

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 01/10/2025
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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>47923</p> <p>Based on observation, interview, and record review, the facility failed:</p> <p>1. To post the recent survey results by California Department of Public Health ([CDPH] - state licensing and certification agency) in the areas of the facility that are prominent and accessible to the residents, resident representative, family members, and visitors.</p> <p>This deficient practice placed the residents, resident representative, family members, and visitors at risk of not knowing the status of the facility non-compliance outcome results and past performance history.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 1/7/2025 at 9:42 a.m., with the Administrator (ADM) at station 1 hallway, the ADM stated the survey binder posted on the wall did not include the recent survey results conducted by CDPH on 12/2023. The ADM stated the survey results placed on the binder was 5/24/2021. The ADM stated the results of the last survey conducted by CDPH was kept at her office. The ADM stated she had no excuse by not posting the recent survey results. The ADM stated it was important to post the survey result in the past three (3) years so the residents, resident representative, family members, and visitors could access and review the findings identified by licensing agency and facility's corrective actions. The ADM stated by not posting the updated survey results it would hinder the rights of the residents.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Residents Rights,' dated 1/1/2012, the P&P indicated, State and federal laws guarantee certain basic rights to all residents of the facility that include to examine survey results.</p> <p>During a review of the facility's admission packet, titled Attachment F Resident [NAME] of Rights, dated 5/2011, the form indicated A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. The facility must make the results available for examination in a place readily accessible to residents and must post a notice of their availability.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055167
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48712</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure one out of eight sampled residents (Resident 20) had the trash emptied timely to prevent gnat production. <p>This deficient practice resulted in an unsanitary environment for Resident 20.</p> <p>Findings:</p> <p>During a review of Resident 20's Admission Record, the Admission Record indicated Resident 20 was admitted to the facility on [DATE] with diagnoses including hypertension (HTN-high blood pressure), schizophrenia (a mental illness that is characterized by disturbances in thought), and depression.</p> <p>During a review of Resident 20's History and Physical (H&P), dated 4/1/2024, the H&P indicated Resident 20 can make needs known, but cannot make medical decisions.</p> <p>During a review of Resident 20's Minimum Data Set ([MDS] a resident assessment tool) dated 10/5/2024, the MDS indicated Resident 20 had moderate cognitive impairment. Resident 20 was independent with dressing, bathing, and eating.</p> <p>During a concurrent observation and interview on 1/7/2025 at 10:10 a.m. with the Infection Preventionist Nurse (IPN) at the bedside of Resident 20, the trash can was overflowing. Gnats were observed crawling on the trash and flying around the trash can. The IPN stated the trash should be emptied. This is a risk of infection. The trash could possibly grow maggots.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident Rooms and Environment, dated January 2012, the P&P indicated the facility will provide residents with a safe, clean, comfortable, and home-like environment.</p>

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</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> <p>1. Transmit the discharge Minimum Data Set ([MDS] - a resident assessment tool) within 14 days after completion to Center of Medicare and Medicaid Services (CMS) for one of 22 sampled residents (Resident 81).</p> <p>This deficient practice had the potential to result in billing error and inaccurate data on resident care needs.</p> <p>Findings:</p> <p>During a review of Resident 81's Admission Record (front page of the chart that contains a summary of basic information about the resident), the Admission Record indicated, Resident 81 was initially admitted to the facility on [DATE] and readmitted on [DATE]. The Admission Record indicated Resident 81's diagnoses included schizophrenia (a mental illness that is characterized by disturbances in thought), chronic obstructive pulmonary disease ([COPD] - a chronic lung disease causing difficulty in breathing), and encephalopathy (a group of conditions that cause brain dysfunction).</p> <p>During a review of Resident 81's History and Physical (H&P), dated 10/5/2024, the H&P indicated, Resident 81 could make needs known but could not make medical decision.</p> <p>During a review of Resident 81's MDS assessment, dated 4/22/2024, the MDS indicated, Resident 81 was not cognitively intact (ability to think and reason).</p> <p>During a review of Resident 81's Physician Order, dated 4/22/2024, the Physician Order indicated, Resident 81 was discharged to General Acute Care Hospital (GACH) on 4/22/2024.</p> <p>During a review of document titled, CMS Submission Report, MDS 3.0 NH Final Validation Report, the CMS Submission Report indicated, Resident 81's MDS assessment was completed more than 14 days after Assessment Reference Date ([ARD] - the specific date used as the end point of the observation period when assessing a resident's condition).</p> <p>During a concurrent interview and record review on 1/8/2025 at 2:07 p.m., with the Minimum Data Set Nurse (MDSN), Resident 81's MDS assessment, dated 4/22/2024 was reviewed. The MDSN stated Resident 81's ARD under A2300 was 4/22/2024. The MDSN stated Resident 81's MDS assessment under Z0500B was completed and transmitted on 5/9/2024. The MDSN stated Resident 81's MDS assessment should have been completed and transmitted before 5/6/2024. The MDSN stated Resident 81's MDS assessment was transmitted late to CMS which was not within the 14 days after the ARD. The MDSN stated it was essential to transmit the discharge MDS assessment in a timely manner so the CMS could keep track the location of the resident.</p> <p>(continued on next page)</p>		

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/8/2025 at 2:18 p.m., with the Director of Nursing (DON), the DON stated by not transmitting the MDS discharge assessment in a timely manner, facility reimbursement and staffing needs would be affected.</p> <p>During a review of the facility's policy and procedure (P&P) titled, RAI Process, dated 10/4/2016, the P&P indicated, To provide resident-assessment that accurately depict and identify resident-specific issues and objectives as required, while meeting state and federal guidelines and data submission requirements.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48712</p> <p>Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure one out of eight sampled residents (Resident 40 and Resident 49) received a Preadmission Screening and Resident Review ([PASARR] - a federal assessment requirement to help ensure that individuals who have a mental disorder or intellectual disabilities are placed in facilities that can provide the appropriate care) Level II evaluation. <p>This deficient practice had the potential to result in Resident 40 not receiving the required mental health care and services.</p> <p>Findings:</p> <p>During a review of Resident 40's Admission Record, the Admission Record indicated Resident 40 was admitted to the facility on [DATE] with diagnoses including ([DM]-a disorder characterized by difficulty in blood sugar control and poor wound healing), schizophrenia (a mental illness that is characterized by disturbances in thought), and End Stage Renal Disease ([ESRD]-irreversible kidney failure).</p> <p>During a review of Resident 40's History and Physical (H&P), dated 6/13/2024, the H&P indicated Resident 40 did not have capacity for medical decision making.