| 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 10/31/2024 |
|---|---|---|---|
| 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) |
|---|---|
| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778<br><br>Based on interview and record review, the facility failed to recheck the blood pressure, of one of three sampled residents, (Resident 1). Resident 1 had a physician ' s order of no Cardiopulmonary Resuscitation (a procedure to restore normal breathing after cardiac arrest that includes the clearance of air passages to the lungs, mouth-to-mouth method of artificial respiration, and heart massage by the exertion of pressure on the chest) and had a low blood pressure reading.<br><br>This failure had the potential Resident 1 ' s medical condition not monitored and get worse.<br><br>Findings:<br><br>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]. Resident 1 ' s diagnoses included acute (sudden) osteomyelitis (inflammation of bone or bone marrow, usually due to infection) on the right ankle and foot and end stage renal disease (a terminal illness that occurs when kidneys can no longer function properly).<br><br>During a review of Resident 1 ' s Minimum Data Set ([MDS], a federally mandated resident assessment tool), dated 8/21/2024, The MDS indicated Resident 1 hadsevere (extreme) cognitive (ability to think, learn, remember, and make decisions) impairment.<br><br>During a review of Resident 1 ' s physician ' s order dated, 5/15/2024, the physician ' s order indicated Resident 1 had a no Cardiopulmonary Resuscitation order as discussed with resident representative.<br><br>During a record review of Resident 1 ' s nursing progress notes dated 10/27/2024 at 8:28 a.m., the nursing progress notes indicated Resident 1 ' s blood pressure (BP) medication (metoprolol tartrate tablet 25 milligram (mg- a unit of measurement), diltiazem hydrochloride 120 mg) were held due to Resident 1 ' s BPof 93/55 millimeters of mercury (mmHg - a unit of measurement [normal BP is less than 120 mmHg/80 mmHg) and a heart rate (the number of times the heart beats in one minute) of 53 beats per minute (normal heart rate is 60-100).<br><br>During an interview on 10/31/24 at 9:54 a.m. with Licensed Vocational Nurse (LVN) 2, LVN 2 stated Resident 1 ' s baseline BP after dialysis were always low. LVN 2 stated she could have rechecked Resident 1 ' s BP after 15 minutes, then called the physician.<br><br>(continued on next page) |

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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| NAME OF PROVIDER OR SUPPLIER Inglewood Health Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 100 S. Hillcrest Blvd Inglewood, CA 90301 | |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 10/31/2024 at 10:48 a.m. with the Director of Nursing (DON), the DON stated, if a resident has low BP, resident should be monitored. The DON stated it was important to know resident ' s baseline. The DON stated Even if a resident ' s baseline BP were low, the BP should have been rechecked and the physician informed, if the BP remained low. The DON stated Resident 1 was on palliative care (form of medical care in relieving symptoms without dealing with the cause of the condition) when she was at home. |

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| Inglewood Health Care Center | 100 S. Hillcrest Blvd<br>Inglewood, CA 90301 |

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F 0689

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778

Based on observation, interview and record review, the facility failed to ensure one of three sampled residents (Resident 2), was provided a safe environment when providing wound care.

This failure had the potential for Resident 2 to fall and sustain injuries.

Findings:

During a review of Resident 2 ' s Admission Record, the Admission Record indicated, Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 2 ' s diagnoses included pressure ulcer (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence) of sacral region (area relating to sacrum, [the large, triangle-shaped bone in the lower spine that forms part of the pelvis]).

During a review of Resident 2 ' s History and Physical (H&P) dated 11/3/2023, the H&P indicated Resident 2 did not have the capacity (ability to) to understand and make decisions.

During a review of Resident 2 ' s Minimum Data Set ([MDS], a federally mandated resident assessment tool), dated 9/6/2024, the MDS indicated Resident 2 had cognitive impairment. The MDS indicated Resident 2 had one-sided impairment (a loss of ability) on both upper (shoulder, elbow, wrist hand) and lower extremities (hip, knee, ankle, foot). Resident 2 ' s MDS indicated Resident 2 was dependent (helper does all the effort) with rolling left and right movements.

During an observation on 10/30/2024 at 11:34 a.m., in Resident 2 ' s room, Licensed Vocational Nurse (LVN) 1 and Certified Nursing Assistant (CNA) 1 raised Resident 2 ' s bed prior to LVN 1 providing wound care. LVN 1 left Resident 2 to gather supplies. Then, CNA 1 left Resident 2 laying on her left side, with the height of the bed raised, unattended.

During an interview on 10/30/2024 at 11:56 a.m. with LVN 1 in Resident 2 ' s room, LVN 1 stated residents should not be left alone with the height of bed raised. LVN 1 stated there should have been a staff member with Resident 2. LVN 1 stated that Resident 2 could have fallen out of bed and sustained injuries.

During an interview on 10/30/2024 at 3:15 p.m. with CNA 1, CNA 1 stated she should not have left Resident 2with the height of the bed raised, unattended.

During a concurrent interview and record review with the Director of Nursing (DON) on 10/31/2024 at 10:48 a. m., Resident 2 ' s quarterly fall risk assessment (an assessment used to determine a person ' s risk of falling), dated 9/6/2024 was reviewed. The DON stated Resident 2 ' s assessment indicated Resident 2 was at high risk for fall. The DON stated residents who were high risk for fall should not be left alone when providing care.

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a review of the facility ' s undated policy and procedure (P&P) titled, Safety Supervision of Residents, the P&P indicated, resident safety and supervision and assistance to prevent accidents are company-wide priorities. |