

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 02/20/2025
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</p> <p>Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Implement its policy and procedure (P&P) titled, Abuse-Prevention, Screening, and Training Program, dated 7/2018, which indicated facility did not condone any form of resident abuse or neglect for one of four sampled residents (Resident 1). 2. Ensure staff followed Resident 2 ' s Care Plan titled, Resident has behavioral problem pacing (the act of walking back and forth) in hallway with increased agitation with intervention a sitter (staff who observes constantly and redirect patient from engaging in a harmful act) and to intervene as necessary to protect the rights and safety of others. <p>This deficient practice resulted in Resident 2 hitting Resident 1 in the face.</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 readmitted on [DATE] with diagnoses including schizophrenia (a mental illness that is characterized by disturbances in thought) and anxiety disorder (a mental health condition characterized by excessive and persistent worry, fear, and nervousness that can significantly interfere with daily life).</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS] - a resident assessment tool), dated 11/16/2024, the MDS assessment indicated Resident 1 ' s cognitive (ability to think and reason) skills for daily decision making was intact. The MDS indicated Resident 1 was independent (resident completed the activity with no assistance from a helper) with eating, oral hygiene, and personal hygiene.</p> <p>During a review of Resident 1 ' s Situation, Background, Assessment, and Recommendation form ([SBAR] - a communication tool used to communicate a resident ' s change of condition), dated 2/4/2025, at 11:54 p.m. , indicated Resident 1 was utilizing the phone when she got hit in the face by another resident.</p> <p>During an interview on 2/19/2025 at 8:40 a.m., with Resident 1, Resident 1 stated she was on the phone and another resident passed by and hit her on the right side of her face.</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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<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 2 ' s Admission Record, the Admission Record indicated Resident 2 was initially to the facility on [DATE] and readmitted on [DATE] with diagnoses including schizophrenia and major depressive disorder ([MDD] - a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During a review of Resident 2 ' s MDS, dated [DATE], the MDS assessment indicated Resident 2 ' s cognitive skills for daily decision making was moderately impaired (decisions poor, cues/supervision required). The MDS indicated, Resident 2 had wandering behavior (aimlessly roaming around or moving about without a clear purpose). The MDS indicated, Resident 2 required setup assistance (helper sets up or cleans up, resident completes activity) from staff with eating, oral hygiene, and lower body dressing).</p> <p>During a review of Resident 2 ' s care plan, titled Resident has a behavior problem pacing in hallway with increased agitation, dated 1/1/2025, the care plan indicated Resident 2 will have no evidence of behavior problems. The staff interventions included 1:1 sitter and intervene as necessary to protect the rights and safety of others.</p> <p>During a concurrent observation and interview on 2/19/2025 at 11:37 a.m., with Licensed Vocational Nurse 1 (LVN 1), the facility ' s video surveillance footage, dated 2/4/2025 at 7:13 p.m. was reviewed. LVN 1 stated Resident 1 was going back to her room after she used the phone at nurse station then Resident 2 with a sitter hit Resident 1 in the face. LVN 1 stated the sitter could had been a little closer to Resident 2 then it might have been prevented the incident. LVN 1 stated the staff did not provide a close supervision to Resident 2 to avoid the incident. LVN 1 stated the sitter was not able to act and intervene promptly to prevent Resident 2 hitting Resident 1 because he was too far in following Resident 2. LVN 1 stated the sitter should maintain a safe distance with Resident 2 for the safety of the other residents.</p> <p>During an interview on 2/19/2025 at 11:51 a.m., with the Director of Nursing (DON), the DON stated when a resident was on 1:1 monitoring, the staff was supposed to always be close or near to the resident, observe, and redirect resident behavior. The DON stated he had to place Resident 2 on 1:1 supervision because he had the tendency to pace in the hallway with aggressive behavior and steal other residents cigarettes. The DON stated staff was not able to prevent the incident because Resident 2 suddenly displays the aggressive behavior often without any reason. The DON stated the facility must provide appropriate supervision to meet the needs of the residents. The DON stated regardless of any situation, all residents have the right to be free from any type of abuse.