</p> <p>During a review of Resident 40's Minimum Data Set ([MDS] a resident assessment tool) dated 11/20/2024, the MDS indicated Resident 40's cognition was intact. Resident 40 needed supervision with toileting, and showering. Resident 40 used a manual wheelchair.</p> <p>During a concurrent interview and record review on 1/9/2025 at 10:43 a.m. with the Minimum Data Set Nurse (MDSN), Resident 40's Department of Health Care Services ([DHCS]- a state agency responsible for providing health care to low-income individuals and people with disabilities) letter, dated 2/1/2024 was reviewed. The letter indicated a Level II evaluation was not completed because the individual was unable to participate in the evaluation. The MDSN stated the resident might have been out of the facility at the time. The MDSN stated staff should have resubmitted the Level I evaluation so a Level II can be scheduled. If the Level II is not completed, we don't know what the mental health recommendations are. PASRR screening is needed to ensure residents are appropriately placed and their mental health needs are being met.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Pre-Admission Screening Resident Review (PASRR), dated July 2018, the P&P indicated the facility MDS Coordinator will be responsible to ensure updates to the PASRR is done.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</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> <p>1. Develop an individualized person-centered plan of care with measurable objective, timeframe, and interventions for resident with significant weight loss (5 percent ([%] - unit of measurement) in 1 month for one of three sampled residents (Resident 87).</p> <p>This deficient practice had the potential to place Resident 87 at risk for further weight loss related to not having nutritional interventions.</p> <p>Findings:</p> <p>During a review of Resident 87's Admission Record (front page of the chart that contains a summary of basic information about the resident), the Admission Record indicated, Resident 87 was initially admitted to the facility on [DATE] and readmitted on [DATE]. The Admission Record indicated, Resident 87's diagnoses included dementia (a progressive state of decline in mental abilities), dysphagia (difficulty of swallowing), and unspecified severe protein-calorie malnutrition (a nutritional status in which reduced availability of nutrients leads to changes in body composition and function).</p> <p>During a review of Resident 87's History and Physical (H&P), dated 12/12/2024, the H&P indicated, Resident 87 could make needs known but could not make medical decisions.</p> <p>During a review of Resident 87's Minimum Data Set ([MDS] - a resident assessment tool) assessment, dated 12/18/2024, the MDS indicated, Resident 87 was not cognitively intact (ability to think and reason). The MDS indicated, Resident 87 required supervision (helper provides verbal cues) from staff with eating, oral hygiene, and upper body dressing. The MDS indicated, Resident 87 had a weight loss of 5 % in the last month and not on physician-prescribed weight-loss regimen (a weight reduction plan created by a doctor to help a resident lose weight in a healthy way).</p> <p>During a review of Resident 87's Weights and Vitals Summary from 11/4/2024 to 12/12/2024, the Weights and Vitals Summary indicated the following:</p> <p>1. On 11/4/2024 - 175 pounds ([lbs.] - unit of measurement for weight)</p> <p>2. On 12/4/2024 - 172 lbs.</p> <p>3. On 12/12/2024 - 163 pounds (9 lbs.[5.2%] weight loss in 1 week), (12 lbs. [6.9 %] weight loss in 1 month).</p> <p>During a review of Resident 87's Nutritional Risk Assessment, dated 12/16/2024, the Nutritional Risk Assessment indicated, Resident 87 had a weight loss of 9 lbs. in 1 week and 12 lbs. in 1 month. The Nutritional Risk Assessment indicated, Resident 87's weight changes likely related to post General Acute Care Hospital (GACH) stay.</p> <p>(continued on next page)</p>		

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<p>F 0656</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 1/9/2025 at 9:39 a.m., with the Dietary Service Supervisor (DSS), Resident 87's clinical records were reviewed. The DSS stated Resident 87 had a significant weight loss of 9 pounds from 12/4/2024 to 12/12/2024 and 12 pounds from 11/4/2024 to 12/12/2024 and the facility did not formulate a care plan to address his significant weight loss. The DSS stated Resident 87's weight loss was triggered because it was considered as significant, and it would be a good idea to develop a care plan to include interventions to prevent further weight loss.</p> <p>During an interview on 1/9/2025 at 10:17 a.m., with the Minimum Data Set Nurse (MDSN), the MDSN stated anyone from the interdisciplinary team ([IDT] - a group of healthcare professionals working together to plan the care needed for each residents) were responsible in developing a care plan for residents. The MDSN stated it was important to develop a care plan to meet the needs of the residents.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Comprehensive Person-Centered Care Planning, dated 11/2018, the P&P indicated, It is the policy of the facility to provide person-centered, comprehensive and interdisciplinary care that reflects best practice standards for meeting health, safety, psychosocial, behavior, and environmental, needs of residents in order to obtain or maintain the highest physical, mental, and psychosocial well-being. The P&P indicated additional changes or updates to the resident's comprehensive care plan will be made based on the assessed needs of the resident.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</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:</p> <ol style="list-style-type: none"> 1. Ensure one out of three sampled residents (Resident 56) had their weight taken consistently to monitor for weight changes. <p>This deficient practice had the potential for Resident 56 to experience weight gain and weight loss without knowledge of the facility staff and can cause a delay in interventions.</p> <p>Findings:</p> <p>During a review of Resident 56's Weight Summary, it indicated Resident 56's weight was 180 pounds (lbs) on 6/14/2024, 171 lbs on 7/15/2024, and 171 lbs on 7/22/2024.</p> <p>During a review of Resident 56's Admission Record (Face Sheet), the Admission Record indicated Resident 56 was originally admitted on [DATE] and readmitted on [DATE] with diagnoses that included Type 2 Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), unspecified protein-calorie malnutrition (an imbalance of nutrient requirement and intake), pressure ulcer of sacral region (localized damage to the skin and/or underlying tissue), and anemia (a condition where the body does not have enough healthy red blood cells).</p> <p>During a review of Resident 56's Minimum Data Set ([MDS]- a resident assessment tool), dated 12/21/2024, the MDS indicated Resident 56 was cognitively intact (ability to reason, understand, remember, judge, and learn).</p> <p>During a review of Resident 56's care plan, dated 7/31/2024, it indicated Resident 56 had a risk for potential nutritional problem with goals that included to maintain weight within range and interventions included to monitor, record, and report to the doctor significant weight loss or gain.</p> <p>During an interview on 1/9/2025 at 1:52 p.m. with Registered Nurse (RN) 1, RN 1 stated the weight for the residents should be taken every month unless ordered otherwise.</p> <p>During a concurrent interview and record review on 1/9/2025 at 1:58 p.m. with RN 1, Resident 56's Weight Summary was reviewed. RN 1 stated the last weight for Resident 56 was done on 7/22/2024 and weighed 171 lbs. RN 1 stated it is important for Resident 56 to have her weights checked because she is on an appetite stimulant (a medication taken to increase appetite) and need to determine if she has weight gain or weight loss.</p> <p>During a review of the facility's policy and procedure titled, Evaluation of Weight Nutritional Status, dated 12/28/2022, the P&P indicated weekly weights will be discontinued when the resident's weight has been within a stable range for a period of four weeks. Monthly evaluation will continue for all residents.</p>

