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| 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 07/29/2025 |
| 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) |
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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to assist one of three residents (Resident 2) to shower at least twice a week. This deficient practice had the potential to result in poor hygiene for Resident 2 which can lead to poor self-image and discomfort. Findings: During a review of Resident 2's admission Record, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] with diagnoses including muscle weakness, difficulty in walking, and history of traumatic brain injury (type of brain injury that occurs when an external force causes damage to the brain). During a review of Resident 2's Minimum Data Set (MDS), a resident assessment tool, dated 5/23/2025, the MDS indicated Resident 2's cognition was severely impaired. The MDS indicated Resident 2 needed partial assist (helper does less than half the effort to complete the task) with showering and toileting hygiene, and supervision with oral and personal hygiene. During a review of Resident 2's Care Plan report, the care plan for Activities of Daily Living (ADLs- activities such as bathing, dressing and toileting a person performs daily), initiated 4/1/2022, indicated Resident 2 required assistance with ADLs. A care plan intervention indicated to assist as needed with showers. Another intervention indicated to ensure Resident 2 showered two to three times a week. During a concurrent interview and record review on 7/29/2025 at 1:54 p.m., with Registered Nurse (RN)1, Resident 2's Shower Sheets for July 7/2025 and Point of Care (POC) response History from 6/30/2025 to 7/29/2025 were reviewed. RN 1 confirmed Resident 2 was not assisted with showers at least twice a week. During an interview on 7/29/2025 at 12:59 p.m., with the Director of Nursing (DON), the DON stated residents need to be assisted to shower at least twice a week for personal hygiene. During a review of the facility's policy and procedure (P&P) titled, Assistance with ADL Care, released 5/2025, the P&P indicated facility will assist to residents with performance of their activities of daily living. During a review of the facility's P&P titled, Shower, undated, the P&P indicated it was the policy of the facility to promote cleanliness and comfort.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure medication was not left on one of three resident's (Resident 1) bedside table. This deficient practice had the potential to result in visitors, residents, and staff unauthorized access and use of Resident 1's medication and could result in a medication error. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (condition characterized by weakness or partial paralysis affecting one side of the body) affecting left dominant side, type 2 diabetes (a disorder characterized by difficulty in blood sugar control and poor wound healing), and low back pain. During a review of Resident 1's Minimum Data Set (MDS), a resident assessment tool, dated 6/21/2025, the MDS indicated Resident 1's cognitive skills (ability to think and reason) for daily decision-making was intact. The MDS indicated Resident 1 required supervision with eating, partial assistance with (helper does more than half the effort) with personal hygiene and oral hygiene. During a concurrent observation and interview on 7/29/2025 at 1:04 p.m., with Registered Nurse (RN) 1, in Resident 1's room, a used tube of Diclofenac Sodium Topical Gel, 1% (medication to relieve pain) was observed on Resident 1's nightstand. RN 1 stated medication should not be stored at the bedside for resident safety, and the medication was an old medication and was not part of Resident 1's medication ordered by the physician in the facility. During an interview on 7/29/2025 at 12:59 p.m. with the Director of Nursing (DON), the DON stated medication should not be left at resident's bedside for residents' safety. During a review of the facility's policy and procedure (P&P) titled, Storage of Medications, undated, the P&P indicated Medications were stored safely, securely, and orderly manner. The P&P indicated the medication supply was accessible only to staff members lawfully authorized to administer medications.</p> | | |