SOURCE LOCKED 2026

CASE FILE / CCN 290003 / LAS VEGAS, NEVADA

What the Sunrise record actually answers.

A public edition built only from answered or meaningfully partial questions. The record shows a profitable for-profit hospital with substantial local value, real capital investment, favorable mortality and debt-collection evidence, and persistent staffing, access, safety, and accountability concerns.

WORKING VERDICT

The story the evidence can carry

MIXED QUALITY · ACCESS STORY

Legal operator	**Sunrise LLC**
Control	**HCA / public**
2025 facility result	**+$220.50m**
Mortality finding	**not worse**
2018–mid-2020 court actions	**0**

THE RECEIPTS, AT A GLANCE

Five numbers. Five different meanings.

Every amount stays attached to its legal entity, time period, and money type. That is the difference between an evidence board and a pile of headlines.

CONFIRMED / CAPACITY

834

licensed beds reported by Nevada

FACILITY / CY25

+$220.5m

reported net income; 17.55% calculated facility margin

HCA / FY25

$6.784bn

parent net income; distinct from Sunrise facility money

CMS MORTALITY

0 worse

two condition measures better and six no different

BILLING STUDY

A / 0

favorable collection grade and zero court actions in the study period

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MONEY MAP / KEEP THE LEDGERS SEPARATE

Three answered levels of the story

Facility performance, parent capital allocation, and the human result are related but cannot be collapsed into one pool of money.

FACILITY LEDGER

Sunrise LLC

Patient reimbursement, Medicaid supplements, labor, capital, and home-office allocations all land here first.

CONTROL LAYER

HCA / treasury

Public-company cash, dividends, buybacks, debt, and centralized services are disclosed at parent scope.

HUMAN RESULT

Patients + staff

When capacity lags demand, the cost is measured in waits, floats, communication failures, and trust.

THE BALANCED RECORD

Strengths, corrections, and warning signals

Favorable findings appear beside red flags because the evidence supports a mixed record, not a one-note indictment.

CONFIRMED

Public, not PE

Sunrise sits inside HCA Healthcare's publicly traded chain. The historical PE period is real, but it is not the current ownership route.

CALCULATED

Hiring improved

The reported RN vacancy rate improved from 28% with 465 openings in 2022 to 5.77% with 63 openings in 2024.

CONFIRMED

Capital reached the campus

Sunrise reported $47.30 million of 2023 capital and $26.09 million of construction in progress in 2025.

CONFIRMED

Mortality is not the headline

Current CMS mortality measures are mostly better or no different. The supported harm story is access.

CONFIRMED

A collection grade

The 100-hospital study recorded zero Sunrise court actions and gave the hospital an A predatory debt-collection grade for the study period.

CONFIRMED

Markup, not lawsuits

Sunrise ranked second for its approximately 12.94-times list-price markup - not for filing patient lawsuits.

DATED SPINE

The timeline in six turns

A visual way to keep historical ownership, current operations, and later enforcement from collapsing into one story.

1958 → 1999

From local hospital to layered LLC

Sunrise opened in 1958, moved through American Medicorp, Humana/Galen, Columbia, and HCA, then registered as Sunrise Hospital and Medical Center, LLC in Nevada in 1999.

2012

Positions reduced

Reporting described 144 eliminated positions, with lower actual job loss after vacancies and contract reductions. The source record does not show a current closure signature.

2017–2021

Medicare audit, then air-permit penalty

OIG reviewed 2017–2018 claims and recommended a $23.6m refund. Sunrise disputed the findings; the official tracker later marked recommendations closed/implemented. Clark County imposed a separate $9,000 air penalty in 2021.

2022–2024

Profit swings; staffing improves in aggregate

The facility moved from profit to a small 2023 loss and then a large 2024 reported profit. Employed RN FTE rose while own filings still documented unit-level overflow and out-of-ratio assignments.

2024–2025

Union power and access failure

SEIU won certification 161–45. A later NLRB charge remained open as an allegation. DOJ settled the interpreter case and required corrective action across 190 affiliated facilities.

2026 snapshot

Access, not mortality

CMS reports a 2-star overall rating with mixed domains; mortality is mostly better/no different, while ED duration, readmission-domain weakness, satisfaction, and capacity evidence carry the harm story.

