

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 06/10/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555917	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2024
NAME OF PROVIDER OR SUPPLIER  Veterans Home of California - West Los Angeles		STREET ADDRESS, CITY, STATE, ZIP CODE  11500 Nimitz Avenue Los Angeles, CA 90049	
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 - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33922</b></p> <p>Based on observation, interview and record review, the facility failed to implement physician's orders for neurological assessments (frequent assessments to evaluate brain and nervous system functioning and changes) for two of three sampled residents (Resident 1 and Resident 2) after the residents sustained falls.</p> <p>These failures had the potential to delay identifying changes in the residents' neurological status which could result in the delay of necessary treatments.</p> <p>Findings:</p> <p>1. a. On 7/30/24 at 1:52 p.m., a review of Resident 1's medical record was conducted. The medical record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included generalized muscle weakness, and abnormalities of gait and mobility.</p> <p>During a review of Resident 1's IDT [interdisciplinary team] Meeting Notes, dated 7/16/24, the IDT Meeting Notes indicated, Resident 1 had a fall on 7/1/24.</p> <p>During a review of Resident 1's Physician Order, dated 7/1/24, the Physician Order indicated, .monitor neuro [neurological] check for 72-hours post fall .</p> <p>During a concurrent interview and record review on 7/30/24 at 3:22 p.m. with Charge Registered Nurse (CRN), Resident 1's Neurological Check Flow Sheet, dated 7/1/24 was reviewed. The Neurological Check Flow Sheet indicated Resident 1 did not receive three scheduled, physician ordered, neurological assessments during the 72-hour post fall period. CRN confirmed neurological assessments were not conducted on 7/4/24 at 3:30 a.m., 11:30 a.m., and 6:30 p.m.</p> <p>b. During a review of Resident 1's IDT Meeting Notes, dated 7/29/24, the IDT Meeting Notes, indicated Resident 1 has another unwitnessed fall on 7/27/24.</p> <p>During a concurrent interview and record review on 7/30/24 at 3:26 p.m. with CRN, Resident 1's Neurological Check Flow Sheet, dated 7/27/24 was reviewed. The Neurological Check Flow Sheet indicated Resident 1 did not receive 15 scheduled neurological assessments during the 72-hour post fall period. CRN confirmed neurological assessments were not conducted on 7/27/24 at 10:45 p.m., 11:00 p.m., 11:15 p.m., 11:45 p.m., and on 7/28/24 at 12:15 a.m., 12:45 a.m., 1:15 a.m., 2:15 a.m., 3:15 a.m., 4:15 a.m., 5:15 a.m., and on 7/29/24 5:15 a.m., 5:15 a.m., 1:15 a.m., and 9:15 p.m.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  555917	Facility ID:  555917  If continuation sheet Page 1 of 3

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/30/24 at 3:20 p.m. with CRN, CRN stated the importance of neurological assessments were to ensure the resident's level of consciousness was not altered (changing, or getting worse) after sustaining a possible head injury. CRN further stated, neurological assessments were done to monitor vital signs, pupil responses, and neurological deficits (a change in the normal functioning of a body area due to damage to the brain, spinal cord, muscles, or nerves that supply the affected area).</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Accident/Fall Prevention, dated 4/10/24, the P&amp;P indicated, For Residents with head injuries, unwitnessed falls, or those with impaired neurological response, staff will implement the Neurological Assessment #7321 policy .</p> <p>During a review of the facility's P&amp;P titled, Neurological Assessment, dated 10/19/23, the P&amp;P indicated, A Resident will be evaluated with a Neurological Assessment (Neuro Check) performed by a Registered Nurse or Physician as soon as possible if they have: an unobserved fall, or a suspected head injury . unless otherwise ordered by the physician, neuro checks are completed on the following time schedule: for the first hour the neurological checks should be done every 15 minutes (total time= one hour), then; every hour for 4 hours (total time = 4 hours) then; every four hours x2 (total time= 8 hours) then; every eight hours x3 (total time= 24 hours). The P&amp;P further stated, Documentation . The licensed nurse will document in the health care record: 1. The initiation of the neuro check assessment period, 2. Assessment results, 3. Any changes from baseline and related physician notifications, 4. Each set of vitals, 5. Resident and/or representative notifications, the completion of the neuro check assessment period .</p> <p>2. On 7/30/24 at 3:04 p.m., a review of Resident 2's medical record was conducted. The medical record indicated Resident 2 was admitted to the facility on [DATE], with diagnoses which included cognitive impairment (trouble remembering, making decisions, and learning new things).</p> <p>During a review of Resident 2's Physician Order, dated 6/26/24, the Physician Order indicated, .neuro [neurological] check per protocol x 72 hours .</p> <p>During a concurrent interview and record review on 7/30/24 at 3:04 p.m. with Quality Assurance Supervising Registered Nurse (QASRN), Resident 2's Neurological Check Flow Sheet, dated 6/26/24 was reviewed. The Neurological Check Flow Sheet indicated Resident 2 did not receive seven scheduled neurological assessments during the 72-hour post fall period. QASRN stated licensed staff should have conducted neurological checks as ordered on 6/26/24 at 6 p.m., on 6/28/24 at 12 a.m., 8 a.m., 4 p.m., and on 6/29/24 at 12 a.m., 8 a.m., and 4 p.m.</p> <p>During an interview on 7/30/24 at 3:20 p.m. with CRN, CRN stated the importance of neurological assessments were to ensure the resident's level of consciousness was not altered (changing, or getting worse) after sustaining a possible head injury. CRN further stated, neurological assessments were done to monitor vital signs, pupil responses, and neurological deficits (a change in the normal functioning of a body area due to damage to the brain, spinal cord, muscles, or nerves that supply the affected area).</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Accident/Fall Prevention, dated 4/10/24, the P&amp;P indicated, .For Residents with head injuries, unwitnessed falls, or those with impaired neurological response, staff will implement the Neurological Assessment #7321 policy .</p> <p>(continued on next page)</p>		

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