

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 10/30/2025
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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0684 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to follow its policy and procedure (P&P) titled, Diabetic Management and Insulin Administration, which indicated the facility will ensure safe, timely, and effective monitoring of blood sugar (BS) and administration of insulin in accordance with physician orders and regulatory standards, for one of 3 sampled residents (Resident 1), who was diagnosed with diabetes mellitus type 2 ([DM], a disorder characterized by difficulty in BS control and poor wound healing). The facility failed to: 1. Ensure Resident 1's primary care provider (PCP) was aware Resident 1 did not have orders for monitoring BS levels, and insulin coverage. 2. Ensure Resident 1 had orders for BS monitoring and insulin coverage as indicated. 3. Ensure the licensed staff assigned to Resident 1 were aware of Resident 1's diagnosis of DM and monitored the resident's BS for signs and symptoms of hyperglycemia ([high BS] such as blurred vision, fatigue, increased thirst, fruity-scented breath, confusion and loss of consciousness) and hypoglycemia ([low BS] such as sweating, dizziness, hunger, anxiety, difficulty concentrating, and slurred speech). 4. Implement Resident 1's Plan of Care, titled Diabetes Mellitus, Uncontrolled High Blood Sugar Results initiated 9/27/2025 which indicated to monitor Resident 1's BS through finger sticks (a simple procedure where a small amount of blood is collected from the fingertip for testing), and signs and symptoms of hyperglycemia As a result of these deficient practices, on 10/21/2025 Resident 1 was admitted to a general acute care hospital (GACH), diagnosed with hyperglycemia and Diabetic ketoacidosis ([DKA], a life-threatening complication of diabetes that occurs when the body does not have enough insulin and is left untreated for a prolonged length of time), which had the potential to cause Resident 1 to fall into a diabetic coma (a condition when the body is overwhelmed with the amount of BS levels, and the resident cannot wake up or respond purposefully to the environment) and possibly death. Findings A review of Resident 1's admission Record indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1's diagnoses included DM with DKA without coma, chronic kidney disease (a condition where the kidneys gradually lose their ability to filter waste products from the blood, leading to a buildup of toxins and other harmful substances in the body), and quadriplegia (cannot move or feel their arms and legs due to injury). A review of Resident 1's Care Plan titled, Diabetes Mellitus, Uncontrolled High Blood Sugar Results, indicated to monitor Resident 1 for signs and symptoms of hyperglycemia, monitor BS through finger sticks, and notify the PCP of signs and symptoms of uncontrolled BS A review of Resident 1's Order Summary Report dated 9/27/2025 indicated: -Empagliflozin oral (medication used to treat DM by removing excess sugar from the blood and lowering BS) tablet 10 milligrams ([mg] unit of measurement), give 1 tablet via g-tube (plastic tube surgically inserted into the stomach to provide medications and nutrition) one time a day for DM, -Insulin Regular Human Injection Solution (a short-acting insulin solution [starts to work after about 30 to 60 minutes and usually lasts up to 8 hours] used to manage high BS levels in individuals with diabetes) 100 units/milliliter (ml unit of measure of volume) inject per sliding scale (insulin amount administered based on the level of the BS and the PCP's order for that level of BS) A review of Resident 1's History and Physical (H&P) dated 9/28/2025, indicated Resident 1 could make his needs known but could not make medical decisions. A review of Resident 1's Minimum Data Set ([MDS], a resident assessment tool), dated 10/7/2025, indicated Resident 1 was rarely/never understood. The MDS indicated Resident 1 was dependent (helper does all the effort to complete the task) for activities of daily living (ADL: hygiene, bathing and getting dressed and mobility functions such as transfers, rolling and sitting up in bed. A review of Resident 1's Order Summary Report, dated 10/13/2025, indicated Lantus, a long-acting insulin which provides a slow, steady release of insulin into the bloodstream to help maintain stable BS levels throughout the day and overnight) to regulate BS) Subcutaneous (injection applied under the skin) solution 100 units/mL (a unit of measurement, used for medication dosage and/or amount) Inject 10 units subcutaneously at bedtime for DM. The Order Summary Report did not include any other orders to monitor or treat Resident 1's diagnosis of DM such as orders for insulin (short-acting) diabetes and BS monitoring for Resident 1. A review of an online article from the American Diabetic Association (a nonprofit organization that funds research to prevent, cure and manage diabetes) website titled Diabetes and DKA (Ketoacidosis) 11/12/2025, DKA was a life-threatening condition that could lead to diabetic coma and death. The article indicated treatment for DKA took place in the GACH but could be prevented by learning the warning signs and checking BS regularly. (https://diabetes.org) A review of Resident 1's Medication Administration Record (MAR) dated 10/1/2025 through 10/31/2025</p>		