CONFIRMED DISCREPANCY LOG

Things that do not line up

Six sourced contradictions and scope corrections are kept visible instead of being smoothed into a single allegation.

ID	DISCREPANCY	STATUS
D03	“Top grossing” ranking actually uses net patient revenue; source year is unclear.	confirmed
D08	Nevada’s 2024 narrative repeats 2022 profit while its 2023 exhibit reports a loss.	confirmed
D14	Aggregate RN growth coexists with unit-level overflow and out-of-ratio events.	confirmed
D17	Leapfrog, Lown, and CMS ratings use different methods and periods.	confirmed
D24	OIG’s $23.6m recommendation is not an adjudicated fraud judgment.	confirmed
D30	The evidence supports access risk, not a proven fraud-and-death scheme.	confirmed

EDITORIAL DISCIPLINE

Every red flag gets an innocent explanation hunt.

Volume, acuity, rates, reporting periods, acquisitions, legitimate centralized services, and ordinary corporate separateness can all explain a pattern. The page keeps those alternatives beside the flag so the reader can see what remains unresolved.

YOUR CHECKLIST / ANSWERED RECORD ONLY

The public answer book

Only answered, meaningfully partial, analytical, or not-applicable questions appear here. Open a card for the direct answer, what it means, its connection, and its source trail.

✓ 1. What does the latest verified record establish? 2. Where did the money go? 3. Who runs the hospit

Search all questions and answers...

Open all answers | Close all answers

36 of 36 questions shown

SECTION 1 / 12 ANSWERS

What does the latest verified record establish?

These are the strongest answered questions in the current Sunrise record. Favorable findings sit beside concerns so readers can distinguish a warning signal from a verdict.

CONFIRMED

Is Sunrise a nonprofit hospital that files an IRS Form 990?

No. Sunrise Hospital and Medical Center, LLC is a proprietary, for-profit hospital inside HCA Healthcare's public-company chain, so the relevant public financial sources are Nevada facility reports, CMS records, and HCA SEC filings rather than Form 990.

WHAT IT MEANS

This prevents nonprofit charity rules and Schedule J or Schedule R reporting duties from being assigned to the wrong legal entity.

CONNECTION

Identity comes before every claim about profit, executive pay, investments, taxes, or related organizations.

SOURCE TRAIL

S1 · S2 · S4 · S6 · HCA 2025 Form 10-K

Section 1 Question 1 Confirmed

CONFIRMED

Did Sunrise report a positive financial result in 2025?

Yes. Nevada facility reporting shows $220.50 million of net income in 2025 and a calculated 17.55% facility margin. This is a facility accounting result, not unrestricted cash and not HCA's consolidated result.

WHAT IT MEANS

The six-year record does not support calling Sunrise durably broke, while the money-type boundary prevents a reported margin from becoming a claim about cash available for any particular purpose.

CONNECTION

This is the correct local financial comparison for the nurse-pay allegation.

SOURCE TRAIL

Nevada Compare Care annual financial workbook, Sunrise Hospital, CY2025

Section 1 Question 2 Confirmed

CONFIRMED

Was HCA financially profitable while Sunrise workers raised pay concerns?

Yes. HCA reported $75.60 billion in 2025 revenue and $6.784 billion in net income attributable to HCA, an 8.97% calculated net margin, while also reporting $10.067 billion of share repurchases and $679 million of dividends.

WHAT IT MEANS

These parent figures establish consolidated financial capacity and capital-allocation priorities; they do not prove that a Sunrise dollar funded a repurchase or that all parent cash was available for local wages.

CONNECTION

The fair question is how a profitable parent balanced workforce, capital, debt, and shareholder returns.

SOURCE TRAIL

HCA Healthcare 2025 Form 10-K

Section 1 Question 3 Confirmed

CONFIRMED

Did Sunrise improve nurse hiring before the latest capacity warning?

Yes. Sunrise reported an RN vacancy rate of 28% with 465 openings in 2022, improving to 5.77% with 63 openings in 2024; objection/refusal forms also fell from 108 to 57.

WHAT IT MEANS

This is meaningful favorable counterevidence. It shows that the staffing story is not a simple uninterrupted decline.

CONNECTION

The improvement must be reported alongside 2025 volume and staffing pressure.

