

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 06/09/2025
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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide dental services when one of three residents (Resident 1) did not receive follow up care for partial dentures as requested by the resident.</p> <p>This failure resulted in Resident 1 feeling embarrassed and had the potential to result in the resident having difficulty chewing and eating which could lead to weight loss and aspiration (accidental inhalation of food into the lungs).</p> <p>Findings:</p> <p>During a concurrent observation and interview on 6/5/2025 at 10:20 a.m. with Resident 1, Resident 1 smiled and was observed with a large gap along the top row of the resident's teeth. Resident 1 stated, she had requested partial dentures from the facility's dentist (date unknown) and had not received them. Resident 1 stated she felt embarrassed, self-conscious to smile and talk due to her missing teeth.</p> <p>During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted on [DATE] with diagnoses including intracerebral hemorrhage (bleeding into the brain tissue) and respiratory failure (condition where there is not enough oxygen or too much carbon dioxide in the body).</p> <p>During a review of Resident 1's History and Physical (H&P), dated 7/19/2024, the H&P indicated Resident 1 had fluctuating capacity to make medical decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 4/22/2025, the MDS indicated Resident 1 had moderate cognitive impairment and needed supervision or touching assistance (helper provides cues and/or touching/steadying and/or contact guard assistance) to eat and perform oral hygiene.</p> <p>During a review of Resident 1's Physician Orders, dated 7/20/2024, the Physician Orders indicated the physician referred Resident 1 for dental consultation annually and as needed.</p> <p>During a review of Resident 1's Dental Notes, dated 1/30/2025, the Dental Notes indicated Resident 1 was missing several teeth and requested partial dentures.</p> <p>During a review of Resident 1's Social Services Notes, dated 1/30/2025, the Social Services Note indicated Resident 1 was seen by the dentist and no recommendations were given.</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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 6/5/2025 at 1:55 p.m. with the Social Services Director (SSD), Resident 1's Dental Note and Social Services Notes dated 1/30/2025 were reviewed. The SSD stated the Social Services department was responsible for following up on dental evaluations and resident needs. The SSD stated Resident 1 was missing four teeth and requested partial dentures on 1/30/2025. The SSD stated there was no follow up dental services or dentures provided for the resident since the resident's request on 1/30/2025.</p> <p>During a concurrent interview and record review on 6/9/2025 at 11:15 with the Director of Nursing (DON), the facility's undated P&P titled, Social Services Program and Resident 1's Dental Notes dated 1/20/2025 were reviewed. The DON stated Resident 1 was missing several teeth and requested partial dentures on 1/30/2025 and the SSD should have followed up with the dental provider.</p> <p>The DON stated lacking the requested dentures had the potential to result in weight loss and swallowing issues for Resident 1.</p> <p>During a review of the facility's undated Policy and Procedure (P&P) titled, Social Services Program, the P&P indicated the social services staff are responsible for making referrals, securing dental care services, and obtaining services from outside entities. The P&P indicated social services staff must document any interaction or visits with the resident and outside provided working with the resident.</p> <p>During a review of the facility's P&P titled, Dental Services dated 8/2/2024, the P&P indicated social services representatives will assist residents with appointments and follow-up services must be available for Resident 1's oral health.</p>		