

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 12/23/2024
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47254</p> <p>Based on interview and record review, the facility failed to designate a full time (working more than 40 hours per week) Registered Nurse as the Director of Nursing (DON) for 58 of 58 residents when the current DON license expired on [DATE].</p> <p>This failure had the potential to result in a lack of oversight and guidance for the provision of care, which could result in decreased resident safety, optimal well-being, and quality of care.</p> <p>Findings:</p> <p>During a concurrent interview and record review on [DATE], at 10:32 a.m., with Assistant Director of Nursing (ADON), the Director of Nursing (DON) California Board of Registered License, dated [DATE] was reviewed. The ADON stated the DON had notified him of her license being inactive and expired. The ADON validated the DON's Registered Nurse (RN) license from the Board of Registered Nurses (BRN) had been inactive as of [DATE]. The ADON stated he did not notify any leadership of the DON's inactive license and the DON was still working as the DON during the month of [DATE] with an inactive license.</p> <p>During an interview on [DATE], at 11:09 a.m., with the Administrator (ADM), the ADM stated he was not aware of the DON's license being expired. The ADM stated if the DON's license was expired, the DON is out of compliance and should not be working as the DON until the license is re-activated.</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 0727</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 [DATE], at 11:45 a.m., with Owner/Operator Registered Nurse (RN) 1, the DON's schedule for the month of [DATE] and BRN License print outdated [DATE] was reviewed. RN 1 validated the DON worked Monday through Friday Dec. ,d+[DATE], ,d+[DATE], ,d+[DATE] in her role as a DON. RN 1 stated he was not aware of the DON's license being out of compliance as of [DATE]. He stated during the month of [DATE] the facility average census had been an average of 58 residents daily. RN 1 stated the expectation was for the DON to maintain an active RN license and the Director of Staff Development (DSD) failed to maintain oversight and communicate the inactive license issues with leadership as is job duties indicate to do so. RN 1 stated the DSD failed to perform to his mandated job description and failed to notify leadership to remove staff from the staffing schedule if an inactive license was found. RN 1 stated anyone with an inactive license should not be allowed to work in the facility until license have been renewed. RN 1 stated the regulations indicate facility should have a DON with an active license to perform the minimum requirements as indicated in her job duty statement. RN 1 stated the DON is required to be onsite five days a week with a full time schedule (80 hours). RN 1 stated the potential risk for not having an active DON onsite is the lack of supervision and decision making for staff seeking guidance. RN 1 stated the job duty statement for the DON and the DSD were not followed according to the standards indicated in the description and the DON and DSD failed to communicate appropriately concerning issues with RN license.</p> <p>During an interview on [DATE], at 12:32 p.m., with License Vocational Nurse (LVN 1), LVN 1 stated the DON has been working for the month of [DATE] and she usually is scheduled to work Monday through Friday and has been present on the floor observing, supervising, and providing guidance when there are concerns.</p> <p>During an interview on [DATE], at 12:40 p.m., with the ADM, the ADM stated expectations moving forward is for the DSD to check licenses monthly for all nursing staff requiring licenses in order to maintain compliance and verification. He validated that the DON RN license was inactive and out of compliance for the scheduled dates of Dec. ,d+[DATE], ,d+[DATE], ,d+[DATE]. DON was not in compliance with the elements of her job description that required an active RN license to hold the role as the DON. The potential risk for the DON not being up to date with education required to maintain an active license and inability to provide guidance to clinicians seeking medical advice within her scope of practice as an RN.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Nursing Service-Staffing dated 2024, the P&P indicated, .Nursing service personnel shall be employed and on duty in at least the number and with the qualifications determined by the Department to provide the necessary nursing services for patients admitted for care . Skilled nursing facilities shall employ, and schedule additional staff as needed to ensure quality resident care based on the needs of the individual residents and to ensure compliance with all relevant state and federal staffing requirements .</p> <p>During a review of the facility's job description titled, Director of Nursing dated [DATE], the job description indicated, .Hold a current valid license as a Registered Nurse in California .</p> <p>During a review of the facility's facility's job description titled, Director of Nursing dated [DATE], the job description indicated, .Plans, implements, directs, coordinates and evaluates .patient and staff needs in compliance with Federal and State Regulations .is responsible for maintaining accurate and current records .</p>		