

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 06/19/2020
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 0626 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to readmit one of one sampled resident (Resident A) back to the facility following a transfer to a general acute care hospital (GACH) for evaluation of a fever (elevated body temperature). This deficient practice resulted in Resident A's rights being denied and not allowed to return to the facility after the resident was found to be afebrile (without an elevated body temperature) by the GACH. Findings: On 4/10/2020, the Department received a complaint alleging a resident (Resident A) had been transferred to a GACH for evaluation and treatment regarding a fever. Resident A was found to be afebrile (without fever). The facility was called for Resident A to be readmitted. The resident refused to readmit Resident A. On 4/11/2020 at 11:40 a.m., an unannounced complaint investigation was conducted, Resident A was not at the facility. A review of Resident A's transfer documents indicated the resident was accepted for admission to the facility on [DATE]. There was no documented evidence that Resident A was officially admitted to the facility. A review of the GACH's emergency room (ER) Summary Report, dated 4/9/2020 indicated Resident A was well-appearing, afebrile after multiple temperature checks with vital signs stable. On 4/11/2020 at 11:55 a.m., during a telephone interview, the DON stated Resident A was accepted to the facility as a new admit on 4/9/2020. The DON stated when Resident A arrived to the facility she had an elevated temperature of 101 degrees Fahrenheit (F). The DON stated Resident A's temperature remained elevated after taken it several times and they sent Resident A back to the transferring GACH. The DON stated she was surprised when a different GACH called her requesting for Resident A to be transferred back to the facility. The DON stated they would only accept Resident A GACH back after 72 hours without a fever. A review of the GACH's emergency room (ER) Summary Report, dated 4/9/2020 indicated Resident A was well-appearing, afebrile after multiple temperature checks with vital signs stable. A review of the ER notes indicated Resident A was cleared for discharge back to the facility by a physician on 4/10/2020. The facility refused to accept the resident back. On 6/16/2020 at 12:57 p.m., during a telephone interview, the DON stated all residents are screened via their vital signs prior to being taken from the gurney, if a resident was not stable (vital signs are abnormal) the resident is sent back to the transferring GACH. The DON stated when Resident A arrived to the facility her temperature was taken and it registered approximately 101 degrees Fahrenheit The DON stated it was taken several times and still registered high so they sent Resident A back to the transferring GACH. The DON stated there were no parameters for abnormal vital signs it was at the discretion of the admitting nurse, however, before the resident was transferred the staff are instructed to call her. The DON stated during COVID any temperature over 100.4 was concerning. The DON was unable to provide a policy regarding their admission and readmission process.</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.