STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555319	A. Building B. Wing	05/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunrise Post Acute	3476 W. Wilson St. Banning, CA 92220

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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. 44505 Based on interview and record review, the facility failed to address a doctor's concern regarding ongoing weekly telephone appointment for one of four sampled residents (Resident 1). This failure resulted for Resident 1 not receiving necessary care that he needed to achieve his highest level of physical well-being. Findings: During an interview on April 12, 2024, at 10:39 a.m., Resident 1 stated he had weekly phone appointments with a doctor, his therapist. Resident 1 stated it had been some time since his last session. Resident 1 stated the facility was aware of these appointments. During an interview on April 12, 2024, at 1:38 p.m., with the SS, the SS stated, she had spoken to Resident 1's doctor a few times. The SSD stated, she received an email from Resident 1's therapist on March 22, 2024, expressing concern about the lack of communication with the resident. During an interview on April 12, 2024, at 2:09 p.m., with the Licensed Vocational Nurse (LVN), the LVN stated, the doctor was required to provide an order for appointments. The LVN stated, the SS was responsible for following up with the doctor and Resident 1 regarding the appointment scheduling. During an interview on April 12, 2024, at 2:28 p.m., with the SS, the SS stated she received an email from Resident 1's doctor on March 22, 2024, regarding an appointment scheduled for March 25, 2024. The SS stated, she did not have the chance to confirm the scheduled telephone appointment with Resident 1. The SS stated, she should have followed up with the resident to confirm the scheduled telephone appointment with the doctor. During a concurrent interview and review of facility policy and procedure conducted with the DON on April 12, 2022, at 3:20 p.m., the DON stated the SS was responsible for confirming the scheduled appointment for Resident 1. The DON stated, the SS should have confirmed and followed-up the weekly appointment of Resident 1 and the doctor. The DON stated the facility did not follow the policy. (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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility policy and procedure (P&P) titled, Social Service Policy & Procedure, Medically- Related Social Services, undated, the P&P indicated, . It is the policy of this facility to provide medically related social services to all residents in an effort to help them achieve and maintain their highest practicable level of physical, mental and psychosocial functioning .Social Service staff support residents in a variety of ways to prevent and minimize psychosocial decline and empower residents .Medically-related social services means services provided by the facility's staff to assist residents in maintaining or improving their ability to manage their everyday physical, mental and psychosocial needs. These services might include, for example .providing and arranging provision of needed counseling services .