

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 05/14/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on observation, interview and record review, the facility failed to ensure one of three sampled (Resident 3) incontinence brief were changed in a timely manner.</p> <p>This failure had the potential for Resident 3 to develop a skin rash, infection and skin breakdown.</p> <p>Findings:</p> <p>During a review of Resident 3's admission Record (Face Sheet), the admission Record indicated the facility admitted Resident 3 on 10/28/2024 with diagnoses including Alzheimer's Disease (a disease characterized by a progressive decline in mental abilities) and anxiety (a feeling of worry or unease).</p> <p>During a review of Resident 3 ' s Minimum Data Set (MDS-a resident assessment tool) dated 2/07/2025, the MDS indicated Resident 3 was severely cognitively impaired(never/rarely made decisions) and was dependent(helper does all of the effort) on the staff for eating, oral hygiene, personal hygiene, toileting, bathing, upper/lower body dressing, always incontinent(no control) of bladder or bowel movements and at risk for developing a pressure ulcer injury(localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence).</p> <p>During a review of Resident 3 ' s History and Physical (H&P) dated11/14/2024, the H&P indicated Resident 3 does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 3 ' s care plan dated 12/5/2024, the care plan indicated to provide Resident 3 assistance when needed which would include incontinent care, clean and dry resident after each incontinent episode, observe for skin irritation and redness. Resident will be provided with needed assistance in activities of daily living to maintain comfort and dignity.</p> <p>During an interview on 5/14/2025, at 12:34p.m. with Resident 3 ' s Family Member (FM 1) 1, she stated there have been issues with having Resident 3 ' s incontinence brief not being changed. The staff are supposed to be changing her diaper twice a shift, some of the staff do not until the next shift. Since she is only changed once a shift at times and left with her diapers wet, I feel really bad since she cannot talk or complain. That ' s why I make sure I come every day. FM 2 comes in the afternoon; we don ' t trust the staff in her care. FM 1stated that on 5/4/2025 around 3:30p.m. in the afternoon, FM 1 found Resident 3 wet with urine from an unchanged diaper from the entire back side and including Resident 3 ' s gown. The FM 1 stated they had not changed her since the morning. FM 1stated, I felt terrible, I went to ask the staff to come and change her.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/14/2025, at 2:25p.m. with Certified Nursing Assistant (CNA)2 stated you can get a rash, itchy and develop a bed sore if left wet with urine from an unchanged diaper.</p> <p>During an interview on 5/14/2025, at 2:40p.m. with Licensed Vocational Nurse (LVN) 1 stated Resident 3 requires complete assistance for everything. If a resident is left with a wet diaper, they can get a rash and a urinary tract infection (an infection in the bladder/urinary tract) and can cause open wounds.</p> <p>During an interview on 5/14/2025, at 4:02p.m. with the Director of Nursing (DON), the DON stated residents are changed at the beginning of the shift and as needed. If a resident ' s wet diaper is not changed, they are at risk for infection and skin breakdown.</p> <p>During a review of the facility ' s policy and procedure(P&P) titled, Bladder and Bowel Incontinence, undated, the P&P indicated, Preventive measures for controlling common infections are a critical component of the overall plan of care for incontinent residents.</p>

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide a pain management evaluation for one of three sampled residents (Resident 1).</p> <p>This failure had the potential to result in Resident 1 experience pain that was not controlled.</p> <p>Findings:</p> <p>During a review of Resident 1's Face Sheet, the Face Sheet indicated the facility admitted Resident 1 on 10/12/2022, and readmitted on [DATE]/2024 with diagnoses including unspecified dementia (a progressive state of decline in mental abilities), unspecified severity, without behavioral disturbance, anxiety (a feeling of worry or unease), primary osteoarthritis(a progressive disorder of the joints, caused by a gradual loss of cartilage) of both knees, and hypertension(high blood pressure).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS-a resident assessment tool) dated 4/21/2025, the MDS indicated Resident 1 had moderate cognitive impairment, and was dependent(helper does all of the effort) on the staff for toileting hygiene, lower body dressing, putting on/taking off footwear, lying to sitting on the side of the bed, chair/bed to chair transfer, tub/shower transfer. The MDS further indicated Resident 1 was substantial/maximal assistance (helper does more than half of the effort) on the staff for upper body dressing, shower/bathe self, personal hygiene, roll left and right and sit to lying.</p> <p>During a review of Resident 1 ' s History and Physical (H&P), dated 6/20/2024, the H&P indicated Resident 1 does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 2 ' s care plan dated 12/5/2024, the care plan indicated to acknowledge resident ' s pain, provide or assist with non-pharmacological measures for pain relief, administer pain medication as ordered and inform provider if measures fail to provide adequate relief.</p> <p>During a review of Resident 1's physician order report indicated the following:</p> <ol style="list-style-type: none"> 1. Naprosyn (a medication that helps reduce pain and inflammation) tablet 500 mg (milligrams) give one tablet by mouth two times a day for pain. 2. Acetaminophen (a medication to relieve pain) tablet 325 mg give two tablets by mouth every six hours as needed for pain. 3. Monitor for pain every shift. <p>During a review of Resident 1's Pain Monitoring Administration History for April 2025, the following pain levels were documented:</p> <p>On April 10th, 2025, Resident 1 reported a pain level of 5 out of 10 in bilateral knees, during the day shift and remained at a level of 5 out of/10 after repositioning and emotional support.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On April 19th, 2025, Resident 1 reported a pain level of 6 out of 10 in knees, during the night shift and remained at a level of 6 out of 10 after repositioning and emotional support.