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</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 provide vision care services to one of one sampled resident (Resident 37) by failing to:</p> <ol style="list-style-type: none"> 1. Arrange for optometry (the profession of examining the eyesight and prescribing corrective lenses to improve vision and of diagnosing and sometimes treating diseases of the eye) consult after Resident 37 reported his missing prescription eyeglasses. <p>This deficient practice had the potential to result in Resident 37's worsening of eye vision that would negatively affect his quality of life and would put him at risk for fall.</p> <p>Findings:</p> <p>During a review of Resident 37's Admission Record (front page of the chart that contains a summary of basic information about the resident), the Admission Record indicated, Resident 37 was initially admitted to the facility on [DATE] and readmitted on [DATE]. The Admission Record indicated, Resident 37's diagnoses included parkinsonism (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow imprecise movements), schizophrenia (a mental illness that is characterized by disturbances in thought), and dysphagia (difficulty of swallowing).</p> <p>During a review of Resident 37's History and Physical (H&P), dated 12/24/2024, the H&P indicated, Resident 37 was able to make decisions for activities of daily living.</p> <p>During a review of Resident 37's Minimum Data Set ([MDS] - a resident assessment tool) assessment, dated 11/29/2024, the MDS indicated, Resident 37's cognitive (ability to think and reason) skills for daily decision making was modified independent. The MDS indicated, Resident 37 required supervision (helper provides verbal cues) from staff with oral hygiene and upper body dressing. The MDS indicated Resident 37 had corrective lenses.</p> <p>During a review of Resident 37's Advanced Eyecare Consult, dated 9/4/2023, the Advanced Eyecare Consult indicated, Resident 37's current eyeglasses was adequate with goal of treatment of quality of life and improvement of vision. The Advanced Eyecare Consult indicated, Resident 37 next examination in 1 year.</p> <p>During a review of Resident 37's Order Summary Report (a document containing active physician order), dated 1/9/2025, the Order Summary Report indicated, Resident 37 for eye health and vision consult with follow-up treatment.</p> <p>During an interview on 1/7/2025 at 10:22 a.m., with Resident 37 in his room, Resident 37 stated he reported his missing eyeglasses to the facility staff 2 weeks ago and was told they would look into it, but no one had come back to him. Resident 37 stated he needed his eyeglasses so he could see the print in the paper and without his eyeglasses he could not clearly see the screen and the picture when watching TV.</p> <p>(continued on next page)</p>		

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<p>F 0685</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 1/8/2025 at 1:40 p.m., with the Social Service Director (SSD), Resident 37's Advanced Eye Care Consult, dated 9/4/2023, was reviewed. The SSD stated Resident 37's last eye consult was 9/4/2023 and there was no further follow-up eye care consult. The SSD acknowledged there was no written report about Resident 37's the missing eyeglasses. The SSD stated it was her responsibility to refer resident to the eye doctor as part of the ancillary services (services that support or supplement primary services) provided by the facility. The SSD stated Resident 37 should had been referred to the eye doctor so they could check his vision since his prescription eyeglasses had been missing.</p> <p>During an interview on 1/9/2025 at 8:44 a.m., with the Director of Staff Development (DSD), the DSD stated the risk of not referring Resident 37's to the eye doctor could result in worsening of his vision that would affect his quality of life since he could not function properly without his eyeglasses.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Referrals to Outside Services, dated 12/1/2013, the P&P indicated, To provide outside services as required by physician orders or the care plan. The P&P indicated the Director of Social Services coordinates the referral of residents to outside agencies/programs to fulfill resident needs for services not offered by the facility.</p> <p>During a review of the facility's P&P titled, Resident Rights - Quality of Life, dated 3/2017, the P&P indicated each resident shall be cared for in a manner that promotes and enhances the quality of life, dignity, respect, individuality and receives services in a person-centered manner, as well as those that support the resident in attaining or maintaining his/her highest practicable well-being.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48712</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure one out of eight sampled residents (Resident 52) had a low bed and bilateral floor mats for safety per physician's order. <p>This deficient practice put Resident 52 at risk for injury if she had a fall.</p> <p>Findings:</p> <p>During a review of Resident 52's Admission Record, the Admission Record indicated Resident 52 was admitted to the facility on [DATE] with diagnoses including hypertension (HTN-high blood pressure), dementia (a progressive state of decline in mental abilities), and cardiomegaly (enlargement of the heart).</p> <p>During a review of Resident 52's History and Physical (H&P), dated 12/4/2024, the H&P indicated Resident 52 can make needs known, but cannot make medical decisions.</p> <p>During a review of Resident 52's Minimum Data Set ([MDS] a resident assessment tool) dated 12/17/2024, the MDS indicated Resident 52 was dependent on staff for toileting, showering, and dressing the lower body.</p> <p>During an observation on 1/8/2025 at 12:45 p.m. at the bedside of Resident 52, Resident 52 was observed in bed. The bed was not low. There were no bilateral floor mats.</p> <p>During a concurrent interview and record review on 1/8/2025 at 1:27 p.m. with Licensed Vocational Nurse (LVN) 2, Resident 52's order summary, dated 1/8/2024 was reviewed. The order summary indicated on 1/1/2025 the physician entered an order for Resident 52 to have the bed in low position with bilateral floor mats for safety. LVN 2 stated Resident 52 does not have a low bed or bilateral floor mats. LVN 2 stated Resident 52 in not safe. The resident could be injured if she falls.</p> <p>During a review of Resident 52's care plan, dated 12/23/2024, the care plan indicated Resident 52 is at risk for falls related to confusion and balance problems.</p> <p>During a review of Resident 52's fall risk evaluation, dated 1/1/2025, the evaluation indicated Resident 52 had balance problems while standing and walking. Resident 52 had decreased muscle coordination.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Fall Management, dated March 2021, the P&P indicated the facility will provide residents with a safe environment that minimizes complications associated with falls.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident Safety, dated April 2021, the P&P indicated the facility will provide a safe and hazard free environment.</p>

