| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055526 | A. Building<br>B. Wing | 06/15/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Inglewood Health Care Center | 100 S. Hillcrest Blvd<br>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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to implement their policy and procedure (P/P) titled, Medication Administration General Guidelines which indicated to identify residents using at least two resident identifiers by checking the identification band (patient identification bracelet), checking the photograph attached to medical record and/or verifying resident identification with other nursing care center personnel before administering medication, for one of four sampled residents (Resident 1). This failure had the potential to cause medication errors, allergic reactions and life-threatening consequences for Resident 1.Findings:During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted on [DATE] with diagnoses of anemia (a condition where the body does not have enough healthy read blood cells), chronic obstructive pulmonary disease(COPD- a chronic lung disease causing difficulty in breathing) and contusion (bruise) of the left knee.During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 6/21/2026, the MDS indicated Resident 1 had clear speech, the ability to express ideas and wants, and able to understand others. The MDS indicated Resident 1 required partial/moderate assistance (helper does less than half the effort) with toileting hygiene, showering/bathing self, and lower body dressing.During a concurrent interview and observation on 06/15/2026 at 11:30 a.m., with Resident 1, Resident 1 was observed without an identification band. Resident 1 stated she asked staff (unable to recall name) for an identification band because she thought she was going to have surgery, however staff did not provide one for her. During a concurrent record review and interview on 06/15/2026 at 11:40 a.m. with the Licensed Vocational Nurse (LVN) 1, Resident 1's Medication Administration Record (MAR) dated 6/15/2026 was reviewed. LVN 1 stated he gave Resident 1 her morning medications. Resident 1's electronic MAR did not indicate Resident 1's picture was attached. LVN 1 stated during medication administration, he verified Resident 1's identification by the dietary slip (a system for resident meal tracking) and a Certified Nurse Assistant (CNA 1) witnessed the identification. LVN 1 could not state what identifiers should be checked to verify Resident 1's identity. LVN 1 stated medication errors may occur if staff failed to accurately identify a resident.During a record review of Resident 1's MAR dated 6/15/2026, the MAR indicated LVN 1 administered ranolazine (medication used to treat chest pain) 500 milligrams (mg- unit of measurement) on 6/15/2025 during the morning (7:00 a.m. - 3:00 p.m.) shift to Resident 1.During an interview on 6/15/2026 at 12:15 p.m., with CNA 1, CNA 1 stated she did not assist LVN 1 with verifying Resident 1's identification on 6/15/2026 during the morning shift (prior to LVN 1 administering medication to Resident 1). During an interview on 6/15/2026 at 1:25 p.m., with the Director of Medical Records (DMR), the DMR stated she was responsible for making resident's identification bands. Resident 1 did not receive an identification band because the resident was admitted to the facility late in the evening and she did not work on weekends.During a review of the facility's undated P/P titled, Resident Identification System, the policy indicated the following systems are required (not an option) to assist staff to correctly identify residents; identification bracelet and resident picture on the electronic health record. During a review of the facility's P/P<br>(continued on next page) |

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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055526 | A. Building<br>B. Wing | 06/15/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Inglewood Health Care Center | 100 S. Hillcrest Blvd<br>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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | titled, medication Administration General Guidelines dated 1/2021, the P/P indicated medications are administered as prescribed in accordance with good nursing principles and practices. The P/P indicated residents are identified before medication is administered using at least two resident identifiers. Methods of identification may include: checking identification band, checking photograph attached to medical record and/or identifying identification with other nursing care center personnel. |