

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055167 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>11/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Vernon Healthcare Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1037 W. Vernon Avenue<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|--|---|
| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46144</p> <p>Based on observation, interview, and record review the facility failed to ensure one out of three sample residents (Resident 1) was free from physical abuse when Resident 2 punched Resident 1 in the face.</p> <p>This deficient practice of not monitoring Resident 1 ' s whereabouts resulted in Resident 1 being punched in the face by Resident 2.</p> <p>Findings:</p> <p>a. During a concurrent observation on 11/18/2024 at 10:20 a.m. with Director of Nursing, in the DON office Resident 1 came to the DON office and the DON pointed out a scratch under her right eye after being hit by Resident 2.</p> <p>During a review of Resident 1 ' s Skin Check, dated 11/18/2024, The Skin Check indicated nose discoloration.</p> <p>During a review of Resident 1 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Resident 1 ' s diagnoses included schizophrenia s (a chronic mental disorder that affects a person ' s ability to think, perceive, and interact with others), bipolar (sometimes called manic-depressive disorder, mood swings that range from the lows of depression to elevated periods of emotional highs), dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS] a federally mandated resident assessment tool), dated 10/2/2024, the MDS indicated Resident 1 ' s cognition (ability to learn, reason, remember, understand, and make decisions) was able to understand and be understood. The MDS indicated Resident 1 required supervision by staff when walking, dressing, and personal hygiene.</p> <p>During a review of Resident 1 ' s Elopement Evaluation, dated 11/8/2024, the Elopement Evaluation indicated Resident 1 wander aimlessly or non-goal-directed such as being confused, moving with purpose, may enter other ' s room and explore others ' belongings. The Elopement Evaluation indicated Resident 1 ' s wandering behavior likely to affect the privacy of others.</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:<br><br>055167   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>11/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Vernon Healthcare Center   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1037 W. Vernon Avenue<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During a review of Resident 1 ' s care plan, titled The resident is an elopement risk/wanderer related to history of attempts to leave facility, resident wanders aimlessly, dated 11/11/2024, the care plan indicated the interventions distract resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, and books.</p> <p>During an interview on 11/18/2024 at 3:35 p.m. with Registered Nurse (RN) 1, RN 1 stated Resident 1 was a wanderer, and she does pace up and down the hallways. RN 1 stated Resident 1 required frequent visual checks of her location, due to her attempts to try to leave the facility. RN 1 stated Resident 1 does need to be reminded to go the other way due to the tendency to try to leave the facility. RN 1 stated the frequent visual checks would include to make sure she does not go into other residents ' rooms.</p> <p>During an interview on 11/18/2024 at 4:00 p.m. with Director of Nursing (DON), the DON stated the staff is aware that Resident 1 is a wanderer. The DON stated the staff needed to watch Resident 1 during the night shift when she came out of her room. The DON stated when Resident 1 wandered into Resident 2 room she was hit by Resident 2 and could have been seriously hurt.</p> <p>b. During a review of Resident 2 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 2 was initially admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Resident 2 ' s diagnoses included schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior), anxiety disorder (a mental disorder characterized by feelings of worry or fear) depression (a mental illness that involves a persistent low mood and loss of interest in activities).</p> <p>During a review of Resident 2 ' s History and Physical (H&amp;P), dated 6/17/2024, the H&amp;P indicated Resident 2 does had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 2's Minimum Data Set ([MDS] a federally mandated resident assessment tool), dated 10/6/2024, the MDS indicated Resident 2 ' s cognition (ability to learn, reason, remember, understand, and make decisions) was able to understand and be understood. The MDS indicated Resident 2 was independent when walking, dressing, and personal hygiene.</p> <p>During a review of care plan, titled Resident 2 has a behavior problem related to unpredictable mood changes from calm to anger, by using intimidating body gestures towards other, dated 11/4/2024, the care plan indicated Resident 2 will have no evidence of behavior problems. The staff interventions included frequent visual monitoring for safety of self and others and intervene as necessary to protect the rights and safety of others.