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</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:</p> <p>1. Measure the arm circumference and external catheter (a long, thin, flexible tube inserted in the vein to deliver medicine) length for one out of two residents (Resident 56) who had a midline catheter (a thin, soft tube that is placed into a vein, usually in the upper arm).</p> <p>This deficient practice had the potential for staff to miss any complications associated with a midline for Resident 56.</p> <p>Findings:</p> <p>During a review of Resident 56's Admission Record (Face Sheet), the Admission Record indicated Resident 56 was originally admitted on [DATE] and readmitted on [DATE] with diagnoses that included Type 2 Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), pressure ulcer of sacral region (localized damage to the skin and/or underlying tissue), and urinary tract infection (UTI- an infection in the bladder/urinary tract).</p> <p>During a review of Resident 56's Minimum Data Set ([MDS]- a resident assessment tool), dated 12/21/2024, the MDS indicated Resident 56 was cognitively intact (ability to reason, understand, remember, judge, and learn).</p> <p>During a review of Resident 56's Order Summary Report, it indicated to monitor, document, report any signs and symptoms of infection at the midline site including drainage, inflammation, swelling, redness and warmth.</p> <p>During a review of Resident 56's Progress Notes, dated 11/22/2024 at 8:56 a.m., it indicated Resident 56 had a midline placed to the right upper arm with a catheter length of 16 centimeters (cm) with 2 cm exposed for a total catheter length of 18cm and the arm circumference was 26cm.</p> <p>During a review of the Resident 56's Progress Notes and Intravenous ([IV]- in the vein) Administration Record dated 11/22/2024 - 12/20/2024, there was no documentation of Resident 56's exposed catheter length and arm circumference.</p> <p>During an interview on 1/10/2025 at 9:41 a.m. with Registered Nurse (RN) 1, RN 1 stated when a resident has a midline, the RN needs to assess and monitor the site of insertion and that would include looking for pain, swelling, discoloration and measuring the arm circumference. RN 1 stated it is important to do so because it can be a sign of infection. RN 1 stated there was no documentation on Resident 56's chart that indicated staff measured the arm circumference or the external catheter length.</p> <p>(continued on next page)</p>

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/20/2025 at 10:18 a.m. with the Director of Nursing (DON), the DON stated if a resident has a midline, it is the responsibility of the RN to monitor the site to look for any changes. The DON stated the arm circumference and external catheter length should be taken at least once a week. The DON stated these 2 measurements can be documented in the progress notes or in the IV administration record, but there was no documentation done. The DON stated it is important to have document these two measurements so that the staff can keep track of the progress of the insertion site and determine if there are any changes that needs to be addressed.</p> <p>During a review of the facility's policy and procedure titled, Infusion Guidelines & Procedures, dated 1/1/2012, the P&P indicated to document on treatment record the arm circumference, and any amount of exposed catheter.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48712</p> <p>Based on interview and record review, the facility failed to:</p> <p>1. Ensure one of eight sampled residents (Resident 41) received monitoring for his oxygen saturation (level of oxygen in the blood) to maintain it greater than 92% per physician order.</p> <p>This deficient practice had the potential to result in Resident 41 needing oxygen and not receiving it due to a lack of monitoring.</p> <p>Findings:</p> <p>During a review of Resident 41's Admission Record, the Admission Record indicated Resident 41 was admitted to the facility on [DATE] with diagnoses including emphysema (a lung disease that causes shortness of breath), schizophrenia (a mental illness that is characterized by disturbances in thought), and hypertensive heart disease without heart failure (a group of conditions that occur when high blood pressure is left untreated and damages the heart.</p> <p>During a review of Resident 41's History and Physical (H&P), dated 3/2/2024, the H&P indicated Resident 41 had the capacity for medical decision making.</p> <p>During a review of Resident 41's Minimum Data Set ([MDS] a resident assessment tool) dated 11/20/2024, the MDS indicated Resident 41's had severe cognitive impairment. Resident 41 was dependent on staff for toileting, showering, and dressing.</p> <p>During a review of Resident 41's change in condition evaluation (a communication tool used by healthcare workers when there is a change of condition among the residents), dated 12/16/2024, the evaluation indicated on 12/14/2024 Resident 41 had an oxygen saturation of 88%. Resident 41 was placed on 2 liters oxygen as ordered by the physician.</p> <p>During an observation on 1/8/2025 at 12:57 p.m. at the bedside of Resident 41, Resident 41 was noted in bed not wearing oxygen.</p> <p>During a concurrent interview and record review on 1/8/2025 at 1:13 p.m. with Licensed Vocational Nurse (LVN) 1, Resident 41's physician's orders and vital signs were reviewed. The physician orders indicated on 12/14/2024 the physician placed an order for oxygen at 2 liters to keep saturation at or above 92%. LVN 1 stated the physician placed the order because the resident's oxygen saturation dropped to a low level and the physician wanted staff to monitor. Review of Resident 41's vital signs indicated oxygen saturation was last check on 1/6/2024. The oxygen saturation was not checked 12/31/2024-1/5/2024, and 12/24/2024-12/29/2024. LVN 1 stated staff have not been monitoring the oxygen saturation. LVN 1 stated the resident might have needed oxygen and no one would know. The resident can have trouble breathing.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Obtaining Vital Signs, dated August 2019, the P&P indicated vital signs will be taken before initiating treatment when there are conditional parameters.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>48712</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <p>1. Post the updated daily nurse staffing information that included facility name, the current date, the total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: Registered Nurses (RN's), Licensed Vocational Nurses (LVN's), and Certified Nurse Aides (CNA's), along with resident census at the beginning of each day.</p> <p>This deficient practice had the potential of not having the information available to the residents and public in a timely manner.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 1/7/2025 at 9:55 a.m., with the Director of Staff Development, the DSD stated the last nurse staffing information posted on the bulletin board by station 1 hallway was 12/18/2024. The DSD stated the nurse staffing information that was posted on the bulletin board was not up to date and current. The DSD stated she was new on her position and still taking time to learn something and getting it right. The DSD stated the nurse staffing information should include the projection and the actual hours worked by licensed nurses and CNA's that would be providing direct care and services to residents and the actual total number of residents living in the facility. The DSD stated it was important to post and update the daily nurse staffing information so everyone would know if the facility were meeting the hours required by California Department of Public Health ([CDPH] - state licensing and certification agency). The DSD stated updated and adequate staffing information was important to meet the needs of the residents. The DSD stated it was a violation of resident rights by not posting the updated daily nurse staffing information.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Nursing Department - Staffing, Scheduling and Posting, dated 7/2018, the P&P indicated, The facility will post the nurse staffing data on a daily basis at the beginning of each shift.</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48712</p> <p>Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure one out of eight sampled residents (Resident 40) had a Medication Regimen Review ([MRR]- a review of medications to identify problems/errors) completed for the month of November 2024. <p>This deficient practice put Resident 40 at risk of having a drug interaction.</p> <p>Findings:</p> <p>During a review of Resident 40's Admission Record, the Admission Record indicated Resident 40 was admitted to the facility on [DATE] with diagnoses including ([DM]-a disorder characterized by difficulty in blood sugar control and poor wound healing), schizophrenia (a mental illness that is characterized by disturbances in thought), and End Stage Renal Disease ([ESRD]-irreversible kidney failure).</p> <p>During a review of Resident 40's History and Physical (H&P), dated 6/13/2024, the H&P indicated Resident 40 did not have capacity for medical decision making.