

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055608	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Primrose Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 515 Centinela Ave. Inglewood, CA 90302	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50379</p> <p>Based on observation, interview, and record review, the facility failed to install floor mats (a cushioned floor pad designed to help prevent injury should a resident falls) for one of three residents (Resident 1) who was a high risk for fall, as indicated on the resident ' s Care Plan.</p> <p>This failure had the potential to result in Resident 1 sustaining injuries such as fractures (broken bones) and brain hemorrhage (bleeding in the brain) from a fall.</p> <p>Findings:</p> <p>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]. The Admission Record indicated Resident 1 ' s diagnoses included metabolic encephalopathy (a disorder that affects brain function), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body), dementia (a progressive state of decline in mental abilities) and cerebral infarction (loss of blood flow to the brain).</p> <p>During a review of Resident 1 ' s History and Physical (H&P), dated 7/5/2024, the H&P indicated Resident 1 did not have capacity to make medical decisions.</p> <p>During a review of Resident 1 ' s Fall Risk Observation/assessment dated , 7/4/2024, the Assessment indicated Resident 1 was a high risk for fall.</p> <p>During a review of Resident 1 ' s Fall Care Plan dated 10/20/2024, the Care Plan indicated Resident 1 had a fall with injury due to the resident getting out of bed unassisted, confusion, poor balance, poor communication/comprehension, and unsteady gait. The Care plan indicated nursing interventions included, to place floor mats on both sides of Resident 1 ' s bed.</p> <p>During a concurrent interview and record review on 11/4/2024 at 8:59 a.m. with Licensed Vocational Nurse (LVN 1), Resident 1 ' s Change of Condition (COC) and fall care plan dated 10/20/2024 were reviewed. LVN 1 stated Resident 1 fell out of bed and was transported to the hospital. LVN 1 stated the care plan indicated Resident 1 should have floor mats on both sides of the bed to minimize injury if Resident 1 fell again.</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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 11/4/2024 at 9:08 a.m. with LVN 1 in Resident 1 ' s room, no floor mats were observed on both sides of Resident 1 ' s bed. LVN 1 stated, Resident 1 should have floor mats however there were no floor mats on both sides of Resident 1 ' s bed. LVN 1 stated Resident 1 could fall again and suffer broken bones and brain hemorrhage because the pads were not in place.</p> <p>During an interview on 11/4/2024 at 2:35 p.m. with the Director of Nursing (DON), the DON stated nursing staff were responsible for implementing care plan interventions and ensuring floor mats were provided for Resident 1.</p> <p>During a review of the facility ' s undated policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, the P&P indicated care plans describe the services to be provided to maintain the residents ' highest practicable level of well-being. The P&P indicated residents had the right to receive the services and items included in the care plan.</p>		