

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/09/2024
NAME OF PROVIDER OR SUPPLIER  Vernon Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1037 W. Vernon Avenue Los Angeles, CA 90037	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47286</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure landing mats (cushions placed on the ground to minimize injury from a fall) were placed to both sides of the bed for one of six sampled residents (Resident 4).</p> <p>This deficient practice increased the potential for avoidable physical harm to Resident 4 related to possible injury sustained from a repeat fall.</p> <p>Findings:</p> <p>During a review of Resident 4 ' s Admission Record, the record indicated Resident 4 was admitted on [DATE]. Resident 4 ' s admitting diagnoses included: schizophrenia (a mental illness that is characterized by disturbances in thought) and anxiety disorder (intense, excessive, and persistent worry and fear about everyday situations).</p> <p>During a review of Resident 4 ' s Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 9/14/2024, the MDS indicated Resident 4 had impaired cognition (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS further indicated Resident 4 required partial to moderate assistance from staff to transition from a sitting to standing position, and to transfer between surfaces.</p> <p>During a review of Resident 4 ' s progress note, dated 10/7/2024, the progress note indicated Resident 4 was at risk for falls.</p> <p>During a review of Resident 4 ' s active physician orders, dated 8/2/2023, the physician orders indicated Resident 4 was supposed to have landing mats on both sides of his bed.</p> <p>During an observation on 10/8/2024 at 12:29 PM, at Resident 4 ' s bedside, observed Resident 4 lying in bed. There were no landing mats present at Resident 4 ' s bedside or readily visible in Resident 4 ' s room.</p> <p>During an observation on 10/8/2024 at 3:18 PM, at Resident 4 ' s bedside, observed Resident 4 attempting to get out of bed. There were no landing mats present at Resident 4 ' s bedside or readily visible in Resident 4 ' s room.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview, on 10/8/2024 at 3:20 PM, at Resident 4 ' s bedside, with Licensed Vocational Nurse (LVN) 3, LVN 3 stated Resident 4 did not have bilateral landing mats at his bedside and stated she did not know if Resident 4 had orders for landing mats. LVN 3 stated she was not sure if Resident 4 was a fall risk but had observed Resident 4 sliding out of his bed on multiple occasions in the past.</p> <p>During a concurrent interview and record review, on 10/8/2024 at 3:27 PM, with LVN 3, LVN 3 reviewed Resident 4 ' s active physician orders and stated Resident 4 had orders for bilateral landing mats. LVN 3 stated she could not state why Resident 4 did not have landing mats at his bedside as ordered, and stated they should be there. LVN 3 stated the purpose of the landing mats was to prevent or minimize injury if Resident 4 were to fall.</p> <p>During a concurrent interview and record review, on 10/8/2024 at 3:41 PM, with the Director of Nursing (DON), the DON reviewed Resident 4 ' s active physician orders and care plans. The DON stated Resident 4 was at risk for falls and should have a care plan documenting the necessary interventions to prevent him from falling and sustaining injuries from a fall. The DON then stated Resident 4 ' s physician orders indicated he was supposed to have bilateral landing mats. The DON also stated Resident 4 did not have a care plan documenting the need for the landing mats. The DON stated that Resident 4 not having a care plan for his risk for falls, and not having the landing mats at the bedside, increased his risk for repeat falls with injury.</p> <p>During a review of the facility policy and procedure (P&amp;P) titled Fall Management Program dated 3/13/2021, the P&amp;P indicated facility staff were supposed to document fall interventions for all facility residents.</p>		