

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  04/30/2026
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1) was provided timely transportation to a dialysis (a type of treatment that helps to remove extra fluid and waste products from your blood when the kidneys cannot) treatment appointment. This deficient practice caused Resident 1 to be late for his dialysis treatment which caused a shortened and incomplete dialysis treatment, placing Resident 1 at risk for a decline in his medical condition. Findings: During a review of Resident 1's admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] and readmitted [DATE]. Resident 1 diagnoses included chronic obstructive pulmonary disease([COPD]- a chronic lung disease causing difficulty in breathing), end stage renal disease ([ESRD] -irreversible kidney failure), and dependence on renal dialysis (a life-sustaining requirement for patients with ESRD where the kidneys can no longer filter toxins and fluid). During a review of Patient 1's History and Physical (H&amp;P), dated 9/12/2025, the H&amp;P indicated, Resident 1 had fluctuating capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set ([MDS]- a resident assessment tool), dated 2/19/2026, the MDS indicated Resident 1's cognitive skills for daily decision making (ability to learn, reason, remember, understand, and make decisions) was severely impaired. The MDS indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort) on staff for toileting hygiene, showering, and dressing. The MDS indicated Resident 1 received dialysis. During a review of Resident 1's Physician Order Report, dated 10/4/2025, the physician order report indicated Resident 1 was to have dialysis treatment on Tuesdays, Thursdays, and Saturdays. The physician order report indicated Resident 1's pick-up time was at 7:15 a.m., with a return time of 12 p.m. During a review of Resident 1's Progress Notes, dated 4/16/2026, the Progress Note indicated on 4/16/2026, Resident 1 was not picked up at his scheduled standing pick up time for dialysis. During a review of Resident 1's Progress Notes, dated 4/16/2026, the Progress Note indicated Resident 1 received an incomplete cycle (two and half hours) of dialysis treatment. During a concurrent interview and record review on 4/29/2026 at 12:23 p.m., with Registered Nurse (RN) 1, Resident 1's View General Order, dated 10/4/2025 was reviewed. The order indicated Resident 1 was to have dialysis treatment on Tuesdays, Thursdays, and Saturdays; with a pick- up time at 7:15 a.m. and return time at 12 p.m. RN 1 stated there were no changes with Resident 1's transportation pick-up time. RN 1 stated Resident 1 should have been picked up on 4/16/2026 by 7:15 a.m. for dialysis treatment. RN 1 stated social services oversaw the resident's transportation. During an interview on 4/29/2026 at 3:34 p.m., with the facility's contracted transportation company, the transportation company stated there was no transportation scheduled initially on 4/16/2026. The transportation company stated they received a call from the facility on 4/26/2026 and Resident 1 was picked up by 10 a.m. The transportation company stated Resident 1's transportation services was reactivated and was to start on 4/21/2026. During an interview on 4/30/2026 at 1:10 p.m., with Social Services Director (SSD), the SSD stated the licensed nurses would give the standing orders for dialysis and she would manage the transportation for the residents. The SSD stated the protocol was to arrange transportation with the company and Resident 1 would have a certain number of pick-ups per (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
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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>contract. The SSD stated she did not keep track of the pick-up days and how many had remained. The SSD stated this resulted in Resident 1 not being transported to dialysis on time and he received partial dialysis treatment. During a review of the facility's policy and procedure (P&amp;P) titled, Transporting of Resident for an Appointment, undated, the P&amp;P indicated residents will be transported to and from an appointment in a safe, courteous, and respectful manner. The P&amp;P indicated resident's transportation for an appointment will be facilitated by Nursing or Social Services personnel. During a review of the facility's P&amp;P titled, Hemodialysis, undated, the P&amp;P indicated the facility was to provide safe, accurate, appropriate care, assessments, and interventions to improve resident outcomes. The P&amp;P indicated the company was responsible for the management and coordination of dialysis care.</p>