</p> <p>During a review of Change of Condition Evaluation, dated 11/18/2024, the Change of Condition Evaluation indicated Resident 2 punched another resident in the nose causing her to fall. The Change in Condition Evaluation indicated Resident 2 stated he hit Resident 1 because she wandered into his room.</p> <p>During an interview on 11/18/2024 at 12:22 p.m. with Resident 2, Resident 2 stated Resident 1 came into his room in during the night and scared him. Resident 2 stated I thought she had a knife in her hand, so I punched her in the face. Resident 2 stated he did not like that she came into his room and wanted her to stay out of his room.</p> <p>(continued on next page)</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055167   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>11/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Vernon Healthcare Center   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1037 W. Vernon Avenue<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0600</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 11/18/2024 at 3:45 p.m. with Registered Nurse 1, Resident 2 ' s care plan, titled Resident 2 has a behavior problem related to unpredictable mood changes from calm to anger, by using intimidating body gestures towards others, dated 11/4/2024, the care plan indicated Resident 2 will have no evidence of behavior problems. The staff interventions included frequent visual monitoring for safety of self and others and intervene as necessary to protect the rights and safety of others was reviewed. RN 1 stated Resident 2 had demonstrated gestures such as making a balled-up fist when he gets frustrated and had an altercation with other residents.</p> <p>During an interview on 11/18/2024 at 4:10 p.m. with Director of Nursing (DON), the DON stated Resident 2 thinks that people are trying to harm him. The DON stated Resident 2 had schizophrenia and his behavior had become worse. The DON stated Resident 2 thinks people were going to harm him. The DON stated when Resident 1 went into his room he was shocked (surprise and upset). The DON stated when Resident 1 wandered into Resident 2 room it did not give him the right to hit Resident 1.</p> <p>During an interview on 11/18/2024 at 4:30 p.m. with Administrator (ADM), the ADM stated Resident 2 had the right to be in his room free from someone entering into his room. The ADM stated Resident 1 and Resident 2 were confused and the staff need to keep inconsideration the type of residents they were to monitor. The ADM stated Resident 2 had delusional (having false or unrealistic beliefs) thoughts and when Resident 1 went into his room she could have been hurt.</p> <p>During a review of facility ' s policy and procedure (P&amp;P), titled Wandering and Elopement, dated 2/2023, the P&amp;P indicated the facility will identify residents at risk for elopement upon admission and when there is a change in condition to minimize the risk of elopement. The P&amp;P indicated to enhance the safety of residents of the facility.</p> <p>During a review of facility ' s policy and procedure (P&amp;P), titled Abuse Prevention and Management, dated 6/2024, the P&amp;P indicated physical abuse is defined as but not limit to, hitting, slapping, punching, and/or kicking. The P&amp;P indicated the location of the injury that is located in an area not generally vulnerable to trauma. The P&amp;P indicated the facility maintains adequate staffing on all shifts to ensure that each resident ' s needs are reasonably met.</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055167   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>11/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Vernon Healthcare Center   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1037 W. Vernon Avenue<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46144</p> <p>Based on observation, interview, and record review the facility failed to:</p> <p>1. Ensure one of three sampled residents (Resident 1) had a care plan (the process of identifying a patient 's needs and how they can be supported) for food brought in from the outside of the facility being left at the bedside.</p> <p>This failure placed Resident 13 at risk of not having his care needs met.</p> <p>Findings:</p> <p>During an observation on [DATE] at 1:30 p.m. in Resident 1 ' s room, there were 2 bags of opened chips and a loaf of bread with an expiration date of [DATE].</p> <p>During a review of Resident 1 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Resident 1 ' s diagnoses included major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing), and schizophrenia (a mental illness that involves a persistent low mood and loss of interest in activities).</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool), dated [DATE], the MDS indicated Resident 1 ' s cognition (ability to learn, reason, remember, understand, and make decisions) was able to understand and be understood. The MDS indicated Resident 1 was on a therapeutic diet (a meal plan that modifies the amount of nutrients or foods a person consumes to treat a medical condition). The MDS indicated Resident 1 required staff to set up assistance for eating.