

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 01/14/2026
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure for one of three sampled residents (Resident 1), who was assessed as being at risk (likelihood) for elopement (leaving the facility unsupervised) and wandering (walking/ travelling from place to place, without any clear aim or purpose) out of the facility and being high risk for falls with a history of multiple falls, was monitored and whereabouts (location in the facility) checked. This failure resulted in Resident 1 wandering out from the facility on 1/9/2026 without the facility's knowledge and supervision leading to the resident's fall and sustaining left hand fourth (4th) and fifth (5th) fingers fracture (break in bone), left frontal scalp hematoma (a collection or pool of blood that forms outside of blood vessels) and intracranial (within the cranium [skull] the bony dome that houses and protects the brain) hemorrhage (bleeding). Resident 1 was transferred to the General Acute Care Hospital (GACH) 1 on 1/10/2026 for further evaluation and treatment. Findings: 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 to the facility from GACH 1 on 1/10/2026 with diagnoses including closed head injury (a type of brain injury where the brain sustained damage due to external forces, but the skull remains intact), left hand 4th and 5th fingers fractures, dementia (a progressive state of decline in mental abilities), Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), and generalized muscle weakness. During a review of Resident 1's care plan titled, Category: CAA9 Behavioral Symptoms, dated 1/18/2024, the care plan indicated Resident 1 was identified as being at risk for elopement and wandering out of the facility, wandering without purpose, had an exit-seeking behavior (a resident's attempts to leave a safe environment without regard of their safety or consequences of the actions) and searching behavior (a behavior that is goal-oriented, an expression of need, manifested as wandering, exit-seeking). The care plan goal was to decrease resident's risk of elopement and wandering out of the facility. The care plan interventions included allowing the resident to move around the hallways safely, gently redirecting the resident back to the supervised areas and checking resident's whereabouts. The care plan's additional intervention dated 3/11/2024 included to use wander guard bracelet (a safety device designed to monitor and manage residents who wander away from the care environment) on left wrist for elopement precautions, check alarm for functioning, monitor for proper placement and battery function every shift. During a review of Resident 1's care plan titled Category: CAA11 Falls, indicating problem start date of 1/18/2024, the care plan indicated Resident 1 had increased susceptibility (likelihood) to falling that may cause physical harm due to history of falls, balance problem, loss of muscle strength and wandering. The care plan indicated Resident 1 had a fall risk assessment score of 16 (indicating a high risk for fall). The care plan included documentation indicating Resident 1 had fallen on 12/13/2024, 6/12/2025, and 11/17/2025 without injuries. The interventions to achieve care plan goals in preventing Resident 1 from</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 055526	Facility ID: 055526 If continuation sheet Page 1 of 6

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