

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  02/06/2026
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)
F 0600  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure one out of five sampled residents (Resident 1) was free from abuse when a Certified Nurse Assistant (CNA 1) kicked Resident 1's right shin (the front of the leg below the knee). This deficient practice resulted in Resident 1 sustaining pain and a purplish discoloration to the right shin. This deficient practice had to potential to cause Resident 1 to not feel safe in the facility. Findings:During a review of Resident 1's Face Sheet, the face sheet indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1's diagnoses included metabolic encephalopathy (a problem in the brain, when the imbalance affects the brain, it can lead to personality change), osteoporosis (weak and brittle bones due to lack of calcium and Vitamin D), and dementia (a progressive state of decline in mental abilities). During a review of Resident 1's History and Physical (H&P), dated 5/28/2025, the H&P indicated Resident 1 did not have the capacity to make decisions. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 2/5/2026, the MDS indicated Resident 1's cognitive skills (ability to think and reason) for daily decision making were severely impaired. The MDS indicated Resident 1 was dependent on staff for activities of daily living (ADLs) such as toileting and showering, and required partial assistance from staff for eating, oral hygiene, dressing, and positioning. During a review of Resident 1's SBAR (a structured, four-step communication framework-Situation, Background, Assessment, Recommendation) form, dated 1/23/2026 at 3:04 p.m., the SBAR indicated the Registered Nurse (RN 1) supervisor witnessed CNA 1 kick Resident 1. The SBAR indicated when RN 1 removed Resident 1 from the room, Resident 1 stated she [CNA 1] kicked her and she had pain. Durin a review of Resident 1's Resident Data Collection form, dated 1/23/2026 at 8:05 p.m., indicated Resident 1 had discoloration to the right leg. During an interview on 2/5/2026 at 3:00 p.m., with the Registered Nurse (RN) 1, RN 1 stated she overheard CNA 1 speaking to Resident 1 while CNA 1 was feeding the roommate. RN 1 stated she then observed CNA 1 kick Resident 1 on the right leg. RN 1 stated she immediately removed Resident 1 from the room for safety and reported the incident. RN 1 stated Resident 1 pointed to her right leg and stated she had been hit. RN 1 stated Resident 1 was assessed and noted to have right leg discoloration and pain. RN 1 stated there was never a reason to physically hit a resident and the residents should feel safe in the facility because the facility was the residents' home. During a review of the facility's P&P, titled Abuse, Neglect & Exploitation Prohibition, undated, the P&P indicated each resident has the right to be free from mistreatment, neglect, abuse, involuntary seclusion and misappropriation of property.

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:  Facility ID: 055526	If continuation sheet Page 1 of 1