

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 08/29/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44443</p> <p>Based on interview, and record review, the facility failed to notify the responsible party of change of condition, when it was discovered that a resident was noted to have a skin tear on her left forearm for one out of three sampled residents, Resident 1.</p> <p>This deficient practice had violated the resident ' s responsible party right to be informed of the care services provided.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission record, Resident 1 was admitted on [DATE]. Diagnosis included unspecified dementia with psychotic disturbance (a decline in memory, language, problem-solving and other thinking skills that affect a person's ability to perform everyday activities and includes delusions or hallucinations), unspecified schizophrenia (a mental disorder that affects a person ' s ability to think, feel, and behave clearly), unspecified psychosis not due to a substance or physiological condition (inadequate information to make the diagnosis of a specific psychotic disorder), and unspecified glaucoma (a disease that damages the eye ' s optic nerve that can cause vision loss and blindness).</p> <p>During a review of Resident 1 ' s History and Physical, dated 8/20/2024, indicated, Resident 1 does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS] a standardized assessment and care planning tool), dated 5/28/2024, indicated Resident 1 had severely impaired cognitive skills for daily decision making.</p> <p>During a review of Resident 1 ' s care plan for Risk for impaired skin integrity related to thin/ fragile skin, unsafe behavior related to swinging of arms around for no reason, dated 1/20/23, indicated interventions included notify physician and resident representative for significant change of condition.</p> <p>During a review of Resident 1 ' s Order Summary (physician orders), dated 1/20/2023, indicated, Resident 1 had a physician order for 1/4 side rail up to aid in turning and repositioning.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/29/2024, at 11:55 a.m., with Licensed Vocational Nurse (LVN 1), LVN 1 stated Resident 1 had two visitors asking what happened to Resident 1 and why was there a dressing on her arm. LVN 1 responded by telling the visitors the dressing was present when she came in, was off the previous day before, and had not received any report regarding why the dressing was on her arm. LVN 1 stated she asked the Treatment Nurse (TN) who stated she was on vacation, and it was her first day back. The family members asked for the dressing to be opened to see what was there and when the dressing was opened, there was a skin abrasion on left inner forearm measuring 5cm x 0.3 cm surrounding area with bluish skin discoloration. The doctor was called for orders for treatment and then checked if there was a change of condition charted and there wasn't one completed so a change of condition form was completed. There were two family members (FM) FM 1 and FM 2 present, so I mistakenly thought the responsible party was present, so no attempt was made to call the responsible party. LVN 1 stated she did not ask the names of either family members and then two days later, a third FM 3 came in and asked what her name was and then found out that was the responsible party. LVN 1 stated she should have asked the family members who they were so the right person could have been notified. The responsible party asked why she wasn't notified.</p> <p>During a review of the facility's P&P titled Charting and Documentation, dated 7/2017, indicated, documentation of procedures and treatments will include care-specific details, including, notification of family, physician, or other staff, if indicated.</p>		