

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 07/03/2025
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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of six sampled residents (Resident 2) had a functioning television (TV) to watch. This deficient practice resulted in not being able to watch TV clearly when she wanted to. Findings: During a review of Resident 2's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 2 was admitted on [DATE]. During a review of Resident 2's Activity assessment dated [DATE], the Activity Assessment indicated Resident 2 enjoyed music, exercise, hand massage, music programs and watching TV, and enjoyed these activities in her own room or the activities room. During a review of Resident 2's Care Plan dated 5/14/2025, the Care Plan indicated Resident 2 is interested in independent and self-directed activities and had goals to maintain interest or pleasure in doing daily activities of preference. During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 5/20/2025, the MDS indicated Resident 2 had moderately impaired cognition (ability to reason, understand, remember, judge, and learn) and did not have impairments to both upper extremities (related to the arms). During a review of Resident 2's History and Physical (H&P) dated 6/6/2025, the H&P indicated Resident 2 had the capacity to understand and make decisions. During an interview on 7/3/2025 at 12:37 p.m., the Family Member (FM) of Resident 2 stated she had a TV in her room on the wall that didn't work and was always fuzzy and unclear. During a concurrent observation and interview on 7/3/2025 at 1:25 p.m., Resident 2's TV in her room was observed. Resident 2 had a TV mounted on the wall and Licensed Vocational Nurse (LVN) 1 was asked to turn on the TV and scroll through the channel. Observed with LVN 1 and stated each channel had static (random white and black dotted pattern that interferes with the TV) and was unclear. During an interview on 7/3/2025 at 1:56 p.m. with Resident 2, Resident 2 stated she enjoyed watching TV in her room and had no issues in watching TV but sometimes the TV is very unclear and fuzzy and it was difficult to watch TV. During a review of the facility's policy and procedures (P&P) titled, Quality of Life- Homelike Environment dated 10/2017, the P&P indicated the staff shall provide person-centered care that emphasizes the residents' comfort, independence and personal needs and preferences. During a follow up concurrent observation and interview on 7/3/2025 at 2:55 p.m. with LVN 1, Resident 2's TV was observed. LVN stated Resident could use the TV that was mounted on the wall or the TV that was on the nightstand. LVN 1 looked at the TV on the nightstand and stated that the TV was not plugged in to the wall. LVN 1 further stated the TV mounted on the wall had unclear and fuzzy channels and because one TV was not plugged in and the other was unclear, it would make watching TV very difficult and possibly not enjoyable for Resident 2. During a review of the facility's P&P titled, Activities Program, undated, the P&P indicated the activity program will consist of individual Activities that are designed to meet the needs and interest of each resident.</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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