

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Sunnyside Conv. Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 2939 S. Peach Avenue Fresno, CA 93725	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49538</p> <p>Based on observation, interview, and record review, the facility failed to report physical abuse in accordance with the facility's policy and procedure titled Abuse Prevention Program, for one of four sampled residents (Resident 1), when a Licensed Vocational Nurse (LVN) 1 reported a physical abuse allegation to the Administrator (ADM) on 5/14/24, and the facility did not notify the appropriate agencies of Resident 1 ' s allegations of abuse within the required timeframe.</p> <p>This failure resulted in a delay of reporting Resident 1 ' s allegation of physical abuse investigation and had the potential to place Resident 1 and other resident ' s health and safety at risk of harm or injury.</p> <p>Findings:</p> <p>During an interview on 5/16/24 at 5:31 p.m. with LVN 1, LVN 1 stated during medication pass she overheard Resident 1 on the phone staff were hitting her. LVN 1 stated she reported the abuse allegation to the ADM on 5/14/24.</p> <p>During a review of Resident 1's Progress Notes (PN), dated 5/14/24, the PN indicated, .Resident was heard on phone by CNA [Certified Nursing Assistant] and nurse talking to her son. She had made a statement to her son that the nursing staff abuses her and hits her. Nurse immediately made a phone call to administrator to make him aware of the situation .</p> <p>During a concurrent observation and interview on 5/16/24 at 5:56 p.m. with Resident 1, in Resident 1 ' s room, Resident 1 was lying in bed. Resident 1 stated, they hit me.</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool used to identify cognitive (mental processes) and physical functional level assessment dated [DATE], the MDS indicated Resident 1's Brief Interview for Mental Status (BIMS - screening tool used to assess resident cognitive level) assessment score was 12 out of 15 (0-7 indicated severe cognitive impairment - [memory loss, poor decision making-skills] 8-12 moderate cognitive impairment, 13-15 cognitively intact).</p> <p>During an interview on 5/16/24 at 6:31 p.m. with the Social Service Director (SSD), the SSD stated she was aware of the abuse allegation on 5/14/24 and told the ADM of Resident 1 ' s allegations of abuse on 5/14/24.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 5/16/24 at 7:30 p.m., with the ADM, the facility policy titled Abuse Prevention Program dated 8/2006 was reviewed. The policy indicated, . Our abuse prevention program provides policies and procedures that govern .Timely and thorough investigations of all reports and allegations of abuse .The reporting and filing of accurate documents relative to incidents of abuse . The ADM stated Resident 1 ' s allegations of abuse should have been reported within 24 hours. The ADM stated Resident 1 ' s allegations for abuse should have been reported to the California Department of Public Health (CDPH) on 5/15/23. The ADM stated the timeframe for reporting was not in the facility ' s policy and procedure (P&P) but the facility followed the All Facilities Letter (AFL) which indicated a timeframe of 24 hours to report to the appropriate agencies.</p>