

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 03/13/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49131</p> <p>Based on interview, and record review, the facility failed to implement treatment orders for skin lesions for one of six sampled residents (Resident 3) by failing to:</p> <ol style="list-style-type: none"> 1. Ensure physician orders were transcribed (putting data into written or printed form) into Resident 3 ' treatment administration record. 2. Ensure skin treatments were documented when it was performed for Resident 3. <p>These deficient practices had the potential to place Resident 3 at risk of not receiving appropriate skin treatment and a delay in communication between licensed staff due to incomplete medical records.</p> <p>Findings:</p> <p>During a review of Resident 3 ' s Face Sheet (front page of the chart that contains a summary of basic information about the resident), the face sheet indicated Resident 3 was admitted to the facility on [DATE] with diagnoses that included Parkinson ' s Disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), paranoid schizophrenia (a mental illness that is characterized by disturbances in thought), and systemic involvement of connective tissue (a group of disorders that affect the body's connective tissues, leading to inflammation and damage in organs and tissues).</p> <p>During a review of Resident 3 ' s Minimum Data Set (MDS - a resident assessment tool), dated 3/3/2025, the MDS indicated Resident 3 had severely impaired cognition (ability to reason, understand, remember, judge, and learn).</p> <p>During a review of Resident 3 ' s Wound Assessment and Plan, dated 3/6/2025, The Wound Assessment and Plan indicated for site 1 of the forehead, the treatment order was to paint with betadine every day and as needed. For wound location on site 2 of the forehead, the treatment order was to cleanse wound with normal saline or sterile water, apply xeroform to wound bed and cover with dry clean dressing. For wound location on site 3 of the right ocular region, it indicated to paint with betadine every day and as needed.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 3 ' s Order Summary Report, dated 2/2025- 3/2025, there were no orders placed related to Resident 3 ' s cancer lesions on the forehead and the right ocular region.</p> <p>During a review of Resident 3 ' s Progress Notes, dated 2/24/2024- 3/13/2024, there was no documentation for any treatment for Resident 3 ' s cancer lesions on the forehead and the right ocular region.</p> <p>During a review of Resident 3 ' s Treatment Administration Record (TAR), dated 2/2025- 3/2025, there was no documentation for Resident 3 ' s cancer lesions on the forehead and the right ocular region.</p> <p>During a concurrent interview and record review on 3/13/2025 at 2:07 p.m. with the Treatment Nurse (TN), Resident 3 ' s TAR was reviewed for the month of February and March, and the Wound Assessment Plan dated 3/6/2025 was reviewed. The TN stated when Resident 3 was admitted , she had lesions on her face, two on the forehead and one around the right eye. The TN stated two of the lesions were being treated by applying betadine and leaving it open to air, and the other lesion was to clean with normal saline and applying a xeroform dressing. The TN stated the treatment done for Resident 3 ' s skin lesions was documented on the TAR. Resident 3 ' s TAR for the month of February and March was both blank and had no orders for any skin treatments.</p> <p>During a concurrent interview and record review on 3/13/2025 at 3:48 p.m. with the TN, Resident 3 ' s Order Summary Report was reviewed. The TN stated when an order is received from the doctor, it would be entered into the electronic medical record (EMR). The TN stated there were no orders seen on the Order Summary Report related to the treatment of the lesions on Resident 3 ' s face.</p> <p>During a concurrent interview and record review on 3/13/2025 at 4:42 p.m. with the Director of Staff Development (DSD), Resident 3 ' s Order Summary Report, and Treatment Administration Record was reviewed. The DSD reviewed the orders for Resident 3 and stated there were no active or discontinued orders for Resident 3 for the treatment of her skin lesions. The DSD stated the licensed nurse who received a physician order would need to put it into the EMR system so the order can be initiated. The DSD stated, if treatments were not documented or cannot be found in the EMR, then it is not done.</p> <p>During a review of the facility ' s policy and procedure (P&P), titled Skin Integrity Management, dated 7/31/2024, the P&P indicated treatments administered will be documented in the resident medical record.</p> <p>During a review of the facility ' s P&P, titled Physician Orders, dated 8/21/2020, the P&P indicated whenever possible, the nurse receiving the order will be responsible for documenting and carrying out the order. The P&P stated medication and treatment orders will be transcribed onto the appropriate resident administration record (medication administration record or treatment administration record).</p>		