

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 11/12/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</p> <p>Based on interview and record review, the facility failed to ensure an accurate Minimum Data Set ([MDS] - a federally mandated resident assessment tool) was completed accurately for one of five sampled residents (Resident 1) by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Resident 1 ' s Depakote (is an anticonvulsant and mood stabilizer medication) medication was coded as anticonvulsant and reflected in the MDS assessment under Section N (N0415-High-Risk Drug Classes) Medications. <p>This deficient practice resulted in incorrect data transmitted to Center for Medicare and Medicaid Services (CMS) related to inappropriate MDS care screening and assessment tool practices.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (front page of the chart that contains a summary of basic information about the resident), the Admission Record indicated, Resident 1 was initially admitted to the facility on [DATE] and was readmitted on [DATE]. The Admission Record indicated Resident 1 ' s diagnoses included schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior), epilepsy (a disorder of the brain characterized by repeated seizures), and depression (a constant feeling of sadness and loss of interest).</p> <p>During a review of Resident 1 ' s MDS assessment, dated 10/6/2024, the MDS indicated, Resident 1 ' s cognitive (ability to think and reason) skills for daily decision making was moderately impaired. The MDS indicated, Resident 1 was independent (Resident completes the activity with no assistance from a helper) with eating, oral hygiene, and toileting hygiene.</p> <p>During a review of Resident 1 ' s Order Summary Report (a document containing active orders), dated 11/12/2024, the Order Summary Report indicated, Resident 1 has an active order of Depakote 250 milligrams ([mg] - metric unit of measurement, used for medication dosage and/or amount) PO (by mouth/orally) two times a day for mood disorder (a mental health condition that involves a persistent change in a person ' s emotional state).</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
---	-------	-----------

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 11/12/2024
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 0641</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 11/12/2024 at 10:45 a.m., with the MDS Nurse, Resident 1 ' s MDS assessment, dated 10/6/2024 was reviewed. The MDS Nurse stated the MDS assessment was completed inaccurately. The MDS Nurse stated there was a wrong entry on the MDS section N (N0415-High-Risk Drug Classes) Medication. The MDS Nurse stated Resident 1 was taking Depakote medication which is considered as an anticonvulsant medication and was not checked on Resident 1 ' s MDS assessment under Section N. The MDS Nurse stated coding of medications in the MDS assessment under Section N should be based on the pharmacological classification of the medication not based on the reason it was prescribed. The MDS Nurse stated accuracy of assessment in the MDS was important because MDS assessment reflects the whole picture of the resident, and their needs are met, and the facility should adjust the plan of care according to resident centered approach.</p> <p>During an interview on 11/12/2024 at 11:05 a.m., with the Administrator (ADM), the ADM stated in the event of an inaccurate assessment in the MDS it would not compromise resident care.</p> <p>During an interview on 11/12/2024 at 2:00 p.m., with the Director of Nursing (DON), the DON stated inaccuracy of assessment in the MDS could affect the care and services of the resident and payment of CMS to the facility.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, RAI Process, dated 10/4/2016, the P&P indicated, To provide resident-assessments that accurately depict and identify resident-specific issues and objectives as required, while meeting state and federal guidelines and data submission requirements. The P&P also indicated the facility will utilize the Resident Assessment Instrument (RAI) process as the basis for the accurate assessment of each resident ' s functional capacity and health status, as outlined in the CMS MDS 3.O Manual.</p>		