</p> <p>During a review of Resident 40's Minimum Data Set ([MDS] a resident assessment tool) dated 11/20/2024, the MDS indicated Resident 40's cognition was intact. Resident 40 needed supervision with toileting, and showering. Resident 40 used a manual wheelchair.</p> <p>During a concurrent interview and record review on 1/8/2025 at 4:37 p.m. with the Registered Nurse Supervisor (RNS), the facility's MRR binder was reviewed. The RNS stated Resident 40 does not have an MRR completed for November 2024. The RNS stated the MRR is needed to check if there are any drug interactions. The review allows the pharmacist to make recommendations. If the review is not completed there may be drug interactions or the resident may be overmedicated.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Drug Regimen Review, dated December 2016, the P&P indicated the facility will ensure the pharmacist reviews each resident's medical chart every month and performs a drug regimen review.</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>49390</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of 20 sampled residents (Resident 298) was free from significant medication errors by failing to administer medications as ordered from 12/1/2024 to 1/9/2025.</p> <ol style="list-style-type: none"> 1. Two (2) doses of fluvoxamine maleate (used to treat obsessive-compulsive disorder [bothersome thoughts that will not go away and need to perform certain actions over and over] and social anxiety disorder [extreme fear of interacting with others or performing in front of others that interferes with normal life]) 2. Two (2) doses of pantoprazole sodium (treats conditions that cause too much stomach acid) 3. 10 doses of demeclocycline HCL (used to treat infections caused by bacteria) 4. 14 doses of risperidone (used to treat certain mental disorders) 5. Three (3) doses of Vascepa (used to lower high levels of fats in adults). 6. Five (5) doses of lactulose (used to treat constipation as well as reduce blood ammonia levels) <p>This deficient practice of failing to administer medications in accordance with the physician order, increases the risk that Resident 298 may have experienced medical complications possibly resulting a decline in health and hospitalization .</p> <p>Findings:</p> <p>During a review of Resident 298's Admission Record (Face Sheet), dated 12/17/2024, the Face Sheet indicated the facility admitted Resident 298 on 12/17/2024 with diagnoses including parkinsonism (brain conditions that cause slowed movements, stiffness, and tremors), hepatic encephalopathy (a condition that occurs when toxins build up in the brain due to liver disease), diabetes mellitus (a disorder characterized by difficulty in blood sugar control and poor wound healing), schizophrenia (mental illness that is characterized by disturbances in thought), epilepsy (neurological disorder marked by sudden recurrent episodes of sensory disturbance, loss of consciousness, or convulsions associated with abnormal electrical activity in the brain), anxiety (feeling of fear, dread, and uneasiness that can be a normal reaction to stress), depression (mental health condition that involves persistent low mood and loss of interest in activities).</p> <p>During a review of Resident 298's Minimum Data Set (MDS-a resident assessment tool), dated 12/24/2024, indicated the cognitive (the ability to think and process information) skills for daily decisions making was severely impaired. The MDS indicated Resident 298 was dependent for activities of daily living and has been taking antipsychotic (a class of drugs that treat the symptoms of psychosis, such as seeing, hearing, or smelling something that is not there and false or unrealistic beliefs) medications on a routine basis.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 1/9/2025 at 11:01 a.m. with the Director of Nursing (DON) and Registered Nurse (RN) 1, Resident 298's Medication Administration Record (MAR) and Progress Notes dated December 1, 2024, and January 9, 2025, were reviewed. The MAR indicated there were 30 of medications documented with 9 (nine) in the MAR box (area which is initialed by the licensed nurse to indicate if the medication was administered or not) for 12/1 to 12/31/2024 and four (4) for 1/1 to 1/9/2025. The DON stated 9 (nine) meant the medications were not given and to check the progress notes for details for reasons why it was not given.</p> <p>Resident 298's MAR indicated:</p> <ul style="list-style-type: none"> a. Two (2) doses of fluvoxamine maleate 75 milligram (mg-unit of measurement) on 12/17 to 12/18/2024 at 9 p.m. documented with 9 (nine). b. Two (2) doses of pantoprazole sodium 40 mg on 12/18 and 12/20/2024 at 6:30 a.m. documented with 9 (nine). c. 10 doses of demeclocycline HCL 300 mg on 12/18 to 12/22, 12/25 to 12/29/2024 at 5 p.m. documented with 9 (nine). d. 11 doses of risperidone 2 mg on 12/18 to 12/23/2024, 12/25 to 12/29/2024 at 5 p.m. documented with 9 (nine). e. Three (3) doses of risperidone 2 mg on 12/22/2024 at 9 a.m. and on 1/1 and 1/8/2025 at 5 p.m. documented with 9 (nine). f. Three (3) doses of Vascepa one gm on 12/18 to 12/19, 12/27/2024 at 9 a.m. documented with 9 (nine). g. Two (2) doses of lactulose ten gm on 12/18, 12/20/2024 at 6 a.m. documented with 9 (nine). h. Two (2) doses of Lactulose ten gm on 12/19, 25/2024 at 2 p.m. documented with 9 (nine). i. One (1) dose of Lactulose ten gm on 12/18/2024 at 10 p.m. documented with 9 (nine). j. Two (2) doses of Calcium Carbonate (a dietary supplement used when the amount of calcium taken in the diet is not enough) 600 mg on 1/8-9/2025 at 9 a.m. documented with 9 (nine). <p>Resident 298's progress notes indicated:</p> <ul style="list-style-type: none"> a. On 12/18/2024 to 12/22/2024, 12/25/2024 to 12/29/2024, the demeclocycline HCL 300 mg tablet at 5 p.m. for hyponatremia, medication was not available and awaiting pharmacy delivery. b. On 12/18/2024 to 12/23/2024, the risperidone 2 mg tablet at 5 p.m. was not given and ordered. c. On 12/22/2024, the risperidone 2 mg tablet at 9 a.m. was not available and awaiting pharmacy delivery. <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>d. On 12/25/2024 to 12/29/2024, the risperidone 2 mg tablet was not available and awaiting pharmacy delivery.</p> <p>e. On 1/1/2025 & 1/8/2025, the risperidone 2 mg tablet at 5 p.m. was not available and ordered.</p> <p>f. On 12/17/2024 to 12/18/2024, the fluvoxamine maleate 75 mg tablet at 9 p.m. for depression (a mental health condition that involves a persistent low mood and loss of interest in activities), medication was not given and waiting for pharmacy delivery.</p> <p>g. On 12/18/2024, the lactulose 10 gm solution at 10 p.m. for ammonia reducer, medication was not given and waiting for pharmacy delivery.</p> <p>h. On 12/18/2024, the lactulose 10 gm solution at 6 a.m. for ammonia reducer, medication was not given and waiting for pharmacy delivery.</p> <p>i. On 12/18/2024, the pantoprazole sodium 40 mg tablet at 6:30 a.m. was not given and waiting for pharmacy delivery.</p> <p>j. On 12/18/2024 to 12/19/2024, the Vascepa 1 gm capsule at 5 p.m. was not given and waiting for pharmacy delivery.</p> <p>k. On 12/27/2024, the Vascepa 1 gm capsule at 5 p.m. was not given and waiting for pharmacy delivery.</p> <p>l. On 1/3/2025 at 9:05 a.m., risperidone two mg tablet was not given and waiting for pharmacy delivery.</p> <p>m. On 1/8/2025 to 1/9/2025, the Calcium Carbonate 1000 unit tablet at 9 p.m. daily supplement, medication was not given and waiting to arrive.</p> <p>During a concurrent observation and interview on 1/9/2024 at 11:01 a.m. in the Medication Cart # two with the DON and RN 1, the risperidone medication for Resident 298 was observed available and located in a smaller upper right-hand drawer, above the drawer dedicated to morning shift bubble card medications. The risperidone was in three boxes instead of bubble cards, labeled one (1) out of three (3), with one box being half ripped open while the others were intact. The DON stated, there was one bubble card for medication demeclocycline HCL with a dispense date of 12/26/2024 and had a quantity of 14 for Resident 298. The DON stated he spoke with the pharmacy and was told that the Resident 298 's insurance only allows seven days (14 doses) at a time for demeclocycline HCL - one medication bubble card is to be used for both doses (both shifts). The DON stated the resident should not have missed a dose of medication because the medications were available. The DON stated the nurses should have looked at other drawers for medications when they were not found in their shift's drawer. The DON stated he will educate nurses to check other drawers in the medication cart. The DON stated it was important that the resident receives their medications as ordered by the physician to prevent complications.