</p> <p>During an interview on [DATE] at 9:49 a.m. with Registered Nurse (RN) 1, RN 1 stated Resident 1 should be provided with education about the food from outside of the facility. RN 1 stated the care plan interventions should include education, dietitian, and the physician recommendation about the food from the outside of the facility. RN 1 stated it was important to create a care plan to prevent an adverse reaction (a negative outcome that happens when a patient has been provide with medical care) such as the resident could become sick from expired food or pest can infest the room.</p> <p>During an interview on [DATE] at 10:42 a.m. with Director of Nursing (DON), the DON stated there should have been a care plan regarding the staff marking Resident 1 food in the room. The DON stated it was important to have a care plan so the staff could manage the food that she brings into the facility. The DON stated an Interdisciplinary Team (a group of health care professionals with various areas of expertise who work together toward the goals of their clients) Meeting would need to be conducted so the staff is aware that there is food at the bedside.</p> <p>(continued on next page)</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055167 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>11/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Vernon Healthcare Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1037 W. Vernon Avenue<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|--|---|
| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a review of policy and procedure (P&amp;P), titled Comprehensive Person-Centered Care Planning, dated ,d+[DATE], the P&amp;P indicated the base line care plan must reflect the resident ' s stated goals and objectives, and include interventions that address his or her needs. The P&amp;P indicated the nurse will use the necessary combination of problem specific care plans to promote continuity of care, communication among nursing, and safe guard against adverse events that are most likely to occur.</p> |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055167   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>11/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Vernon Healthcare Center   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1037 W. Vernon Avenue<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46144</p> <p>Based on observation, interview, and record review the facility failed to:</p> <p>1. Ensure one of three sampled residents (Resident 1) food items were labeled and dated at Resident 1 bedside.</p> <p>This deficient practice of not keeping track of Resident 1 ' s food items at the bedside had the potential to cause a foodborne illness.</p> <p>Findings:</p> <p>During a concurrent observation and interview, on [DATE] at 1:30 p.m., 2 bags of opened potatoe chips and a loaf of bread was sitting on Resident 1's overhead table. Resident 1 stated she does not know how long she had the items.</p> <p>During a review of Resident 1 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Resident 1 ' s diagnoses included major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing), and schizophrenia (a mental illness that involves a persistent low mood and loss of interest in activities).</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool), dated [DATE], the MDS indicated Resident 1 ' s cognition (ability to learn, reason, remember, understand, and make decisions) was able to understand and be understood. The MDS indicated Resident 1 was on a therapeutic diet (a meal plan that modifies the amount of nutrients or foods a person consumes to treat a medical condition). The MDS indicated Resident 1 required staff to set up assistance for eating.</p> <p>During an interview on [DATE] at 2:26 p.m. with Activities Director, the Activities Director stated the staff from activities escorts Resident 1 to the store and she will purchase food items. The Activities Director stated the items were stored in the refrigerator and in the Resident 1 ' s room should have had her name, room number, and dated. The Activities Director stated it was important to keep track of the food items, so it does not get mixed up with the other resident ' s food items.</p> <p>During an interview on [DATE] at 10:42 a.m. with Director of Nursing (DON), the DON stated the staff from activities were the ones to mark Resident 1 ' s food items with her name, room number, and date. The DON stated it was important to put a date on Resident 1 ' s food items to keep track if the food had expired. The DON stated if she was to eat the expired food it could make her sick.</p> <p>During a review of facility ' s policy and procedure (P&amp;P), titled Food Storage and Handling, dated , d+[DATE], the P&amp;P indicated food items will be stored and all items will be correctly labeled and dated. The P&amp;P indicated to properly store to avoid foodborne illnesses.</p> |   |  |