STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055167	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vernon Healthcare Center	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)
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. Based on observation, interview, and record review, the facility failed to protect the dignity of one of five sampled residents (Resident 5) when Resident 5 walked in the hallway wearing a diaper.This failure had the potential to result in Resident 5 feeling embarrassed.Findings:During a review of Resident 5's admission Record, dated 5/15/2026, the admission Record indicated Resident 5 diagnoses included schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior), dementia with behavioral disturbance (a progressive state of decline in mental abilities), and acute cystitis without hematuria (inflammation of the bladder typically caused by a bacterial infection).During a review of Resident 5's History and Physical (H&P), dated 3/20/2026, the H&P indicated Resident 5 had fluctuating capacity.During a review of Resident 5's Minimum Data Set (MDS, a resident assessment tool), dated 3/27/2026, the MDS indicated Resident 5's cognition (ability to think and process) was severely impaired. The MDS indicated Resident 5 required setup assistance (helper sets up or cleans up, resident completes activity) from staff for toileting hygiene and substantial assistance (helper does more than half the effort) from staff for lower body dressing. The MDS indicated Resident 5 was frequently incontinent of urine. During a concurrent observation and interview on 5/14/2026 at 8:27 a.m. with Certified Nurse Assistant (CNA 1), Resident 5 was escorted by CNA 1 and walking in the hallway in a diaper, without pants. CNA 1 stated Resident 5 wanted to smoke a cigarette. CNA 1 stated Resident 5 often walked in the hallway while in a diaper. CNA1 stated walking in the hallway in a diaper could be embarrassing for Resident 5. During an interview on 5/14/2026 at 11:41 a.m. with the Director of Nursing (DON), the DON stated Resident 5's dignity was not being respected and was exposed.During a review of the facility's policy and procedure (P&P) titled, Resident Rights-Quality of Life, dated 03/2017, the P&P indicated each resident would be cared for with dignity and respect. The P&P indicated residents were encouraged and assisted to dress in their own clothes rather than in hospital gowns.

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