STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555733	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Pavilion at Sunny Hills	2222 N. Harbor Blvd. Fullerton, CA 92835

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 0656 Level of Harm - Potential for minimal harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, and facility P&P review, the facility failed to develop a comprehensive plan of care to reflect the individual care needs for one of three sampled residents (Resident 1). * Resident 1 had a change of condition on 1/31/26, showing the resident's daughter reported to the licensed nurse a CNA was unable to meet the resident's needs and harassing the resident. However, there was no care plan developed to address the resident's daughter's allegations. This failure posed the risk of not providing appropriate, consistent, and individualized care to Resident 1 and placed the resident at continued risk of danger and/or harm. Findings: Review of the facility's P&P titled Comprehensive Care Plans-Timing revised 1/2025 showed each resident has a person-centered, comprehensive care plan, developed, reviewed and revised by the facility interdisciplinary team including the resident and resident representative, if applicable. Medical record review for Resident 1 was initiated on 2/17/26. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's SBAR: Change of Condition dated 1/31/26, showed Resident 1's daughter reported a CNA was unable to meet Resident 1's needs and harassed the resident. Review of Resident 1's plan of care did not show a care plan problem was developed to address the resident's daughter's allegation of the staff not meeting the resident's needs and allegation of harassment towards the resident. On 2/18/26 at 1136 hours, an interview and concurrent medical record review was conducted with LVN 2. LVN 2 verified a care plan problem was not developed following Resident 1's change of condition on 1/31/26. LVN 2 stated the purpose of developing a care plan related to the resident's change of condition was to ensure the goals and interventions were being met or if the interventions needed to be revised. On 2/18/26 at 1528 hours, an interview and concurrent medical record review was conducted with LVN 3. LVN 3 verified there was no care plan problem developed to address Resident 1's change of condition on 1/31/26. LVN 3 stated the importance of a care plan was to create and update the resident goals as needed, along with the interventions. On 2/23/26 at 1012 hours, a telephone interview was conducted with the Administrator. The Administrator was informed and acknowledged the above findings.

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