</p> <p>During a review of the facility ' s P&P titled, Abuse-Prevention, Screening, and Training Program, dated 7/2018, indicated the facility did not condone any form of resident abuse or neglect. The P&P indicated physical abuse includes hitting, slapping, punching, and/or kicking. The P&P indicated the facility will address the health, safety, welfare, dignity, and respect of residents by preventing abuse.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</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:</p> <ol style="list-style-type: none"> 1. Monitor one of five sampled residents (Resident 2) behaviors while prescribed psychotropic medications (medications that can alter brain chemistry, impact body functions, and modify a person thoughts, moods, feelings, awareness, and perceptions). <p>These failure had the potential to result in inconsistent behavior monitoring and placed Resident 2 at risk for not receiving the necessary interventions for increased psychiatric behaviors.</p> <p>Findings:</p> <p>During a review of Resident 2 ' s Admission Record (front page of the chart that contains a summary of basic information about the resident), the Admission Record indicated Resident 2 was initially to the facility on [DATE] and readmitted on [DATE] with diagnoses including schizophrenia (a mental illness that is characterized by disturbances in thought), and major depressive disorder ([MDD] - a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During a review of Resident 2 ' s Minimum Data Set ([MDS] - a resident assessment tool), dated 11/26/2024, the MDS assessment indicated Resident 2 ' s cognitive (ability to think and reason) skills for daily decision making was moderately impaired (decisions poor, cues/supervision required). The MDS indicated, Resident 2 had wandering behavior (aimlessly roaming around or moving about without a clear purpose). The MDS indicated, Resident 2 required setup assistance (helper sets up or cleans up, resident completes activity) from staff with eating, oral hygiene, and lower body dressing).</p> <p>During a review of Resident 2 ' s Order Summary Report (a document containing active orders), dated 2/19/2025, the Order Summary Report indicated the following:</p> <ol style="list-style-type: none"> 1. Depakote (a mood stabilizer medication, used to treat certain psychiatric conditions) 250 milligrams ([mg] - metric unit of measurement, used for medication dosage/and or amount) two times a day for mood disorder manifested by labile mood. 2. Invega Sustena (a psychotropic medication, used to treat certain mental/mood disorders), 156mg/milliliter ([ml] - metric unit of measurement, used to measure volume) to inject intramuscularly ([IM] - administered into a muscle) every 18th of the month for schizophrenia manifested by aggressive behavior. 3. Risperdal (a psychotropic medication, used to treat certain mental/mood disorders) 2mg two times a day for schizophrenia manifested by auditory hallucination (hearing voices or sounds that are not real). <p>(continued on next page)</p>

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<p>F 0758</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 2/20/2025 at 9:12 a.m., with the Director of Nursing (DON), Resident 2 ' s Medication Administration Record ([MAR] - a daily documentation record used by a licensed nurse to document medications and treatments given to resident), for 1/2025 to 2/2025, were reviewed. The MAR indicated:</p> <ol style="list-style-type: none"> 1. To monitor target behavior for use of Depakote 250 mg 1 tablet by mouth BID for mood disorder manifested by labile mood. 2. To monitor target behavior for use of Invega Sustena IM for schizophrenia manifested by aggressive behavior. 3. To monitor target behavior for use of Risperdal for auditory hallucination. <p>The DON stated there was no documented evidence of the number of episodes of labile mood, aggressive behavior, and auditory hallucination. The DON stated when residents on psychotropic medications the licensed nursing staff should monitor for behavior manifested by putting a hashmark and document the number of episodes on the MAR. The DON stated the importance of monitoring the behavior was to assess the effectiveness of medication and to evaluate if the behavior was a continuing issue or if the behavior had worsened or subsided. The DON stated by not monitoring the behavior for residents on psychotropic drug, it would be considered as inappropriate medication.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Behavior/Psychoactive Medication Management, revised 1/25/2024, the P&P indicated, 5. Evaluation: a. The behavior management/Psychoactive Review Committee will review the following and make recommendations based on resident ' s need: ii) continued use of psychoactive medication, c. Documentation Requirements: i) Monthly. The occurrence of behavior will be tallied and entered on the Monthly Psychoactive Medication Management Form in addition to any occurrence of adverse reaction.</p>		