

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  07/25/2024
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44443</b></p> <p>Based on observation, interview, and record review, the facility failed to re-admit one of three sampled residents (Resident 1), who was transferred to a General Acute Care Hospital (GACH) due to unresponsiveness for evaluation and treatment and not allowed readmission when the GACH wanted to transfer Resident 1 back to the facility.</p> <p>This deficient practice resulted in Resident 1 remaining at the GACH for 16 days after being cleared by the GACH to return to the facility.</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]. Resident 1's diagnoses included acute (sudden or severe) and chronic (having an illness persisting for a long time or constantly recurring) respiratory failure (when the lungs cannot provide enough oxygen or can't remove enough carbon dioxide [a colorless odorless gas that is a waste product in the human body] from the body) tracheostomy (an opening surgically created through the neck into the windpipe to allow air to fill the lungs) placement, and altered mental status ([ALOC] a change in mental function that stems from illnesses, disorders, injuries affecting the brain).</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] standardized assessment and care screening tool), dated [DATE], the MDS indicated Resident 1's cognitive skills for daily decision making were severely impaired.</p> <p>During a review of Resident 1's History and Physical (H&amp;P), dated [DATE], the H&amp;P indicated Resident 1 did not have the capacity to understand and make decisions. The H&amp;P indicated Resident 1's surrogate decision maker (a legally designated person who makes medical decisions for someone who is unable to do so for themselves was a family member (FM 1).</p> <p>During a review of the Facility's Census, dated [DATE], the Facility's Census indicated, there was a bed available on the facility's Subacute Unit (a type of inpatient care that provides more intensive services than skilled nursing facilities).</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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Progress Notes, dated [DATE], the Progress Notes indicated, Resident 1 was unresponsive, had no pulse, was turning yellow, cardiopulmonary resuscitation ([CPR] a procedure that combines rescue breathing and chest compressions to temporarily pump enough blood to the brain until specialized treatment is available) was started and 911 was called. The Progress Notes indicated paramedics revived Resident 1 and transferred her to a GACH for evaluation and treatment.</p> <p>During a review of Resident 1's Physician Orders, dated [DATE], the Physician Orders indicated to transfer Resident 1 to a General Acute Care Hospital (GACH) for further evaluation due to unresponsiveness. The Physician Orders indicated to hold Resident 1's bed for seven days.</p> <p>During a review of Resident 1's GACH Communication Orders, dated [DATE], and timed at 11:56 a.m., the GACH Communication Orders indicated, Resident 1 was stable, placed on Hospice (a type of care that focuses on the comfort and quality of life of a person who is nearing the end of their life) and ready to be transferred back to the facility.</p> <p>During an interview on [DATE], at 5 p.m., the Administrator (ADM), stated Resident 1 was denied readmission to the facility because they had never had a hospice resident on the Subacute Unit before. The ADM stated Resident 1 had Carbapenem-resistant Pseudomonas Aeruginosa ([CRPA] a serious bacterial infection that can cause a variety of infections in healthcare settings) and they did not have an isolation bed available on the skilled nursing side of the facility. The ADM stated, they had an isolation bed on the Subacute Unit, but they did not readmit Resident 1 there because a family member (not the Responsible Party [RP]) did not want Resident 1 at the facility.</p> <p>During an interview on [DATE], at 5:02 p.m., Resident 1's Family Member (FM 1) stated, he was told by the facility's Admission Coordinator (AC) and Case Manager (CM) that hospice residents were not accepted on the Sub Acute unit.</p> <p>During an interview on [DATE], at 5:10 p.m., the Director of Nursing (DON) stated, they did not readmit Resident 1 to the facility because FM 1 and another family members were feuding and one FM who was not Resident 1's RP did not want Resident 1 to come back to the facility.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Bed-Holds and Returns, dated ,d+[DATE], the P&amp;P indicated, the resident will be permitted to return to an available bed in the location of the facility that he or she previously resided. If there is not an available bed in that part, the resident will be given the option to take an available bed in another distinct part of the facility and return to the previous distinct part when a bed becomes available.</p> <p>During a review of All Facility's Letter ,d+[DATE] (AFL ,d+[DATE]), dated [DATE], AFL ,d+[DATE] indicated as of [DATE], all Skilled Nursing Facilities (SNFs) in compliance with the Centers for Medicare &amp; Medicaid Services ([CMS] an agency that provides health coverage to more than 160 million) Enhanced Barrier Precautions ([EBP] an infection control strategy that uses personal protective equipment ([PPE] clothing and gear that medical professional wear to protect themselves from infection and injury to reduce the spread of Multidrug-resistant Organisms ([MDROs] bacteria that have become resistant to certain antibiotics) in nursing homes) requirement are able to admit and provide care for residents with MDROs. Thus, there is no basis for a SNF to refuse admission of a resident based on their need for EBP or MDRO status. Residents on EBP do not require placement in a single-person room, even when known to be infected or colonized with an MDRO.</p>