

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  04/02/2025
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 0774</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Help the resident with transportation to and from laboratory services outside of the facility.</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 ensure transportation was arranged on 2/11/2025, for 1 of 4 residents, Resident 1, who had a follow up appointment with the Surgeon regarding the Jackson Pratt (a surgical suction drain that gently draws fluid from a wound to help recover after surgery) drain.</p> <p>This failure had the potential to affect the care the resident need post (after) operation, and placed the resident at risk for complications, like infections.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses including encounter for surgical aftercare following surgery on the digestive system ( the organs that take in food and liquids and break them down into substances that the body can use for energy, growth, and tissue repair), left bundle branch block (blockage or disruption of electrical impulses that causes heart to beat) and acute on chronic systolic heart failure (a sudden worsening of heart failure symptoms in a person who already has a history of systolic heart failure).</p> <p>During a review of Resident 1's Minimum Data Set (MDS -a resident assessment tool) dated 1/23/2025, the MDS indicated Resident 1 had clear speech, the ability to express ideas and wants, and clear understanding. The MDS indicated Resident 1 required partial/moderate assistance (helper does less than half the effort) with personal hygiene and upper body dressing, and supervision/touching (helper provides verbal cues or touching) assistance with eating.</p> <p>During a review of Resident 1's physician order dated 2/6/2025, the physician's order indicated follow up appointment with the Surgeon regarding the Jackson Pratt drain on 2/11/2025 at 11a.m.</p> <p>During a review of Resident 1's progress note dated 2/6/2025 at 3:11 p.m., the progress notes indicated the surgeon's office called the facility with Resident 1's appointment date for 2/11/2025 at 11 a.m. The progress notes indicated the Social Service Designee (SSD) was made aware for transportation arrangement.</p> <p>During a review of the SSD's 2/2025 calendar, the calendar did not indicate the requested transportation arrangement for Resident 1's Surgeon's appointment.</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 0774</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's progress note dated 2/11/2025 at 12:12 p.m., the progress notes indicated Resident 1 was not able to go to the Surgeon's appointment due to transportation difficulty. The progress notes indicated, the appointment for the removal of the Jackson Pratt drainage system was rescheduled to 2/14/2024 at 10 a.m.,</p> <p>During an interview on 4/2/2025 at 1:30 p.m. with the Social Service Assistant (SSA), the SSA stated her duties included arranging transportation for Resident 1's doctor appointment. The SSA stated she could not recall arranging transportation for Resident 1 and was unable to provide documentation indicating transportation was arranged. The SSA stated Resident 1 could feel unhappy for not able to follow up with his doctor of his health status.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Social Services Assistant, undated, the P&amp;P indicated the Social Services Assistant assists in the transportation needs of the residents.</p>		