</p> <p>During an observation on 1/9/2024 at 11:06 a.m. in the Medication Cart #2 with the DON and RN 1, the demeclocycline HCL medication was available and located in a smaller upper left-hand drawer, above the drawer dedicated to the night shift bubble card medications.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 298's Physician Order Summary report, dated 1/10/2025, the Physician Order Summary indicated an order on 12/17/2024, Resident 298 was to receive the following medication:</p> <ul style="list-style-type: none"> a. Fluvoxamine maleate 75 mg by mouth at bedtime for depression manifested by verbalization of sadness. b. Pantoprazole sodium 40 mg. Give 1 tablet my mouth one time a day for GERD. c. Demeclocycline HCL 300 mg. Give one tablet by mouth two times a day for hyponatremia. d. Risperidone 2 mg. Give 1 tablet by mouth two times a day for schizophrenia manifested by striking out staff. e. Vascepa one gm. Give two capsule by mouth two times a day for elevated triglyceride. f. Lactulose solution 10 gm in 15ml. Give 45 ml (milliliter-unit of measurement) by mouth three times a day for ammonia reducer. <p>During a review of the facility's policy and procedure(P&P) titled, Medication - Administration, dated January 01, 2012, the P&P indicated, Administration of Medications A. Medication of biological orders will be received by a Licensed Nurse prior to administration. ii. Medications and treatments will be administered as prescribed to ensure compliance with dose guidelines.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49131</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <p>1. Ensure the bottom of the drawer on medication cart #3 and a bottle of Pro-Stat liquid (a ready-to-drink concentrated liquid protein medical food) was free from sticky residue.</p> <p>This deficient practice had the potential for dust and other particles to adhere to the sticky residue.</p> <p>Findings:</p> <p>During an observation on 1/8/2025 at 2:13 p.m. with Licensed Vocational Nurse (LVN) 1, medication cart #3 was inspected. The bottom drawer on medication cart #3 had sticky residue on the bottom of the drawer. There were some boxes placed on top of the sticky residue which caused the boxes to adhere to the residue. There was also a bottle of Pro-Stat liquid with sticky residue around the cap at the top of the bottle.</p> <p>During an interview on 1/8/2025 at 2:21 p.m. with LVN 1, LVN 1 stated the bottom of the drawer is sticky and it should not be. LVN 1 also stated the bottle of Pro-Stat liquid is sticky around the cap and it is difficult to keep it clean. LVN 1 further stated that the medication cart should be kept clean and free from sticky residue so nothing sticks to it.</p> <p>During a review of the facility's policy and procedure titled, Medication Storage in the Facility, dated 8/2019, the P&P indicated medication storage areas are kept clean, well-lit, and free of clutter and extreme temperatures. The P&P also indicated outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication, and reordered from the pharmacy, if a current order exists.</p>		

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NAME OF PROVIDER OR SUPPLIER Vernon Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1037 W. Vernon Avenue Los Angeles, CA 90037	
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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</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:</p> <ol style="list-style-type: none"> 1. Ensure one of eight sampled residents (Resident 6) had monthly Complete Blood Count ([CBC]- a blood test that measures the number and type of cells in your blood) and Complete Metabolic Panel ([CMP]- a routine blood test that measures 14 substances in your blood to provide information about your metabolism, fluid and electrolyte balance, and how well your liver and kidneys are working) lab work drawn as ordered. 2. Ensure one out of eight sampled residents (Resident 40) had a CBC, and Basic Metabolic Panel ([BMP]- a blood test that measures eight different substances in the blood) completed per physician's orders. <p>This deficient practice had the potential for Resident 6 and 40 to experience a delay in treatment.</p> <p>Findings:</p> <p>a. During a review of Resident 6's Admission Record (Face Sheet), the Admission Record indicated Resident 6 was originally admitted on [DATE] and readmitted on [DATE] with diagnoses that included hyperlipidemia (high cholesterol), hypernatremia (high blood sodium), and vitamin B12 deficiency anemia (a condition that occurs when the body doesn't have enough vitamin B12 to produce healthy red blood cells).</p> <p>During a review of Resident 6's Minimum Data Set ([MDS]- a resident assessment tool), dated 10/22/2024, the MDS indicated Resident 6 had moderately impaired cognition (ability to reason, understand, remember, judge, and learn).</p> <p>During a review of Resident 6's Order Summary Report, an order was placed on 6/5/2024 to have CBC and CMP labs drawn monthly.</p> <p>During a review of Resident 6's care plan, it indicated Resident 6 had anemia and an intervention stated was to obtain and monitor lab and diagnostic work as ordered and to report the results to the doctor and follow up as indicated. Resident 6's care plan also indicated she required tube feeding and an intervention included to monitor, document, and report abnormal lab values.</p> <p>During a review of Resident 6's lab results, only a CMP was completed on 12/27/2024.</p> <p>(continued on next page)</p>		

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<p>F 0770</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 1/9/2025 at 1:59 p.m. with Licensed Vocational Nurse (LVN) 3, Resident 6's order summary report and laboratory results were reviewed. LVN 3 stated Resident 6 had monthly lab work for CBC and CMP which was ordered on 6/5/2024 but stated only results for a CMP was done on 12/27/2024. LVN 3 stated it is important for Resident 6 to have their lab results monitor because she had a diagnosis of Vitamin B12 deficiency anemia. LVN 3 stated when lab work is ordered, the nurse will fill out a lab requisition form (a document used to request services) and place it in the lab binder for the lab to be completed on the resident. LVN 3 stated there was no lab requisition form for the monthly CBC and CMP.</p> <p>During a review of the facility's policy and procedure titled, Laboratory Services, dated 1/1/2012, the P&P indicated the facility will provide laboratory services in an accurate and timely manner to meet the needs of the residents per Attending Physician orders.</p> <p>48712</p> <p>b. During a review of Resident 40's Admission Record, the Admission Record indicated Resident 40 was admitted to the facility on [DATE] with diagnoses including ([DM]-a disorder characterized by difficulty in blood sugar control and poor wound healing), schizophrenia (a mental illness that is characterized by disturbances in thought), and End Stage Renal Disease ([ESRD]-irreversible kidney failure).</p> <p>During a review of Resident 40's History and Physical (H&P), dated 6/13/2024, the H&P indicated Resident 40 did not have capacity for medical decision making.</p> <p>During a review of Resident 40's Minimum Data Set ([MDS]- a resident assessment tool) dated 11/20/2024, the MDS indicated Resident 40's cognition was intact. Resident 40 needed supervision with toileting, and showering. Resident 40 used a manual wheelchair.