin damage and reduce the risk of skin infections. The Care Plan indicated nursing interventions included assessing Resident 1's skin condition and conducting weekly body checks. During a review of Resident 1's Interdisciplinary Team (IDT- care team that may include nurses, therapists, social workers, dietary, physicians, activities workers to plan and manage a resident's care plan) Meeting Notes, dated 10/22/2025, the IDT Notes indicated Resident 1 was at risk of skin breakdown due to fragile skin, the aging process, and functional decline. Resident 1 had MASD on the groin and sacrococcyx with interventions indicating staff would monitor Resident 1's skin condition. During a review of Resident 1's Licensed Nurses Note, dated 11/29/2025, the note indicated Resident 1 had a skin alteration and referred to the skin assessment record. During a review of Resident 1's Treatment Administration Record (TAR - a daily documentation record used by a licensed nurse to document treatments given to a resident), for the month of 11/2025, the TAR indicated Resident 1 received the following treatments: Cleanse Sacrococcyx with normal saline (cleansing liquid), pat dry, apply skin barrier cream, and leave open to air every day shift for MASD from 11/1/2025 through 11/19/2025 and from 11/21/2025 through 11/29/2025. Apply Nystatin powder (antifungal skin medication) to the groin area every day shift for MASD from 11/1/2025 through 11/20/2025 and from 11/22/2025 through 11/29/2025. During a concurrent interview and record review on 12/31/2025 at 11:30 a.m., with the Treatment Nurse (TN), Resident 1's TAR for the month of 11/2025, B&B Screener, dated 10/18/2025, H&P, dated 8/19/2025, Progress Notes for the month of 11/2025 and care plan titled MASD. Location: Sacrococcyx, groin area., dated 10/21/2025, were reviewed. The TN stated Resident 1's history of DM, weakness, and scrotal cellulitis increased his risk of skin breakdown, infection, and delayed skin healing. The TN stated Resident 1 received multiple treatments for the red and irritated MASD on his sacrococcyx and groin. The TN stated Resident 1's MASD should have been assessed weekly, to verify the effectiveness of treatments. The TN stated Resident 1's MASD was not assessed and measured weekly (for the month of 11/2025). The TN stated that Resident 1 was at risk of worsening and developing an infection because it was not assessed regularly (at least weekly). During a concurrent interview and record review on 1/7/2026 at 3:26 p.m., with the Director of Nursing (DON), the facility's undated P&P titled, Alteration in Skin Integrity was reviewed. The DON stated Resident 1's MASD should have had weekly skin assessments by a Treatment Nurse and the wound specialist medical doctor. The DON stated the Resident's MASD could have worsened or not responded to treatment if it was not assessed weekly. During a review of the facility's undated P&P titled, Alteration in Skin Integrity the P&P indicated residents with alterations in skin integrity will be assessed and care plans will be developed. The P&P indicated weekly skin progress reports will be completed by licensed staff to include distribution of the</p>		