

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  09/24/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45657</p> <p>Based on interview and record review, the facility failed to ensure the Care Plan for two of four sampled residents (Resident 1 and Resident 3) who were at risk for fall, were revised and individualized to include the level of staff assistance needed for the safe transfer and mobility (ability to move) of the residents.</p> <p>This deficient practice had the potential to result in unidentified nursing interventions and recurrent falls for Residents 1 and 3.</p> <p>Findings:</p> <p>a) During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including left thigh osteopenia (low bone density), bradycardia (heart beats slower than 60 beats per minute), and syncope (fainting or passing out).</p> <p>During a review of Resident 1 ' s Care Plan, dated 3/15/2024, the care plan indicated Resident 1 was a high risk for fall that may result to physical harm due to: history of falls and syncope. The Care Plan indicated interventions included to help Resident 1 as identified in transfer and mobility. The Care Plan did not include the level of assistance Resident 1 needed for transfer and mobility.</p> <p>During a review of Resident 1 ' s, Physical Therapist (PT) discharge summary dated 5/16/2024. The PT discharge summary indicated Resident 1 needed contact guard assist (type of physical assistance where the caregiver places one or two hands on the resident ' s body to help with balance) for transfers and level surfaces (ability to walk on level surfaces).</p> <p>During a review of Resident 1 ' s History and Physical (H&amp;P) dated 5/24/2024, the H&amp;P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS] a standardized assessment and care screening tool), dated 6/20/2024, the MDS indicated Resident 1 had the capacity to understand and be understood by others. The MDS indicated Resident 1 required supervision or touching assistance for activities of daily living (ADLs) such as dressing, toilet use, personal hygiene, transfer (moving between surfaces to and from bed, chair, and wheelchair) and bed mobility (how resident moved from lying to turning side to side.)</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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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 1 ' s Risk Meeting Notes, dated 9/10/2024. The Notes indicated Resident 1 had a fall incident on 9/6/2024. The Notes indicated Resident 1 ' s mobility status was transferring assist and contact guard assist. The Notes also indicated Resident 1 ' s gait and balance was unstable and the resident needed assistance with toileting.</p> <p>b) During a review of Resident 3 ' s Admission Record, the Admission Record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses including radiculopathy lumbar region (disease or damage of the nerve roots in the lower back), spinal stenosis (spinal canal narrows), and neuralgia (nerve pain).</p> <p>During a review of Resident 3 ' s H&amp;P dated 8/1/2024, the H&amp;P indicated Resident 3 had the capacity to make medical decisions.</p> <p>During a review of Resident 3 ' s Fall Care Plan, dated 8/1/2024, The Care Plan Indicated Resident 3 was a high risk for fall that may result to physical harm due to: muscle weakness and balance problem. The care plan indicated nursing interventions included, to provide assistance to the resident as identified in transfer and mobility. The Care Plan did not include the level of assistance Resident 3 needed for transfer and mobility.</p> <p>During a review of Resident 3 ' s MDS dated [DATE], the MDS indicated Resident 3 had the capacity to understand and be understood by others. The MDS indicated Resident 3 required substantial/maximal assistance (staff does more than half the effort. Staff lifts, holds, or supports trunk or limbs) with ADLs such as dressing, sit to stand (the ability to come to a standing position from sitting position) and personal hygiene.</p> <p>During a review of Resident 3 ' s, PT treatment notes dated 9/4/2024. The PT treatment notes indicated Resident 3 needed partial/moderate assistance (resident could perform half of the mobility task while staff assisted with 50%) for transfers and ambulation (walking) 10 feet.</p> <p>During a concurrent interview and record review on 9/24/2024 at 12:00 p.m. with Registered Nurse (RN), Resident 1 and 3 ' s Care Plans were reviewed. RN stated licensed nurses were responsible to develop or revise resident ' s care plans who were at risk of fall. RN stated resident Care Plans should be individualized based in Residents needs for assistance. RN stated, Resident 1 and Resident 3 ' s care plan did not indicate the level of assistance the residents needed. RN stated residents needed different levels of assistance and the care plan should indicate the level of assistance needed for each resident. RN also stated, not having a clear Care Plan, could cause an increased risk for falls for Residents 1 and 3.</p> <p>During an interview on 9/24/2024 at 1:45 p.m. with the Director of Nursing (DON) the DON stated care plans were templates individualized for each Resident. The DON stated Care Plans for falls should include the level of assistance the resident ' s needed with mobility and transfer. The DON stated by not specifying the level of assistance in the Care Plan, could lead to resident falls. The DON also stated care plan interventions were developed to ensure residents received proper care and to prevent future falls.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility ' s Policy and Procedure (P&amp;P) titled, Fall Management, the P&amp;P indicated facility staff, with the input of the attending physician would implement a resident-centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or history of falls.