

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 02/28/2026
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to honor one of two residents (Resident 1) request, not to have a male Certified Nurse Assistant (CNA) assigned to provide care for activities of daily living (ADLs -routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). This deficient practice violated resident's rights and had the potential to affect the resident's psychosocial well-being. 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 on [DATE]. Resident 1's diagnoses included cerebral infarction (loss of blood flow to part of the brain), Diabetes Mellitus Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), dementia (a progressive state of decline in mental abilities). During a review of Resident 1's Care Plan titled, Resident Refuses Male CNA Care, dated 8/30/2025, the goal indicated Resident 1 will receive required care while maintaining dignity, comfort, and emotional well-being. One of the approaches indicated to assign a female CNA for personal care, document the resident's refusal of care and respect Resident 1's preference for female CAN. During a review of Resident 1's History and Physical (H&P), dated 11/2/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 12/8/2025, the MDS indicated Resident 1 required partial/moderate assistance with personal hygiene, lower body dressing, upper body dressing, shower/bathe self, toileting hygiene. Resident 1 required supervision or touching assistance with putting on/taking off footwear, and oral hygiene. Resident 1 required setup or clean-up assistance with eating. During a review of the facility's Nursing Assignments [Direct Care], dated 2/26/2026, 11 PM - 7:30 AM shift, the assignment indicated Resident 1 was assigned a male CNA (CNA3) to provide ADL care. During an interview on 2/28/2026 at 11:10 AM with CNA 1, CNA 1 stated Resident 1 had expressed she did not want to have male CNA to provide her ADLs. CNA 1 stated this preference was widely known among the facility staff. During an interview on 2/28/2026 at 12:18 PM with the Director of Nurses (DON), the DON stated Resident 1 preferred to be cared for by a female CNA and was in Resident's 1 care plan. The DON stated Resident 1's preference to have no male CNA to care for her should be honored. During a concurrent interview and record review on 2/28/2026 at 12:18 PM, with the DON, the facility's Nursing Assignments [Direct Care], dated 2/26/2026, was reviewed. The DON stated on 2/26/2026 11PM to 7:30 AM shift, CNA 3, a male CNA was assigned to Resident 1 because of multiple staff that called out sick. The DON acknowledged that, regardless of the changes and adjustments in staff assignment, Resident 1 should not have been assigned a male CNA. The DON stated the facility should have adhered to Resident 1's preference for a male CNA only. Respecting this choice was essential to maintaining the resident's well-being and dignity, and the residents right to make decisions about their care. During a review of the facility's undated policy and procedure (P&P) titled, Quality of</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 2

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Life - Dignity, the P&P indicated residents will always be treated with dignity and respect. The P&P indicated the facility is committed to honor resident choices, preferences, values, and beliefs which begins at the time of admission and continues throughout the residents' stay in the facility.</p>