

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 04/14/2026
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop a discharge care plan for one of three sampled residents (Resident 3). This deficient practice had the potential to place Resident 3 at risk for an unsafe discharge with poor outcomes such as medication errors, missed follow-up appointments and lack of necessary home care support. Findings: During a review of Resident 3's admission Record, the admission Record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses including peripheral vascular diseases (PVD-a slow progressive narrowing of the blood flow to the arms and legs), diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing), obesity (chronic disease characterized by excessive body fat) and hypertension (high blood pressure). During a review of Resident 3's History and Physical (H&P) dated 7/31/2025, the H&P indicated Resident 3 had the capacity to understand and make decisions. During a review of Resident 3's Minimum Data Set (MDS - a resident assessment tool) dated 2/4/2026, the MDS indicated Resident 3 was able to understand and be understood by others. The MDS indicated Resident 3 required supervision or touching assistance for walking, and setup or clean-up assistance (Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity) for showering/bathing self, sit to stand (the ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed) and transfers. During a concurrent interview and record review on 4/13/2026 at 1:58 p.m., with the Minimum Data Set nurse (MDS 1), MDS 1 stated she could not find a discharge care plan for Resident 3. MDS 1 stated Social Services was responsible for creating discharge plans. MDS 1 stated that it was important to create care plans because the care plan was a guide to a safe resident discharge by implementing interventions such as education for safe medication administration at home, following up with home health and doctor appointments. The care plan ensured there was a pathway for residents' discharge home with continuum of care. During a concurrent interview and record review on 4/14/2026 at 12:03 p.m., with the Social Services Director (SSD), the SSD stated there was no discharge care plan for Resident 3. The SSD stated the Social Services Department was responsible for creating discharge care plans for all the residents. The SSD stated it was important to create discharge care plans for residents to ensure the facility could follow through with personalized care. During a review of the facility's undated Policy and Procedure (P&P) titled, Comprehensive Plan of Care, the P&P indicated each resident will have a comprehensive care plan developed that includes goals, measurable objectives, and timetables to meet their medical, nursing, mental, and psychosocial needs identified during the comprehensive assessment including potential community discharge.</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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