

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Vermont Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22035 S. Vermont Avenue Torrance, CA 90502	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44958</p> <p>Based on observation, interview and record review, the facility failed to implement Enhanced Standard Precautions (ESP), precautions utilized to prevent the spread of multidrug resistant organisms ([MDROs]- Bacteria that resist treatment with more than one antibiotic [medication that treat bacterial infections]) for three of three sampled residents (Resident 1, 3, and 4) , who had a gastrostomy tube (Gtube- tube inserted in belly that allows to administration of nutrition and medication) and tracheostomy (surgical opening in the neck where a tube is placed to allow for air to enter lungs). The facility failed to</p> <ol style="list-style-type: none"> 1) Ensure LVN 1 and LVN 2 had the proper understanding of ESP. 2) Ensure proper signage on the door of residents requiring ESP. 3) Ensure licensed vocational nurse (LVN) 1 and 2 used an isolation gown when providing high contact resident care such as dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, or assisting with toileting, device care (gastrostomy tube) or use and wound care resident care. 4) Ensure Personal protective equipment (PPE-gloves, mask, and gowns, used to prevent spread of MDROS) was available outside of the residents' rooms. 5) Develop comprehensive ESP care plans for the three residents. <p>These deficient practices resulted in staff not wearing gowns when providing high contact care to Residents 1, 3 and 4 increasing the risk of transmitting disease-causing organisms leading to illness.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including respiratory failure (blood does not have enough oxygen [gas needed for life]), gastrostomy, and tracheostomy.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 1's Minimum Data Set ([MDS] a standardized assessment and care-screening tool), dated 4/25/2024, the MDS indicated Resident 1's cognitive skills for daily decision-making were severely impaired. The MDS indicated Resident 1 was dependent (helper does all the effort, resident does none of the effort to complete activity) on staff for hygiene, bathing/showering, and dressing. The MDS indicated Resident 1 required tracheostomy care and used a gastrostomy tube.</p> <p>During a review of Resident 3's Face Sheet, the Face Sheet indicated Resident 3 was admitted to the facility on [DATE] with diagnoses including chronic respiratory failure, gastrostomy, and tracheostomy.</p> <p>During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3's cognitive skills for daily decision-making were severely impaired. The MDS indicated Resident 3 was dependent on staff for eating, hygiene, bathing/showering, and dressing. The MDS indicated Resident 3 required tracheostomy care and used a gastrostomy tube.</p> <p>During a review of Resident 4's Face Sheet, the Face Sheet indicated Resident 4 was admitted to the facility on [DATE] with diagnoses including chronic respiratory failure, gastrostomy, and tracheostomy.</p> <p>During a review of Resident 4's MDS, dated [DATE], the MDS indicated Resident 4's cognitive skills for daily decision-making were severely impaired. The MDS indicated Resident 4 was dependent on staff for hygiene, bathing/showering, and dressing. The MDS indicated Resident 4 required tracheostomy care and used a gastrostomy tube.</p> <p>During an observation on 5/23/2024, at 1:20 p.m., outside of Resident 1, 3 and 4's room, no ESP signs were observed to be posted outside the room or on the room door. There was no isolation cart was observed to be located outside 1's room.</p> <p>During a concurrent observation and interview on 5/23/2024, at 1:30 p.m., with Licensed Vocational Nurse (LVN) 1, in Resident 3 and Resident 4's shared room, LVN 1 was observed to lift Resident 3's gown to access Resident 3's Gtube site. LVN 1 was not observed to be wearing a gown when accessing Resident 3's Gtube site. LVN 1 stated, Resident 3 was not on any precautions, so I do not need to wear a gown.</p> <p>During an interview on 5/23/2024, at 1:45 p.m., LVN 1 stated Resident 3 and Resident 4 do not require precautions because they were not in isolation. LVN 1 stated if a resident harbors any MDROs or infectious organisms, there would be a sign on the door and staff would be required to wear appropriate PPE.</p> <p>During an interview on 5/23/2024, at 2 p.m., LVN 2 stated Resident 1 did not require enhanced precautions because ESP was required when caring for residents with MDROS. LVN 2 stated she does not wear a gown when providing high contact care to Resident 1 whom has a tracheostomy and Gtube.</p> <p>During an interview on 5/24/2024, at 12:40 p.m., Registered Nurse (RN) 1 stated a review of Resident 1, 3 and 4 care plans do not reflect care plans were developed to address the need for ESP. RN 1 stated it was important for the facility to develop a care plan to address ESP protocols to for Residents 1, 3, and 4 with indwelling devices to ensure they receive the proper care and services consistently in order to prevent infections.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/24/2024, at 3:30 p.m., the DON stated she was aware of facility's policy on ESP but failed to properly implement the policy. The DON stated all residents with indwelling devices must have an ESP in front of their door and an isolation cart for staff's use. The DON stated staff should be properly educated on the understanding the rationale for ESP. The DON stated staff must don the proper PPE when providing care to the residents with indwelling medical devices to prevent the spread of any disease-causing microorganism. The DON stated all residents with indwelling medical devices and or open wounds must have a care plan developed to reflect ESP. The DON stated failure to ensure staff understood and implemented ESP put the Resident 1, 3 and 4 at risk for infections that could lead to death.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Care Planning, revised October 2010, the P&P indicated the purpose of the P&P was to ensure that comprehensive centered care plan was developed for each resident. It was the policy of the facility to provide person-centered comprehensive and interdisciplinary care that reflects best practice standards for meeting health, safety, psychosocial, behavioral, environmental needs of the residents to obtain or maintain the highest physical, mental, and psychosocial well-being.</p> <p>During a review of the facility's P&P titled, Enhanced Standard Precautions, dated August 2022, the P&P indicated ESPs was used as an infection prevention and control intervention to reduce the spread of multi-drug resistant organisms to residents. ESPs employ target gown and glove use during high contact resident care activities when contact precautions do not otherwise apply, gloves and gowns are applied prior to performing high contact resident care activities (as opposed to before entering the room). The P&P indicated examples of high contact resident care activities requiring the use of gown and gloves for ESP include dressing, bathing/showering, transferring, hygiene, providing hygiene, changing linens, changing briefs, or assisting with toileting, device care (gastrostomy tube) or use and wound care. The P&P indicated ESP was indicated for all residents with wound and or indwelling devices regardless of MDROS colonization, ESP remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk ,staff are training prior to caring for residents on ESP, signs are posted in the door or wall outside the resident room indicating the type of precautions and PPE required, PPE is available outside of the residents rooms, residents, families and visitors are notified of the implementation of ESP throughout the facility.</p>		