</p> <p>During a concurrent interview and record review on 1/8/2025 at 1:23 p.m. with Licensed Vocational Nurse (LVN) 2, Resident 40's physician orders were reviewed. On 11/27/2024 there was a physician order for a CBC and BMP to be completed. There are no results for the tests. LVN 2 stated the lab work was not completed. LVN 2 stated the physician placed the order for monitoring the Resident 40's kidney function. Since labs are not done you don't know what's going on with her health. You can't follow up and provide appropriate care.</p> <p>During a review of Resident 40's care plan, dated 10/07/2024, the care plan indicated the facility would obtain and monitor lab work as ordered.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Laboratory Services, dated 1/2012, the P&P indicated the facility will provide laboratory services in an accurate and timely manner to meet the needs of the resident. Laboratory services will be provided when ordered by the Attending Physician. Nursing staff will monitor to make sure that lab results are received promptly.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48712</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure three tomatoes in the walk-in refrigerator did not contain rotten spots 2. Ensure two pitchers of lemonade and powdered lemonade mix was not stored on the sink at the sanitizer/detergent mixing area. 3. Ensure the sight glass tube (transparent area that allows you to check the level of a liquid) on the coffee machine did not contain build up. <p>These deficient practices had the potential to result in food borne illness (sickness from eating food with harmful bacteria) for any resident consuming the tomatoes, residents getting sick from the coffee machine buildup, and illness related to a possible mix up of chemicals with the lemonade.</p> <p>Findings:</p> <ol style="list-style-type: none"> a. During a concurrent observation and interview on 1/7/2025 at 8:37 a.m. with the Dietary Supervisor (DSS), in the walk-in refrigerator, three tomatoes were noted with rotten spots. The DSS stated you have to throw them out because it has mold. Residents can get sick. b. During a concurrent observation and interview on 1/7/2025 at 8:40 a.m. with the DSS, at the sink where the sanitizer/detergent is mixed, two pitchers of mixed lemonade and a package of powdered lemonade mix was observed on the sink. The DSS stated food should not be stored next to chemicals so you don't mix them up. A resident can get sick. c. During a concurrent observation and interview on 1/7/2025 at 8:45 a.m. with the DSS, the coffee machine was observed with buildup in the sight glass tube. The DSS stated the area could grow mold and make the residents sick. <p>During a review of the facility's policy and procedure (P&P) titled, Food Storage and Handling, dated June 2024, the P&P indicated the facility will store cleaning supplies in a separate area away from food. The facility will check fresh fruit for ripeness. The facility will order fresh fruit to be ordered and delivered frequently to ensure freshness.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>48712</p> <p>Based on observation and interview, the facility failed to ensure:</p> <p>1. Three out of four dumpsters had the lid closed.</p> <p>This deficient practice had the potential to attract rodents to the trash area.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 1/7/2025 at 8:20 a.m. with the Dietary Services Supervisor (DSS), three out of four dumpsters were observed with the lid off. The DSS stated the dumpsters should be closed so you don't attract animals.</p> <p>During a review of the 2022 U.S. Food and Drug Administration Food Code, code number 5-501.116 Cleaning Receptacles indicated, Outside receptacles must be constructed with tight-fitting lids or covers to prevent the scattering of the garbage or refuse by birds, the breeding of flies, or the entry of rodents.</p>

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>47923</p> <p>Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Provide the average daily census in the Facility's Assessment (a process for evaluating a facility's resident population and identifying the resources needed to provide care and services). <p>This deficient practice had the potential to place residents at risk for delay of care and treatment services due to inability of the facility to plan for staffing needs of the resident and to allocate resources.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 1/8/2025 at 8:51 a.m., with the Administrator (ADM), the Facility's Assessment was reviewed. The ADM stated the Facility's Assessment was updated on 7/22/2024 and revised on 11/15/2024. The ADM stated the Facility Assessment was incomplete and did not reflect the average daily census of the residents living in the facility. The ADM stated she was responsible for updating the Facility Assessment. The ADM stated the Facility Assessment should be revised as needed if there was a change in the resident population and operation of the facility. The ADM stated it was important to put the average daily census of resident in the Facility Assessment in order for the facility to plan adequately for staffing needs and to determine what resources are necessary to provide adequate nursing care for residents. The ADM stated our Facility Assessment was not in compliant with the requirement of the regulations.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Facility Assessment, dated 4/15/2021, the P&P indicated, The Administrator will review and update the Facility Assessment annually and as necessary whenever there is, or the facility plans, for any change that would require a substantial modification to any part of the assessment.</p> <p>During a review of Centers for Medicare and Medicaid Services (CMS), reference QSO-24-13-NH, dated 6/18/2024, titled Revised Guidance for Long-Term Care Facility Assessment Requirements, indicated the assessment of the resident population should also contribute to identifying additional needs of the residents, such as the physical space, equipment, assisted technology, individual communication devices, or other material resources that are needed to provide the required care and services to residents.</p>		

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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>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:</p> <ol style="list-style-type: none"> 1. Ensure the pain management consult report for one of three sampled residents (Resident 56) was accessible and filed in their medical records. This failure had the potential to place Resident 56 at risk of not receiving appropriate care and delay in communication among staff due to incomplete medical records. 2. Indicate the correct discharge disposition for one of two sampled residents (Resident 97). This failure had the potential to lead to inadequate support services and safety concerns for the resident after discharge. <p>Findings:</p> <p>a. During a review of Resident 56's Admission Record (Face Sheet), the Admission Record indicated Resident 56 was originally admitted on [DATE] and readmitted on [DATE] with diagnoses that included Type 2 Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), pressure ulcer of sacral region (localized damage to the skin and/or underlying tissue), and urinary tract infection (UTI- an infection in the bladder/urinary tract).</p> <p>During a review of Resident 56's Minimum Data Set ([MDS]- a resident assessment tool), dated 12/21/2024, the MDS indicated Resident 56 was cognitively intact (ability to reason, understand, remember, judge, and learn).</p> <p>During a review of Resident 56's Order Summary Report, an order placed on 11/21/2024 indicated for pain management with O'Malley, and on 12/13/2024, an order was also placed for a pain management consult with O'Malley.</p> <p>During a review of Resident 56's care plan dated 11/21/2024, it indicated for pain management with O'Malley for pain related to a pressure injury.</p> <p>During a review of Resident 56's medical chart, no consultation notes or progress notes were seen entered by pain management consult, O'Malley.</p> <p>During an interview on 1/9/2024 at 8:56 a.m. with the Medical Records Director (MRD), MRD stated the previous MRD resigned, and Dr. O'Malley has been emailing the consultation notes and progress notes to her email address and nobody else in the department ever received it. MRD stated the medical chart is currently not complete because of the missing notes and stated if there are missing notes, other doctors or staff would not be able to review what was written.</p> <p>During a review of the facility's policy and procedure titled, Record Retention & Storage, dated 1/1/2012, the P&P indicated the facility maintains complete, accurate, and high-quality records in accordance with all federal and state laws and regulations and this policy.</p> <p>(continued on next page)</p>		

