

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/17/2026
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)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement the Care Plan for one of three sampled residents (Resident 1) titled, [Resident 1] exhibits increased agitation, verbal aggression toward nursing staff, and refusal of prescribed medications which indicated nurses would notify the physician when Resident 1 refused prescribed medications. This deficient practice had the potential to result in delayed care and services for Resident 1, and worsening of the resident's condition and behaviors. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE]. The admission Record indicated Resident 1's diagnoses included schizoaffective disorder bipolar type (a mental illness that can affect thoughts, mood, and behavior), seizures (a sudden, uncontrolled jerking, blank stares, and loss of consciousness), and muscle weakness. During a review of Resident 1's Order Summary Report, the Summary Report indicated on 5/15/2026, the physician ordered to administer Risperdal (a medication used to treat schizophrenia [a mental illness that is characterized by disturbances in thought] and bipolar disorder) oral tablet 4 MG (milligram, a metric unit of measurement, used for medication dosage and/or amount) two times a day for schizophrenia, and Aripiprazole 5 MG tablet in the evening for schizophrenia to Resident 1. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool) dated 5/22/2026, the MDS indicated Resident 1 had the ability to understand others and make self understood. The MDS indicated Resident 1 required setup or clean-up assistance (helper sets up or cleans up; resident completes the activity) for eating, oral hygiene, and upper body dressing. During a concurrent interview and record review on 7/17/2026 at 1:06 p.m., with Licensed Vocational Nurse (LVN) 1, Resident 1's Medication Administration Record (MAR) dated 7/1/2026 - 7/31/2026 was reviewed. The MAR indicated between 7/1/2026 and 7/5/2026, Resident 1 refused Risperdal on four out of ten occasions (on 7/1/2026 and 7/4/2026 at 5:00 p.m., and on 7/5/2026 at 8:00 a.m. and 5:00 p.m.) and refused Aripiprazole on two out of five occasions (on 7/1/2026 and 7/5/2026 at 6:00 p.m.) LVN 1 stated when Resident 1 refused his Resident 1 did not give a reason for refusing the medications. LVN 1 stated the Physician should have been informed of the residents' refusals in case the Physician needed to give new orders regarding the refusals. During a concurrent interview and record review on 7/17/2026 at 3:20 p.m., with the Director of Nursing (DON), Resident 1's Care Plan titled, [Resident 1] exhibits increased agitation, verbal aggression toward nursing staff, and refusal of prescribed medications dated 6/15/2026 was reviewed. The DON stated, Resident 1's Care Plan intervention indicated to notify the physician of persistent medication refusals. The physician should have been notified when Resident 1 continued to refuse his medications. During a review of the facility's Policy and Procedure (P&P) titled, Person-Centered Care Planning revised 4/24/2025, the P&P indicated the facility must develop (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 055167	Facility ID: 055167
		If continuation sheet Page 1 of 2

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and implement a comprehensive care plan for each resident that includes measurable objectives, and timeframes to meet a resident's medical, nursing and mental and psychosocial needs.		