

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/17/2024
NAME OF PROVIDER OR SUPPLIER  Inglewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  100 S. Hillcrest Blvd Inglewood, CA 90301	

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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36331</p> <p>Based on interview and record review, the facility failed to obtain a physician order to allow 1 of 5 sampled residents (Resident 1), to leave the facility on out on pass . This failure had the potential to jeopardize resident's safety and may result to bodily injuries.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated Resident 1 was originally admitted to the facility on [DATE] and was readmitted to the facility on [DATE] with diagnosis of acute kidney failure (kidneys unable to filter waste products from blood), presence of automatic cardiac defibrillator (preprogrammed device implanted in the chest to automatically detect cardiac arrest or a life-threatening irregular rhythms) and hypertension (high blood pressure).</p> <p>A review of Resident 1's Minimum Data Set (MDS-an assessment and care planning tool), dated 3/5/2024 indicated Resident 1 had clear speech, ability to express ideas and wants, and understands. The MDS indicated Resident 1 was independent with eating, toileting hygiene, and personal hygiene.</p> <p>A review of the Out of Facility Release of Responsibility logs indicated Resident 1 signed to leave the facility and went out on pass on the following dates:</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
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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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1/6/2024 at 12:06 p.m., 1/7/2023 at 3 p.m. , 1/8/2024 at 12 noon, 1/10/2024 at 1 p.m., 1/11/2024 at 12 noon, 1/12/2024 at 12:15 p.m.,1/13/2024 at 12 noon, 1/15/2024 at 4 p.m., 1/16/2024 at 11 a.m., 1/17/2024 at 11 a. m., 1/20/2024 at 12 noon, 1/21/2024 at 11 a.m., 1/22/2024 at 10 a.m., 1/23/2024 at 12 noon, 1/24/2024 at 11 a.m., 1/25/2024 at 12 noon, 1/26/2024 at 1 p.m., 1/27/2024 at 12:28 p.m., 1/28/2024 at 10:44 a.m., 1/29/2024 at 11 a.m., 1/30/2024 at 11 a.m., 1/31/2024 at 11 a.m., 1/31/2024 at 6:45 p.m., 2/1/2024 at 1 p.m., 2/1/2024 at 5:30 p.m., 2/2/2024 at 1 p.m., 2/3/2024 at 11 a.m., 2/4/2024 at 11 a.m., 2/5/2024 at 7 a.m., 2/5/2024 at 10 a.m., 2/6/2024 at 11 a.m., 2/7/2024 at 6:45 a.m., 2/8/2024 at 11:30 a.m., 2/9/2024 at 9 a.m., 2/9/2024 at 11:30 a.m., 2/10/2024 at 12:30 p.m., 2/11/2024 at 2:30 p.m., 2/12/2024 at 6:45 a.m., 2/13/2024 at 11 a.m., 2/14/2024 at 12 noon, 2/15/2024 at 7 a.m., 2/15/2024 at 11 a.m., 2/16/2024 at 12 noon, 2/17/2024 at 10 a.m., 2/18/2024 at 9:30 a.m., 2/19/2024 at 12 noon, 2/10/24 at 11:30 a.m., 2/21/2024 at 11:30 a.m., 2/22/2024 at 1p.m., 2/23/2024 at 11 a.m., 2/24/2024 at 11:30 a.m., 2/25/2024 at 11:30 a.m., 2/26/2024 at 11:20 a.m., 2/26/2024 at 7 p.m., 2/27/2024 at 11:30 a.m., 2/28/2024 at 1 p.m., 2/29/2024 at 10 a.m., 3/1/2024 at 10 a.m., 3/2/2024 at 10:30 a.m., 3/3/2024 at 10:27 a.m., 3/4/2024 at 11:10 a.m., 3/5/2024 at 12 noon, 3/6/2024 at 11:30 a.m., 3/8/2024 at 12 noon, 3/9/2024 at 11:30 a.m., 3/10/2024 at 12 noon, 3/11/2024 at 11 a.m., 3/12/2024 at 12 noon, 3/13/2024 at 1 p.m., 3/14/2024 at 12 noon, 3/15/2024 at 12 noon, 3/16/2024 at 9:40 a.m., 3/18/2024 at 11:45 a.m., 3/19/2024 at 12 noon, 3/20/2024 at 1 p.m., 3/21/2024 at 10:30 a.m., 3/22/2024 at 10:30 a.m., 3/23/2024 at 11:40 a.m., 3/25/2024 at 2 p.m., 3/26/2024 at 12 noon, 3/27/2024 at 11:30 a.m., 3/28/2024 at 2:30 p.m., 3/29/2024 at 11:30 a.m., 3/30/2024 at 11:30 a.m., 3/31/2024 at 11:30 a.m.</p> <p>During a review of Resident 1's care plan titled, Resident 1 goes out on pass and drives his car outside, and has bilateral lower extremities venous ulcers (a wound on the leg or ankle caused by abnormal or damaged veins) dated 12/9/2023, the care plan indicated Resident 1 was at risk of injury. One of the interventions indicated to assess Resident 1 for presence of medical condition that may affect residents' physical function such as signs and symptoms of hypertension, dizziness, headache, seizure (a sudden, uncontrolled burst of electrical activity in the brain) disorder.</p> <p>During a concurrent interview and record review on 4/17/2024 at 11:15 a.m. with the Director of Nursing (DON), the physician order reports for January 2024 through April 2024, were reviewed. The physician order reports did not indicate a physician order to allow Resident 1 to leave the facility or go out on pass. The DON stated Resident 1's safety may have been compromised by allowing him to go out on pass.</p> <p>A review of the facility's undated policy and procedure titled, Resident on Pass indicated all residents leaving the facility must be signed out and have an appropriate out on pass physician order written. Residents must have a doctor's order indicating that the resident is medically stable and able to go out on pass.</p> <p>A review of the facility's undated policy and procedure titled Physician Orders indicated physician orders are obtained to provide a clear direction in the care of the resident.</p>		