SOURCE TRAIL
S16 · S17

Section 1 Question 4 Confirmed

CONFIRMED

Did the 2025 record still show a staffing-capacity warning?

Yes. Annual admissions rose 4.38% while combined fourth-quarter RN FTE fell 3.03% in the facility reports.

WHAT IT MEANS
A volume-up and staffing-down divergence is a capacity warning, not proof that a particular shift violated a ratio or caused a patient injury.

CONNECTION
This is the strongest current bridge between the labor complaint and the patient-access story.

SOURCE TRAIL
Nevada Compare Care annual utilization and staffing workbooks, CY2024-CY2025

Section 1 Question 5 Confirmed

CONFIRMED

What did the 2021 Leapfrog C grade actually measure?

It was an overall hospital safety grade covering infections, surgery, safety practices, safety problems, and doctors, nurses, and staff - not a standalone infection grade. The archived report showed below-average MRSA, serious postoperative breathing problems, pressure sores, and qualified-nurse scoring, while blood infection and colon surgical-infection measures were favorable.

WHAT IT MEANS
The grade supports scrutiny, but the favorable components and historical period prevent an all-infections-failing claim.

CONNECTION
The same record can contain a middling headline grade and real areas of strength.

SOURCE TRAIL
Archived official Leapfrog Hospital Safety Grade, Spring 2021

Section 1 Question 6 Confirmed

CONFIRMED

Has the headline Leapfrog grade improved recently?

The official grade history shows C in both Spring and Fall of 2023, 2024, and 2025.

WHAT IT MEANS

Repeated C grades justify asking what remained unresolved, but component measures and methods change and should be checked by period.

CONNECTION

This is a persistent middling signal, not a mortality count.

SOURCE TRAIL

Official Leapfrog Hospital Safety Grade history for Sunrise

Section 1 Question 7 Confirmed

CONFIRMED

Was Sunrise the second-highest patient-lawsuit filer among the 100 hospitals studied?

No. Sunrise ranked second for its approximately 12.94-times average list-price markup. The Johns Hopkins and Axios dataset gave Sunrise an A predatory debt-collection grade and recorded zero court actions, lawsuits, garnishments, liens, and dollars pursued from January 2018 through July 2020.

WHAT IT MEANS

The markup is a pricing red flag, while the debt-collection result is favorable counterevidence. List prices can be negotiation anchors and do not prove that a particular patient paid 12.94 times cost.

CONNECTION

This corrects the most important conflation in the public narrative: markup rank is not lawsuit rank.

SOURCE TRAIL

S35 · Axios hospital billing interactive · Nevada Current summary

Section 1 Question 8 Confirmed

CONFIRMED

Does current mortality data support claiming that Sunrise caused excess deaths?

No. Current CMS condition-specific mortality measures show no condition worse than the national result, with two better and six no different.

WHAT IT MEANS

The defensible harm story is access, communication, readmissions, satisfaction, and capacity - not a fabricated death count.

CONNECTION

This favorable mortality evidence is a mandatory publication boundary.

SOURCE TRAIL

S19 · S20 · S21 · S22

Section 1 Question 9 Confirmed

CONFIRMED

What positive quality findings should appear beside the warnings?

Lown reports Outcomes A and Safety A for Sunrise, and CMS mortality is not worse than national on the reviewed condition measures. The 2021 Leapfrog archive also showed favorable blood-infection and colon surgical-infection measures.

WHAT IT MEANS

Different ratings use different periods and methods, so the honest conclusion is mixed quality rather than universally unsafe care.

CONNECTION

Counterevidence makes the warning more credible by showing exactly what the data does and does not support.

SOURCE TRAIL

S20 · S23 · archived Leapfrog Spring 2021 report

Section 1 Question 10 Confirmed

CONFIRMED

Has Sunrise invested in local facilities and construction?

Yes. Sunrise reported $47.30 million of 2023 capital spending, including expansion and equipment, and $26.09 million of construction in progress in 2025; its property book also increased during the reviewed period.

WHAT IT MEANS

Capital investment is a positive local-value finding. Restricted or capital-purpose funds should not be treated automatically as an interchangeable wage budget.

CONNECTION

The accountability question is whether physical expansion translated into staffed clinical capacity.

