

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/22/2026
NAME OF PROVIDER OR SUPPLIER Virgil Rehabilitation & Skilled Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 975 North Virgil Avenue Los Angeles, CA 90029	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide the care, assistance, and supervision to ensure an environment free of risks and hazards for one out of three sampled residents (Resident 1), by failing to ensure Resident 1 who required moderate assistance from facility staff with both upper and lower body dressing was not left alone undressed in the Resident's room after a shower on 6/22/2026. This failure resulted in Resident 1 falling on 6/22/2026 sustaining left hip redness, and left elbow skin excoriation (scraping or wearing away the skin) and placing the resident at risk for serious injury and hospitalization. Findings: During a review of Resident 1's admission record dated 6/23/2026, the admission record indicated Resident 1 was admitted to the facility on [DATE] with the diagnoses that included kidney cancer (a disease where the cells in one or both kidneys start to grow in an uncontrolled way), lung cancer (a disease where bad cells in the lungs start growing out of control), muscle weakness, and hypertension (high blood pressure). During a review of Resident 1's Minimum data set (MDS, a resident assessment tool) dated 5/8/2026. The MDS indicated Resident 1's cognition (ability to think, remember and reason for daily decision making) was intact and the resident required moderate assistance from facility staff with both upper and lower body dressing. During a review of Resident 1's care plan titled The resident has a self-care performance deficit . dated 5/9/2026, the care plan indicated Resident 1 needed moderate assistance from facility staff for dressing. The care plan indicated Resident 1 was at risk for falls and staff were to provide a safe environment and the floor was to be kept non-slippery. During a concurrent observation at the doorway looking into Resident 1's room and interview on 6/22/2026 at 1:22 pm with Licensed Vocational Nurse (LVN) 1 and Certified Nurse Assistant (CNA) 1, LVN 1 opened the door and found Resident 1 was observed undressed and sitting on the floor, water was observed on Resident 1's body. Resident 1 stated he (Resident 1) had just returned from a shower and was left in his room standing. Resident 1 stated he slid down and was trying to call for help. Staff were observed assisting Resident 1 back to bed and helping Resident 1 get dressed. During an interview on 6/22/2026 at 2:20 pm with CNA 1, CNA 1 stated Resident 1 had just returned from a shower and Resident 1 needed help with putting on his clothes. CNA 1 stated he (CNA 1) should have stayed with Resident 1 and instead he went to help other residents and did not notify the charge nurse. During an interview on 6/22/2026 at 2:30 pm with LVN 1, LVN 1 stated Resident 1 had a fall that resulted in left hip redness, and left elbow skin excoriation. LVN 1 stated Resident 1 required assistant for dressing and CNA 1 should not have left Resident 1 undressed after the shower. LVN 1 stated if CNA 1 needed to go somewhere, he (CNA 1) should have notified the charge nurse. During an interview on 6/22/2026 at 3:00 pm with Director of Nursing (DON), the DON stated CNA 1 should have stayed with Resident 1 and if Resident 1 wanted privacy, CNA 1 could have used the curtain and provided privacy for Resident 1. The DON stated Resident 1's fall was preventable and that CNA 1 failed to remain with the resident and assist the resident with dressing, placing Resident 1 at risk for injury and possible hospitalization. During a review of the facility's policy and procedure (P&P) titled, Certified Nurse Assistant Position Responsibilities, dated 9/2025, the P&P stated, CNAs were to implement (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055157
		If continuation sheet Page 1 of 2

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	preventive measure and comply with safety policies and practices. During a review of the facility policy and procedure (P&P) titled, Fall and Fall Risk, Managing, dated 11/21/2025, the P&P stated staff should identify risks and prevent residents from falling.		