</p> <p>During a review of the facility ' s undated P&amp;P titled, Comprehensive Plan of Care, the P&amp;P indicated the comprehensive plan of care must address the resident ' s individual needs, strengths, preferences and include interventions to prevent avoidable decline in function or functional level. The P&amp;P also indicated, care plans should be re-evaluated and modified as necessary to reflect changes in care, service, and treatment.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45657</p> <p>Based on interview and record review, the facility failed to provide needed assistance for one of four sampled Residents (Resident 3), who was assessed as needing partial/moderate assistance (resident could perform half of the mobility task while staff assisted with 50%) after toileting and while ambulating (walking).</p> <p>This failure resulted in Resident 3 sustaining a fall and placed the resident at risk for injuries and hospitalization from a fall.</p> <p>Findings:</p> <p>During a review of Resident 3 ' s Admission Record, the Admission Record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses including radiculopathy lumbar region (disease or damage of the nerve roots in the lower back), spinal stenosis (spinal canal narrows), and neuralgia (nerve pain).</p> <p>During a review of Resident 3 ' s History and Physical (H&amp;P) dated 8/1/2024, the H&amp;P indicated Resident 3 had the capacity to make medical decisions.</p> <p>During a review of Resident 3 ' s Fall Care Plan, dated 8/1/2024, The Care Plan Indicated Resident 3 was a high risk for fall that may result to physical harm due to: muscle weakness and balance problem. The care plan indicated nursing interventions included, to provide assistance to the resident as identified in transfer and mobility.</p> <p>During a review of Resident 3 ' s Minimum Data Set ([MDS] a standardized assessment and care screening tool), dated 8/5/2024, the MDS indicated Resident 3 had the capacity to understand and be understood by others. The MDS indicated Resident 3 required substantial/maximal assistance (staff does more than half the effort. Staff lifts, holds, or supports trunk or limbs) with activities of daily living (ADLs) such as dressing, sit to stand (the ability to come to a standing position from sitting position) and personal hygiene.</p> <p>During a review of Resident 3 ' s Situation, Background, Assessment, Recommendation ([SBAR] a communication tool used by healthcare workers when there is a resident change in condition) dated 9/13/2024, the SBAR indicated Resident 3 had a witnessed fall in the resident ' s bathroom. The SBAR indicated Certified Nurse Assistant (CNA) 1 took Resident 3 to the bathroom with walker and the resident ' s leg became weak and lost balance. The SBAR indicated CNA 1 assisted Resident 3 to the floor.</p> <p>During a review of Resident 3 ' s, Physical Therapist (PT) treatment notes dated 9/4/2024. The PT treatment notes indicated Resident 3 needed partial/moderate assistance for transfers and ambulation (walking) 10 feet.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/20/2024 at 12:45 p.m. with Resident 3, Resident 3 stated she fell in the bathroom one week ago. Resident 3 stated after using the toilet, she got up and when she took a few steps, she lost her balance and fell . Resident 3 stated CNA 1 was in front of me and not holding the resident.</p> <p>During an interview on 9/20/2024 at 2:00 p.m. with CNA 1, CNA 1 stated Resident 3 fell on e week ago on a weekend. CNA 1 stated after Resident 3 finished using the toilet, the resident stood up and held herself on the walker. CNA 1 stated Resident 3 turned to the side and walked about 3 steps to come out of the restroom and the resident ' s leg gave up and the resident fell . CNA 1 stated she was not holding Resident 3, because CNA 1 was in the front of the resident and could not reach her.</p> <p>During an interview on 9/20/2024 at 2:59 p.m. with the Rehabilitation Supervisor (RS), RS stated Resident 3 needed partial/moderate assistance to go to the bathroom. RS stated needed at least one nurse to touch and help the resident when she walked and maneuvered with her walker after toileting. RS also stated, Resident 3 fell because of improper assistance by staff (CNA 1).</p> <p>During a concurrent interview and record review on 9/24/2024 at 1:45 p.m. with the Director of Nursing (DON), Resident 3 ' s PT Treatment Note was reviewed. The DON stated, when CNA 1 assisted Resident 3 to the bathroom, CNA 1 needed to be in close distance from Resident 3 and should have been behind the resident, ready to hold her. The DON stated Resident 3 needed partial to moderate assistance, meaning CNA 1 needed to be within reach in case Resident 3 lost her balance.</p> <p>During a review of the facility ' s undated Policy and Procedure (P&amp;P) titled, Safety Supervision of Residents, the P&amp;P indicated the facility strived to make the environment as free from accident hazards as possible and resident safety, supervision, and assistance to prevent accidents are the facility-wide priorities. The P&amp;P also indicated, the care team should target interventions to reduce individual risks including adequate supervision and assistive devices.</p> <p>During a review of the facility ' s undated P&amp;P titled, Fall Management, the P&amp;P indicated a fall prevention program would be developed for each resident that would provide staff with strategies to minimize the risk for falls and undue injuries from such incidents.</p> <p>During a review of the facility ' s undated P&amp;P titled, Falling Start Program, the P&amp;P indicated the Falling Star Program identified residents at highest risk for falls and/or injuries. The P&amp;P indicated individualized plans of care would be implemented by the care team to minimize the risk of resident falling with major injuries. The P&amp;P indicated sample strategies to minimize risk of falls with major injuries for transfer and ambulation risk factors included, to identify and provide needed assistance for safe transfer and ambulation.</p>		