SOURCE TRAIL

S5 · S6 · S12 · Nevada Compare Care CY2025 balance sheet

Section 1 Question 11 Confirmed

CONFIRMED

What local role does Sunrise perform?

Sunrise is an 834-bed teaching hospital and regional trauma center with 44,983 inpatient admissions reported in 2025; more than one-third of 2024 admissions were Medicaid.

WHAT IT MEANS

Its scale and Medicaid role are genuine community value and also increase the consequences of access or staffing failures.

CONNECTION

The hospital's public value is why its financial and staffing priorities deserve unusually close scrutiny.

SOURCE TRAIL

S5 · S6

Section 1 Question 12 Confirmed

SECTION 2 / 5 ANSWERS

Where did the money go?

Sunrise reported positive results in five of the six years through 2025 and quantified home-office allocations. Facility accounting and HCA consolidated capital returns remain separate money ledgers.

PARTIAL

What did the hospital actually earn in total, and from whom — revenue by payer mix, year over year?

Sunrise reported net results of +$19.36m (2020), +$65.59m (2021), +$55.51m (2022), -$4.29m (2023), and +$192.32m (2024). Total operating revenue is confirmed at $885.70m in 2023 and

$1.192bn in 2024. In 2024, admission volume was 36.17% Medicaid, 36.45% Medicare, 21.31% commercial, and 5.71% self-pay/private/charity categories.

WHAT IT MEANS

The payer percentages are patient-count shares, not revenue shares. A dollar-by-payer trend cannot be inferred because Medicare, Medicaid, and commercial cases pay different rates and have different acuity.

CONNECTION

Connects high Medicaid volume to the real possibility of local operating pressure without proving parent-level poverty.

SOURCE TRAIL

S5 · S6

Section 2 Question 1 Partial

CONFIRMED

Are quoted numbers system-wide or hospital-specific — and does the entity scope match?

The $4.29m 2023 loss, $192.32m 2024 profit, and $47.30m 2023 capital spend are Sunrise facility figures. HCA's $5.242bn 2023 net income, $3.811bn buybacks, and $661m dividends are consolidated parent figures.

WHAT IT MEANS

The parent figures show consolidated capacity and control priorities. They do not prove Sunrise cash paid for shareholder returns.

CONNECTION

This entity split is the foundation for every financial conclusion on the page.

SOURCE TRAIL

S5 · S6 · S9

Section 2 Question 2 Confirmed

N/A

What does every Schedule R affiliate hold?

Sunrise is for-profit and does not file Form 990 or Schedule R.

WHAT IT MEANS

The correct substitute is HCA's SEC subsidiary list plus LLC financials, intercompany agreements, property records, captive statements, and benefit-plan filings.

CONNECTION

Routes the investigation through public-company documents instead of nonprofit forms.

SOURCE TRAIL

S4 · S9

Section 2 Question 3 N/A

PARTIAL

What dividends, distributions, management fees, or intercompany sweeps left?

Sunrise recorded HCA home-office allocations of $36.51m in 2022, $36.30m in 2023, and $39.20m in 2024 — $112.01m total. HCA paid $661m in dividends and repurchased $3.811bn of shares in 2023 at consolidated scope. No Sunrise dividend or cash sweep was traced.

WHAT IT MEANS

Home-office allocations may pay for legitimate centralized IT, compliance, finance, purchasing, and management. Their economic character cannot be judged without the cost pool and cash settlement.

CONNECTION

This is the strongest quantified control-channel finding, with an explicit innocent explanation.

SOURCE TRAIL

S6 · S9

Section 2 Question 4 Partial

PARTIAL

What was spent on construction and expansion, and was it restricted?

Sunrise reported $47.304m of 2023 capital: $12.089m expansion, $3.825m equipment, and $31.390m other capital. A contractor describes a $130m tower program. Funding restrictions were not disclosed.

WHAT IT MEANS

Capital spending shows investment, not poverty. It cannot automatically be converted into a claim that the same dollars could legally fund wages.

CONNECTION

Connects growing admissions and ED volume to a plausible capacity rationale while asking whether the build created staffed capacity.

SOURCE TRAIL

S5 · S12

Section 2 Question 5 Partial

SECTION 3 / 3 ANSWERS

Who runs the hospital?

