

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 09/27/2024
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 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** 44898</p> <p>Based on interview, and record review the facility failed to ensure one of three sampled residents (Resident 3) had tracheostomy (an opening surgically created through the neck into the trachea (windpipe) to allow direct access to the breathing tube) care that included changing the tracheostomy tie (a device made of cloth and Velcro used to help stabilize and keep the tracheal cannula secure and in place) and applying a tracheostomy dressing (a covering that protects the area around a tracheostomy and absorbs secretions from the tracheostomy site) after showering.</p> <p>This failure resulted in Resident 3 ' s tracheostomy tie and tracheostomy dressing becoming wet after showering on 9/13/2024 and had the potential for Resident 3 to develop skin breakdown or infection due to a wet tracheostomy tie and tracheostomy dressing.</p> <p>Findings:</p> <p>During a review of Resident 3 ' s Admission Record (Face sheet), the Face sheet indicated, Resident 3 was admitted to the facility on [DATE], with diagnoses including acute respiratory failure (the inability to provide enough oxygen to the blood and organs), tracheostomy, pneumonitis (swelling and irritation of the lungs), and dependence on a respiratory ventilator (a serious medical condition that occurs when a patient is unable to breathe independently and needs to be connected to a ventilator [machine that helps people breath] for an extended period of time).</p> <p>During a review of Resident 3 ' s History and Physical (H&P), dated 7/18/2024, the H&P indicated Resident 3 had an altered level of consciousness after a cerebrovascular accident (CVA-stroke, loss of blood flow to a part of the brain).</p> <p>During a review of Resident 3 ' s Physician Order Summary, dated 7/18/2024, the Physician Order Summary indicated, Resident 3 had an order to change and date the tracheostomy tie every night, every Saturday and as needed. The Physician Order Summary indicated to assess and or suction for increased or retained secretions every two hours and as needed. The Physician Order Summary indicated to perform tracheostomy care and assess the skin integrity underneath the tracheostomy tie and stoma [small opening] site every day and night and as needed.</p> <p>During a review of Resident 3 ' s Minimum Data Set (MDS -a federally mandated resident assessment tool) dated 7/25/2024, the MDS indicated Resident 3 was dependent on nursing staff for eating, oral hygiene, toileting, showering, bathing, dressing, personal hygiene, and transferring.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 3 ' s Nursing Progress Note, dated 9/13/2024, the Nursing Progress Notes indicated, Resident 3 had a shower at 10:58 a.m.</p> <p>During an interview on 9/26/2024 at 3:17 pm with the Head of Respiratory ([NAME]), the [NAME] stated the protocol for tracheostomy care, which was performed twice daily: once after morning showers and again in the evening to check for secretions. The [NAME] stated on 9/13/2024 at 2:30 p.m., Resident 3 ' s family member inquired about Resident 3 ' s showering status. The [NAME] stated he was unaware if Resident 3 had showered, but upon checking Resident 3 ' s tracheostomy site, he observed the tracheostomy tie and tracheostomy dressing were wet. The [NAME] changed the tracheostomy tie, dressing and inner cannula (fits inside the tracheostomy tube and acts as a liner). The [NAME] stated that the Certified Nursing Assistant (CNA) usually informs the respiratory therapist regarding resident ' s scheduled shower but was not informed of Resident 3 ' s schedule shower on 9/13/2024. The [NAME] stated if the tracheostomy site was not cleaned, and dressing was not change it can lead to skin breakdown due to wetness. The [NAME] stated it was important to always keep the tracheostomy site clean and dry to prevent skin breakdown.</p> <p>During an interview on 9/26/2024 at 4:13 pm with the Registered Nurse Supervisor (RNS) 1, the RNS stated that tracheostomy care was provided every two hours and as needed, both day and night. RNS 1 stated that it was the responsibility of the RNS, licensed vocational nurses (LVNs), and certified nursing assistants (CNAs) to notify the respiratory therapist after a resident has showered. The RNS stated that the tracheostomy gauze dressing becomes wet during showers and must be changed. The RNS 1 stated that the respiratory therapist will suction the resident and check their oxygen levels to ensure resident was stable during the shower. It was important for the respiratory therapist to be present during resident showers, as they have access to the shower schedule and can immediately address any necessary interventions for residents with tracheostomies.</p> <p>During an interview on 9/27/2024 at 12:27 pm with CNA 3, CNA 3 stated that before showering a resident with a tracheostomy, he prepares the necessary supplies and informs the respiratory therapist that he was getting the resident ready for shower. CNA 3 stated that the respiratory therapist gathers their equipment and assists in transferring the resident to the shower. CNA 3 stated after the shower, the respiratory therapist waits outside the shower room to change the tracheostomy tie and dressing, after which CNA 3 changes the resident ' s gown to ensure everything was clean and dry. CNA 3 stated that the respiratory therapist's presence during showers was crucial in case any issues arise with the resident's oxygen or tubing. CNA 3 stated he informs the respiratory therapist when a resident was about to shower to prevent skin irritation from a wet tracheostomy dressing. CNA 3 stated that only a licensed nurse or respiratory therapist should disconnect the resident from oxygen, transfer them to the shower, and reconnect them after the shower. CNA 3 also stated that he makes rounds every two hours and promptly notifies the respiratory therapist if he notices a resident with a wet tracheostomy tie.</p> <p>During an interview on 9/27/2024 at 2:13 pm with the [NAME], the [NAME] stated, that the CNAs inform the team (respiratory therapist) about which residents were scheduled to shower. The [NAME] stated the respiratory therapist provides the resident with oxygen, connects them to the oxygen supply, and waits outside the shower room until the resident finishes. The [NAME] stated after the shower, the respiratory therapist changes the tracheostomy tie and tracheostomy dressing.</p> <p>(continued on next page)</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>During an interview on 9/27/2024 at 4:00 pm with the Director of Nursing (DON), the DON stated that the CNA assigned to Resident 3 on 9/13/2024, last worked on 9/16/2024, and was no longer employed by the facility. The DON stated that the respiratory therapist has access to the shower schedule and knows when residents were showering so they can connect the residents to oxygen. The DON stated that when CNAs assist residents with tracheostomies during showers, the respiratory therapist monitors the residents ' oxygen levels. The DON stated it was standard protocol for every resident with a tracheostomy to have the respiratory therapist present during and after showering.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Tracheostomy Care, dated 3/2023, the P&P indicated Tracheostomy site care will be performed every shift, and as needed. To prevent loss of skin integrity and prevent infection at the tracheostomy site.</p>		