</p> <p>On April 27th, 2025, Resident 1 reported a pain level of 6 out of 10, no documented location of pain, during the night shift and remained at a level of 6 out of 10 after repositioning and emotional support.</p> <p>There was no documented administration of acetaminophen 625mg as needed for pain in the month of April 2025.</p> <p>During a review of Resident 1's Interdisciplinary Team (a group of individuals with diverse expertise and specialties who collaborate to provide comprehensive patient care) Progress Notes, dated 4/16/2025, the progress notes indicated, The resident will be referred to pain management for further evaluation and support.</p> <p>During a concurrent observation and interview on 5/14/2025 at 11:47 a.m. in Resident 1 ' s room, CNA 1 was changing Resident 1 ' s clothes. CNA 1 raised Resident 1 ' s arm and Resident 1 complained of pain. Resident 1 stated I have pain all over, all day long and all night long in my legs. I cannot sit in my chair because of the pain in my knees.</p> <p>During an interview on 5/14/2025 at 3:34 p.m. with Certified Nurse Assistant (CNA) 1, she stated when a resident complains of pain, she reports it to the charge nurse and repositions the resident for comfort.</p> <p>During an interview on 5/14/2025 at 3:41 p.m. with Licensed Vocational Nurse (LVN)1 stated Resident 1 has generalized mild to moderate body pain.</p> <p>During an interview on 5/14/2025 at 3:44p.m. with Registered Nurse (RN)1, she stated she is not aware of Resident 1 ' s pain issues. We have not referred Resident 1 to a pain specialist.</p> <p>During an interview on 5/14/2025 at 3:51p.m. with the Director of Nursing (DON), the DON stated nursing would follow up if there is a referral made for pain management, and it would be documented in the progress notes. Resident 1 should have been seen by now. The DON stated, not sure why Resident 1 has not had her pain management consult and not been followed up on. If Resident 1 has pain, then the pain will not be managed.</p> <p>During a review of the facility ' s policy and procedure(P&P) titled, Pain Management, undated, the P&P indicated, Pain Screening, evaluation and care management is conducted upon admission, quarterly, annually, and with significant change in condition. The Policy further indicated to refer to other disciplines for evaluation.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, the facility failed to provide a safe, sanitary environment for one of three sampled residents (Resident 3) by not having a soap dispenser in resident ' s bathroom.</p> <p>This failure had the potential to result in the spread of disease and Resident 3 developing an infection.</p> <p>Findings:</p> <p>During a review of Resident 3's admission Record (Face Sheet), the admission Record indicated the facility admitted Resident 3 on 10/28/2024 with diagnoses including Alzheimer's Disease (a disease characterized by a progressive decline in mental abilities) and anxiety (a feeling of worry or unease).</p> <p>During a review of Resident 3 ' s Minimum Data Set (MDS-a resident assessment tool) dated 2/7/2025, the MDS indicated Resident 3 was severely cognitively impaired (never/rarely made decisions) and was dependent (helper does all of the effort) on the staff for eating, oral hygiene, personal hygiene, toileting, bathing, upper/lower body dressing, always incontinent(no episodes of continent with voiding or bowel movements) and at risk for developing a pressure ulcer injury(localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence).</p> <p>During a review of Resident 3 ' s History and Physical (H&P), dated 11/14/2024, the H&P indicated Resident 3 does not have the capacity to understand and make decisions.</p> <p>During a concurrent observation and interview on 5/14/2025, at 12:34p.m. in Resident 3 ' s room, there was no soap dispenser in resident ' s restroom. An un-labeled plastic cup with yellow liquid was sitting on the sink. Resident 3 ' s Family Member (FM) stated there is no soap in the restroom to wash your hands and it has been this way all the time.</p> <p>During an interview on 5/14/2025, at 2:25p.m. with Certified Nurse Aide (CNA) 2, she stated bacteria can grow if you don ' t have any soap to wash your hands with, you can pass on an infection to someone else. CNA 2 stated we are supposed to inform the charge nurse if something needs to be fixed but I did not today.</p> <p>During an interview on 5/14/2025, at 2:34p.m. with Maintenance Supervisor (MNS) and Maintenance Assistant (MNA), they stated they use a communication book if something is wrong with the building. They were not aware of the restroom not having a soap dispenser. The maintenance supervisor stated it was an infection control issue.</p> <p>During a concurrent interview and record review on 5/14/2025 at 2:40p.m. with Licensed Vocational Nurse (LVN) 1, the facility ' s maintenance log for year 2025 was reviewed. The maintenance log did not indicate there was an entry for a missing soap dispenser in resident ' s bathroom. LVN 1stated he was not aware of there not being a soap dispenser in the restroom and it can be unsafe; residents can be poisoned by drinking the liquid in the cup.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/14/2025, at 3:12p.m. with Infection Preventionist Nurse (IPN) stated if there were no soap, there would be no hand hygiene and can cause an infection and harm to the residents. IPN stated, I would consider the soap in cup to be contaminated. We have maintenance to replace the missing soap dispenser; the CNA is supposed to notify maintenance. They are supposed to let us know so we can fix it right away. I did not know about it.</p> <p>During an interview on 5/14/2025, at 3:12p.m. with the Director of Nursing (DON) stated no soap dispenser would be an infection control problem. Using a cup filled with soap is not appropriate, there can be cross contamination, which is a safety issue. Leaving it there is inappropriate.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Maintaining Resident Rooms, undated, the P&P indicated, Resident rooms are inspected and maintained on a periodic basis to ensure proper function. Check bathrooms for proper operation .all dispensers are working properly.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Infection Control, undated, the P&P indicated, Healthcare Associated Infection, an infection that is associated with the facility.</p>		