The public control chain is clear: Sunrise LLC sits inside HCA Healthcare. Oversight is divided among healthcare, labor, disability-access, environmental, and financial regulators.

PARTIAL

What conflicts are documented — related transactions, vendor ownership, or Open Payments?

HCA disclosed CEO-relative employment at parent scope. No complete Sunrise conflict, vendor-ownership, or Open Payments crosswalk was completed.

WHAT IT MEANS

The disclosed relationship is evidence of transparency; independence and comparability review remain untested.

CONNECTION

Connects executive money to governance approvals.

SOURCE TRAIL

S15

Section 3 Question 1 Partial

CONFIRMED

Who owns the operator — the full dated chain?

Sunrise Hospital and Medical Center, LLC → AC Med, LLC → Healthtrust, Inc.–The Hospital Company → HCA Inc. → HCA Healthcare, Inc. Historical succession includes American Medicorp, Humana/Galen, Columbia, and HCA.

WHAT IT MEANS

Current ownership is public-company control, not current PE ownership. HCA's 2006–2011 sponsor period is historical.

CONNECTION

Sets the correct accountability route: public-company capital allocation and controlled subsidiaries.

SOURCE TRAIL

S4 · S10 · S11

Section 3 Question 2 Confirmed

CONFIRMED

Who was supposed to stop this — and what did each actually do?

Sunrise/HCA management and its governing body controlled billing, staffing, ADA access, contracting, and allocations. OIG challenged Medicare billing; DOJ enforced disability access; Clark County enforced air permits; NLRB certified the union and is processing a labor allegation; Nevada collects staffing and financial reports.

WHAT IT MEANS

Oversight was not absent. It was fragmented: each regulator sees a narrow ledger, while no public body reconciles parent capital allocation, local staffing pressure, contracts, and patient access.

CONNECTION

Turns “regulatory failure” into a documented fragmentation problem rather than a claim that nobody acted.

SOURCE TRAIL

S16 · S17 · S25 · S27 · S28 · S30 · S33

Section 3 Question 3 Confirmed

SECTION 4 / 4 ANSWERS

Patient safety receipts

The defensible harm verdict is access, not mortality. Aggregate hiring improved, while facility filings still recorded unit-level capacity pressure and current CMS data show readmission and experience weaknesses.

PARTIAL

How many temporary or travel clinicians work here?

Contracted RN FTE was 138.3 in Q4 2022, 80.0 in 2023, and 60.0 in 2024. Unique people, other specialties, and annual FTE equivalents were not disclosed.

WHAT IT MEANS

Contracted RN reliance fell, but a quarterly FTE snapshot cannot identify turnover or unique travelers.

CONNECTION

Challenges an agency-spike narrative while preserving the contractor-data gap.

SOURCE TRAIL

S6

Section 4 Question 1 Partial

PARTIAL

What are ED median time and left-without-being-seen trends?

CMS reports a 164-minute median ED visit for July 2024–June 2025. The left-before-seen display is 0 for CY2024 with a 183,146 sample, but it may be rounded. Trend and national comparison were not extracted.

WHAT IT MEANS

The measure supports access burden but not a literal claim that no patient left without being seen.

CONNECTION

Pairs with staffing-report overflow and floating.

SOURCE TRAIL

S22

Section 4 Question 2 Partial

CONFIRMED

What are readmissions, patient experience, and overall stars?

Sunrise has 2 CMS stars. Two readmission-domain measures are worse and six no different. Heart-failure patients had 27 more days lost alive/out of hospital than average; pneumonia patients had 10.9 more. Lown patient satisfaction is D.

WHAT IT MEANS

The weakness is not generalized clinical failure. It clusters around return utilization and patient experience.

CONNECTION

Strengthens the access and continuity-of-care narrative.

SOURCE TRAIL

S19 · S21 · S23

Section 4 Question 3 Confirmed

CONFIRMED

What do unsafe-staffing filings, grievances, and complaint themes show?

Sunrise's reports document out-of-ratio assignments, capacity overflow, inpatient staff floated to ED/satellite areas, critical-care acuity pressure, and improving vacancy/objection counts. SEIU survey and worker statements repeat the staffing theme but are Tier 2.

