STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555071	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyview Care Center	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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure transportation was notified of 1 of 8 sampled residents (Resident 1) pick-up time after hemodialysis treatment every Mondays, Wednesdays and Fridays. This failure resulted in Resident 1 having to wait for transportation for long periods of time after hemodialysis treatments.This failure also resulted in the hemodialysis center to utilize an Uber (a company that connects riders with drivers, couriers, and delivery providers through a smartphone app) transportation to take the resident back to the facility.This failure had the potential for Resident to experience being tired, uncomfortable, hungry and placed the resident's health and safety in jeopardy.Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and re-admitted on [DATE]. Resident 1's diagnoses included end stage renal disease with dependence on renal dialysis (a medical condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis or a kidney transplant to maintain life), hypertension (high blood pressure is when the pressure in your blood vessels is too high), and repeated falls. During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 12/29/2025, the MDS indicated Resident 1 had clear speech and had the ability to express ideas and wants, and was able to understand. The MDS indicated Resident 1 used a walker or wheelchair and required substantial/maximal assistance (helper does more than half the effort) with toileting hygiene, upper body dressing and shower/bathe self. During a review of Resident 1's Hemodialysis Flowsheet dated 1/7/2026, the Hemodialysis Flowsheet indicated on 1/7/2026, Resident 1 started hemodialysis at 10:48 a.m., and completed his treatment at 2:56 p.m. During a review of the Hemodialysis Center Uber receipt dated 1/7/2026, the receipt indicated on 1/7/2026, Resident 1 was picked up by Uber from the Hemodialysis Center at 5:29 p.m. and arrived at the facility at 6 p.m. During a review of the Hemodialysis Social Worker (HSW) note, dated 1/9/2026, the HSW note indicated on 1/7/2026 (time not specified), Resident 1 experienced long wait times after the hemodialysis treatment. The HSW note indicated on 1/7/2026, Resident 1 was not picked up by transportation and the Hemodialysis Administrator assisted Resident 1 with arranging transportation through Uber. During an interview on 1/12/2026 at 11:47 a.m., with Social Service Director (SSD), the SSD stated Resident 1 had been having problems with hemodialysis transportation due to his insurance. The SSD stated transportation pick-up had been arriving too early (time not specified) while Resident 1 is still getting hemodialysis treatment, to transport Resident 1 back to the facility. The SSD stated she called the transportation agency to follow up but the SSD was unable to provide documentation. During an interview on 1/13/2026 at 12 noon with Resident 1, Resident 1 stated during his dialysis schedule, the transportation had been arriving too early or late or does not arrive at all to pick up. Resident 1 stated the SSD was aware of the problem but had not done anything to fix the problem. Resident 1 stated he had waited 3 hours for the transportation pick-up after (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hemodialysis treatment (date not specified). Resident 1 stated after the hemodialysis treatment, he is tired, weak, hungry and he felt ignored. During an interview on 1/16/2026 at 9:50 a.m., with the HSW, the HSW stated the problem could be that the facility did not inform the transportation and arrange pick up at 2:45 p.m. because Resident 1's hemodialysis ends at 2:30 p.m. During a concurrent telephone interview and record review on 1/16/2026 at 2:15 p.m., with the SSD, a document containing Resident 1's Insurance, Hemodialysis schedule (Flyer) and transportation information was reviewed. The document indicated Resident 1's hemodialysis chair time (dialysis schedule) at 10:30 a.m. every Monday, Wednesday and Friday. The document indicated Resident 1 required transportation pick-up from the facility at 9:45 a.m. The document did not indicated Resident 1's pick up time from the hemodialysis center. The SSD acknowledged Resident 1's Flyer did not indicate a pick-up time from the hemodialysis center. The SSD stated that waiting for a late transportation pick-up or a transportation pick-up that that was not arranged will not make Resident 1 feel good. During a review of the facility's policy and procedure (P&P) titled Transportation, Social Services, dated 12/2008, the P&P indicated the Social services should help residents arrange needed transportation. The P&P indicated concerns about transportation should be referred to the social services.