

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

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Form Approved OMB
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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 07/22/2026
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 ensure an individualized care plan was developed and implemented for one of three sampled residents (Resident 2), whose discharge was delayed. This deficient practice resulted in the resident's delayed discharge and had the potential to affect the resident's psychosocial and mental well-being. Findings: During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was admitted to the facility on [DATE], and readmitted on [DATE], Resident 2's diagnoses included morbid (severe) obesity (chronic disease characterized by excessive body fat, often caused by consuming more calories than are burned through daily activity and metabolism) and muscle weakness. During a review of Resident 2's History and Physical (H&P) dated 6/16/2026, the H&P indicated Resident 2 had the capacity to understand and make decisions. During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 6/22/2026, the MDS indicated Resident 2 was able to understand and be understood by others. The MDS indicated Resident 2 required setup (Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity) for eating. Resident 2 required supervision (Helper provides verbal cues and/or touching steady and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) for oral hygiene, upper body dressing. Resident 2 required moderate assistance (Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) with toileting hygiene, shower/bath self, lower body dressing, putting on/taking off footwear. Resident 2 required supervision with rolling from left to right, from sitting to lying position, lying to sitting on side of the bed and set up for sitting to stand, chair/bed to chair transfer, for toilet transfer, walking 10 feet, and walking 50 feet. During a concurrent interview and record review on 8/4/2026 at 9:31 a.m., with Social Services Director (SSD), the Care Plan titled, Resident 2 wished to return to the community, dated 6/19/2026, was reviewed. The interventions included to obtain discharge order from medical doctor and evaluate Resident 2's motivation to return to the community. The SSD stated Resident 2's care plan was not individualized. The SSD stated when Resident 2's discharge was delayed due to insurance authorization, it should have been included in the care plan with interventions. During a concurrent interview and record review on 8/4/2026 at 10:00 a.m., with Director of Nursing (DON), the DON stated it was important to individualize Resident 2's discharge care plan to ensure Resident 2's specific needs were met and would have a timely and safe discharge. During a review of the facility's P&P titled, Person-Centered Care Planning, dated 5/22/2025, the P&P indicated the facility must develop and implement a comprehensive person-centered care plan for each resident consistent with the resident rights, that includes measurable objectives, and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.		

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