WHAT IT MEANS

The pattern is corroborated across management and labor sources, while magnitude and shift-level causality remain unresolved.

CONNECTION

The strongest cross-source safety finding on the page.

SOURCE TRAIL

S16 · S17 · S18

Section 4 Question 4 Confirmed

SECTION 5 / 3 ANSWERS

Community cost and public money

Sunrise is taxable and ineligible for hospital 340B. Its high Medicaid volume, supplemental payments, community-benefit reporting, and capital investment are the relevant public-value ledgers.

N/A

What is the tax exemption versus community-benefit fair-share deficit?

Sunrise is for-profit and does not receive a nonprofit hospital income-tax exemption. A Lown-style nonprofit fair-share deficit is not the correct test.

WHAT IT MEANS

Property abatements, credits, or development incentives could still exist but were not quantified.

CONNECTION

Routes accountability away from nonprofit charity law and toward taxable-company subsidies and patient access.

SOURCE TRAIL

S5

Section 5 Question 1 N/A

N/A

What is the charity-care trend compared with 340B enrollment?

HRSA says for-profit hospitals are ineligible for hospital 340B participation. A clean Sunrise charity-care trend was not extracted.

WHAT IT MEANS

The state's $207.25m "community benefits" total includes subsidized services and other categories and is not equivalent to charity care.

CONNECTION

Prevents two common money-type errors: 340B attribution and community-benefit/charity conflation.

SOURCE TRAIL

S5 · S34

Section 5 Question 2 N/A

N/A

After any closure, who lost access?

No relevant current Sunrise service closure was established.

WHAT IT MEANS

ED access pressure is studied directly rather than attributed to an unproven closure.

CONNECTION

Keeps downstream EMS analysis conditional on an actual closure event.

SOURCE TRAIL

Phase 7

Section 5 Question 3 N/A

SECTION 6 / 4 ANSWERS

Hospital spin — claims to test

Attributable management claims are tested against Sunrise staffing reports, CMS outcomes, HCA disclosures, and enforcement records rather than against an invented poverty statement.

PARTIAL

“We can’t find nurses.”

Sunrise’s filings show a 28% RN vacancy rate and 465 openings in 2022, improving to 5.77% and 63 openings by November 2024. Management reported substantial hiring, new graduates, externs, and reduced objections.

WHAT IT MEANS

The shortage narrative was credible during the vacancy spike and became less persuasive as recruitment improved. Market pay and posting duration were not tested.

CONNECTION

A rare management explanation supported in part by its own later results.

SOURCE TRAIL

S16 · S17

Section 6 Question 1 Partial

PARTIAL

“We invest in our community.”

Sunrise reported $207.25m in state-defined community benefits in 2023 and $47.30m of capital. The total is not charity care, and patient-suit practice remains unknown.

WHAT IT MEANS

The claim is plausible in a broad service-subsidy sense but cannot be used as a charity or affordability claim without category detail and collections records.

CONNECTION

Pairs community-benefit accounting with the missing patient-debt docket.

SOURCE TRAIL

S5

Section 6 Question 2 Partial

MIXED

“Patient safety is our top priority.”

Current mortality and several safety measures are favorable, while Sunrise’s own reports document unit-level ratio/capacity pressure; CMS overall is 2 stars, Lown satisfaction is D, and DOJ settled an ADA access failure.

WHAT IT MEANS

The evidence supports real clinical strengths and real access failures. A slogan cannot collapse either side.

CONNECTION

The clearest example of why headline grades and lived access can diverge.

SOURCE TRAIL

S16 · S17 · S19–S23 · S25

Section 6 Question 3 Mixed

PARTIAL

What did they know internally versus what they said publicly?

Internal/operational record: staffing committees knew of vacancies, overflow, floating, and out-of-ratio events. Public response: HCA cited national shortages and said staffing was safe, appropriate, and comparable. Nevada’s report also repeated a 2022 profit in narrative text beside a 2023 loss exhibit.

WHAT IT MEANS

The staffing statements may differ by scope rather than prove deception. The Nevada financial contradiction is definite, but authorship and intent are unresolved.

CONNECTION

This is the best available knowledge-versus-statement timeline.

