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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055167 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/22/2020 |
| NAME OF PROVIDER OF SUPPLIER VERNON HEALTHCARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 1037 W. VERNON AVENUE LOS ANGELES, CA 90037 | |
| 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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to report a resident to resident physical altercation to the Department of Health Services (DHS) within two hours, for two of four sampled residents (Resident's 1 and 2). Resident 1, who was punched in the face by Resident 2, sustained a bruise to the left eye and a skin tear (break in the skin) to the left side of the face. This deficient practice placed Resident 1 and other residents at risk for abuse.</p> <p>Findings: On [DATE] at 9:09 a.m., during an observation, Resident 1 had bluish-colored discoloration to the left eye. A review of Resident 1's Face Sheet indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's [DIAGNOSES REDACTED]. A review of Resident 1's Care Plan titled, Resident to Resident Altercation, dated 1/5/20, indicated Resident 1 had steri-strips (an adhesive tape used to replace sutures in wound (an injury to the body (as from violence, accident, or surgery) that typically involves breaking of a skin) closure) applied to the left eyebrow. A review of Resident 1's Pain Assessment, dated 1/5/20, indicated Resident 1 had steri-strips and a left eyebrow skin tear (break in the skin). A review of Resident 1's Change of Condition form ((COC) an internal communication form), dated 1/5/20, indicated Resident 1 had a resident to resident altercation. The COC indicated Resident 1 was punched in the left eye by his roommate (Resident 2). A review of Resident 1's Skilled Nursing Notes, dated 1/7/20, indicated Resident 1 had a discoloration to the left eye. A review of Resident's 2 Face Sheet indicated Resident 2 was re-admitted to the facility on [DATE]. Resident's 2 [DIAGNOSES REDACTED]. A review of Resident 2's COC form, dated 1/5/20, indicated Resident 2 punched Resident 1 in the eye. During an interview with Licensed Vocational Nurse 1 (LVN 1), on 1/15/20 at 11:27 a.m., LVN 1 stated resident to resident altercations were reported to DHS right away. LVN 1 stated Resident 1 was punched in the eye and that was considered a major injury. LVN 1 stated Resident 1 could suffer nerve damage to the eye. LVN 1 stated major injuries included an open wound, a head injury, and a laceration. During an interview with Registered Nurse 1 (RN 1), on 1/15/20 at 11:54 a.m., RN 1 stated the facility was to report resident to resident altercations to DHS within two hours. RN 1 stated the facility was mandated to report to DHS. During an interview with the Director of Staff Development (DSD), on 1/15/20 at 1:45 p.m., the DSD stated she was unable to locate the fax confirmation that was sent to DHS regarding Resident's 1 and 2 altercation prior to 1/7/20. During an interview, on 1/15/20 at 3p.m., the DSD stated the facility did not have to report the resident to resident altercation to DHS right away as resident 2 had a history of [REDACTED]. During an interview, on 1/15/20 at 4:24 p.m., the Administrator stated the facility only had to report to DHS when the residents with a history of dementia had a major injury. A review of the facility's policy titled, Abuse- Reporting and Investigation, revised 3/18, indicated the purpose was to protect the health, safety, and welfare of facility residents by ensuring that all reports of resident abuse, mistreatment, neglect, exploitation, or injuries of an unknown source and suspicion of crimes were promptly reported and thoroughly investigated. The policy indicated the facility would report all allegations of abuse and criminal activity as required by law and regulations to the appropriate agencies. The policy indicated the facility would notify the ombudsman and DHS by telephone and in writing within two hours of the initial report. The policy indicated notification of outside agencies of allegation of abuse caused by a resident with dementia diagnosed by a physician, after a licensed nurse determined there was no serious bodily injury, the facility would notify DHS within two hours. The policy indicated allegation of abuse with no serious bodily injury the facility would notify DHS within two hours. A review of the facility's policy titled, Unusual Occurrence Reporting, revised 8/1/12, indicated the facility would ensure timely reports were made to designated agencies as required by state and federal law. The policy indicated the facility reported allegations of abuse within 24 hours by telephone and confirmed in writing. The policy indicated the facility would retain a copy of the confirmation letter.</p> | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | TITLE | (X6) DATE |

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.