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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>51859</p> <p>b. During a review of Resident 97's admission summary, dated 1/26/23, it indicated Resident 97 was admitted to the facility from the hospital on 1/25/23 with the admitting diagnoses of atrial fibrillation (an irregular, rapid heart rate that causes poor blood flow), dehydration (loss of body fluid caused by illness, sweating, or inadequate intake), asthma (a condition in which your airways narrow and swell, which makes it difficult to breathe), and mental and behavioral issues.</p> <p>During a review of Resident 97's social services notes, dated 8/29/24, it indicated the resident wanted to be discharged home, and the discharge address and discharge plans were confirmed with the resident's family member.</p> <p>During a review of Resident 97's physician orders, dated on 10/21/24, it indicated Resident 97's physician ordered to discharge the resident home with medications.</p> <p>During a review of Resident 97's discharge summary, dated 10/25/24, it indicated the resident was discharged home and given discharge instructions, medications, and their belongings.</p> <p>During record review of Resident 97's medical records, dated 1/25/23 to 10/25/24, it indicated there were no incidents of hospitalization throughout the stay at the facility.</p> <p>During a concurrent interview and record review on 1/8/25 at 4:23 p.m., with Minimum Data Set (MDS- a resident assessment tool) Nurse, Resident 97's MDS, dated [DATE], was reviewed. The MDS indicated, the resident was discharged to the hospital. The MDS Nurse stated that she documented the resident's discharge status incorrectly.</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</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> <p>1. Ensure a resident who had a diagnosis of Alzheimer's Disease (a disease characterized by a progressive decline in mental abilities) understand the legal documents (documents affecting the legal rights of any person) including binding arbitration agreement (a binding agreement by the parties to submit to arbitration all or certain disputes which have arisen or may arise between them in respect of a defined legal relationship, whether contractual or not and the decision is final, can be enforced by a court, and can only be appealed on very narrow grounds) she signed during admission to the facility for one of four sampled residents (Resident 32).</p> <p>This deficient practice resulted for Resident 32 signing a facility contractual agreement without her full understanding.</p> <p>Findings:</p> <p>During a review of Resident 32's Admission Record (front page of the chart that contains a summary of basic information about the resident), the Admission Record indicated, Resident 32 was initially admitted to the facility on [DATE] and readmitted on [DATE]. The Admission Record indicated, Resident 32's diagnoses included Alzheimer's Disease, dementia (a progressive state of decline in mental abilities) and schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior). The Admission Record indicated, Resident 32 had a Responsible Party ([RP] - the individual or entity that controls, manages, or directs entity and the disposition of the entity's funds, assets, or healthcare).</p> <p>During a review of Resident 32's History and Physical (H&P), dated 5/9/2024, the H&P indicated, Resident 32 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 32's Minimum Data Set ([MDS] - a resident assessment tool) assessment, dated 12/2/2024, the MDS indicated, Resident 32 was not cognitively intact (ability to think and reason). The MDS indicated, Resident 32 had unclear speech (slurred or mumbled words) and exhibited continuous behavior of disorganized thinking (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject).</p> <p>During a phone interview on 1/10/2025 at 9:24 a.m., with Resident 32's RP, the RP stated she makes decision for Resident 32 since she had worsening dementia. The RP stated no facility staff ever contacted her and explained binding arbitration agreement.</p> <p>During a concurrent interview and record review on 1/10/2025 at 9:38 a.m., with the Admission Coordinator (AC), Resident 32's arbitration agreement was reviewed. The AC stated Resident 32's arbitration agreement was signed electronically by resident on 8/31/2023. The AC stated arbitration agreement is a legal document. The AC stated the facility staff should have not asked Resident 32 to sign the arbitration agreement because resident had a diagnoses of dementia and Alzheimer's Disease.</p> <p>(continued on next page)</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/10/2025 at 10:15 a.m., with the Social Service Consultant (SSC), the SSC stated Resident 32 had a responsible party listed on the Admission Record. The SSC stated the facility staff should have contacted Resident 32's responsible party and explain the arbitration agreement. The SSC stated Resident 32 had no capacity to make sound decision due to her underlying dementia. The SSC stated legal documents such as arbitration agreement should not be signed if resident was not capable of making decision. The SSC stated Resident 32's signed arbitration agreement was not valid.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Informed Consent, dated 7/31/2024, the P&P indicated, If the resident lacks capacity to provide informed consent, the surrogate decision maker will provide informed consent.</p> <p>During a review of the facility's P&P titled, Arbitration Agreements, dated 5/26/2023, the P&P indicated, If the facility presents an arbitration agreement to a resident, the person presenting the arbitration agreement will confirm that the resident understands the agreement.</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</p> <p>Based on observation, interview and record review, the facility failed to:</p> <p>1. Provide at least 80 square feet ([sq. ft.] unit of measurement) per resident in multiple resident bedrooms for 31 out of 34 resident rooms. The insufficient space could lead to inadequate nursing care to the residents.</p> <p>Findings:</p> <p>During a facility tour on 1/7/2025 at 3:44 p.m., observed that room [ROOM NUMBER], 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34 and 35, residents were able to move in and out of their room, and there was space for the beds, side tables, and resident care equipment.</p> <p>During an interview on 1/7/2025 at 4:00 p.m. with the Maintenance Supervisor (MS), the MS confirmed they had rooms less than the required 80 sq. ft. per resident.</p> <p>During a review of the facility's waiver request for bedrooms to measure at least 80 square feet per resident letter dated 11/4/2024 submitted by the Administrator (ADM) for 31 resident rooms was reviewed. The waiver request letter indicated the granting of the waiver will not adversely affect the resident's health and safety and in accordance with the special needs of the residents at the facility.</p> <p>The following room provided less than 80 sq. ft per resident:</p> <p>Rooms # beds sq. ft.</p> <p>2 3 221.6</p> <p>3 3 221.6</p> <p>4 3 223.2</p> <p>5 3 221.6</p> <p>6 3 222.6</p> <p>7 3 222.6</p> <p>8 3 223.3</p> <p>9 3 222.6</p> <p>10 3 222.6</p> <p>(continued on next page)</p>

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F 0912	11 3 226.6
Level of Harm - Potential for minimal harm	12 3 224.2
Residents Affected - Some	14 3 222.6
	15 3 222.6
	16 3 224.2
	17 3 224.2
	18 3 224.2
	21 3 223.2
	22 3 224.2
	23 3 222.6
	24 3 224.2
	25 3 222.6
	26 3 224.2
	27 3 224.2
	28 3 222.6
	29 3 224.2
	30 3 221.6
	31 3 224.2
	32 3 224.2
	33 3 222.6
	34 3 222.6
	35 3 222.6
	The minimum sq. ft. for a three bedroom is 240 sq. ft.