SOURCE TRAIL

S5 · S16 · S17 · S18

Section 6 Question 4 Partial

SECTION 7 / 5 ANSWERS

Accountability and what should change

Documented billing, access, staffing, reporting, and labor records support targeted transparency and compliance remedies without claiming excess mortality, current PE ownership, or a criminal fraud judgment.

CONFIRMED

Which “supposed to’s” were broken?

The Shouldn’t Ledger identifies: Medicare billing requirements implicated by the OIG audit; ADA effective-communication obligations in the settled interpreter case; Clark County air-permit testing requirements; an open NLRA retaliation/surveillance allegation; inaccurate year framing inside Nevada’s report; and out-of-ratio/overflow assignments against the hospital’s staffing-plan process and professional norm.

WHAT IT MEANS

Each entry has a citable rule and legal status. Buybacks, executive pay, capital spending, and home-office allocations are not listed merely because they look bad.

CONNECTION

Turns moral criticism into a rule-based accountability register.

SOURCE TRAIL

S16 · S17 · S25 · S28 · S30 · S33

Section 7 Question 1 Confirmed

PARTIAL

Is this a pattern — same owner, landlord, vendors, or playbook elsewhere?

HCA has a documented historical national compliance record and a current disclosed capital-return model. Sunrise has its own OIG audit, ADA settlement, air penalty, staffing pressure, and labor record. No common landlord or vendor playbook was established.

WHAT IT MEANS

Owner-wide history informs credibility and comparison; it does not convert every Sunrise issue into recurrence of the old HCA fraud cases.

CONNECTION

Supports a matched HCA peer study rather than anecdotal pattern matching.

SOURCE TRAIL

S9 · S25 · S30 · S31 · S33

Section 7 Question 2 Partial

MIXED

Who has been telling the truth?

Management is supported on aggregate hiring improvement and real vacancy pressure, but its broad safe-staffing language is narrowed by its own unit reports. SEIU's direction of concern is corroborated, while survey magnitude remains Tier 2. OIG produced strong audit evidence, while "fraud" overstates legal posture. Nevada's narrative year is wrong. CMS and Lown are both credible within different methodologies.

WHAT IT MEANS

Credibility is claim-specific. Friendly and hostile sources are scored against documents rather than accepted as teams.

CONNECTION

The credibility register is the antidote to advocacy cherry-picking.

SOURCE TRAIL

S5 · S6 · S16–S23 · S30

Section 7 Question 3 Mixed

ANALYSIS

What specific, citable demands follow?

Publish Sunrise's cash-pool and home-office allocation bridge; disclose unit/shift staffing and ADO data; name and trace all clinical/staffing/collections vendors; publish local governing-body membership and conflicts; report patient-debt litigation; reconcile Medicaid supplemental payments to assessments and patient benefit; publish ADA monitoring; attach enforceable transparency and staffing conditions to large public-payment programs.

WHAT IT MEANS

These demands target proven opacity and access mechanisms. They do not require proving insolvency, excess death, or PE ownership.

CONNECTION

Moves from investigation to remedies without outrunning the evidence.

SOURCE TRAIL

Dossier findings and Shouldn't Ledger

Section 7 Question 4 Analysis

CONFIRMED

What would a rebuttal team attack first?

They would attack: the comparability of the $192.3m 2024 profit; the cash-pool inference; staffing adequacy despite RN growth; use of “fraud” for the OIG audit; conflicting safety grades; and comparison of parent capital returns with facility resources.

WHAT IT MEANS

The page protects each point: profit is labeled facility accounting; cash sweeps are unproven; RN growth and unit strain are both shown; OIG is not called fraud; grade methods are separated; parent money is used only to assess consolidated capacity.

CONNECTION

This is the publication defense layer.

SOURCE TRAIL

Phase 10 self-audit

Section 7 Question 5 Confirmed

REUSE THE EVIDENCE

Download the public edition

The HTML is upload-ready, the PDF is a fixed reading copy, and the source file preserves every published answer with its evidence trail.

HTML

Interactive answer book

Self-contained public page with search and expandable answers.

PDF

Fixed reading copy

Print-ready edition for sharing, review, and offline access.

SOURCE

Evidence Markdown

Published questions, answers, analysis, connections, and source ledger.

SUNRISE / 290003

Answered public edition updated August 25, 2026

Entity · period · money type · source