STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055608	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Primrose Post-Acute	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to update the care plan for one out of one sampled resident (Resident 2).This failure had the potential to result in Resident 2 not receiving relevant care based on the changes in their medical conditions, in a timely manner.Findings:During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 2's diagnoses included hemiplegia (partial paralysis) and hemiparesis (weakness or inability to move on one side of the body), contracture (shortening and hardening of muscles, tendons, or other tissue leading to deformity and rigidity of joints) of right and left knee, and has a stage 4 pressure ulcer (full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone) of the sacral region (a triangular bone at the base of the back bone connecting to a basin-shaped ring of bones located at the base of the spine).During a review of Resident 2's History and Physical (H&P), dated 4/25/2025, the H&P indicated Resident 2 had the capacity to understand and make decisions.During a review of Resident 2's Minimum Data Set (MDS, a resident assessment tool), dated 2/4/2026, the MDS indicated Resident 2's cognition (ability to think and process) was intact. The MDS indicated Resident 2 was dependent (helper does all of the effort) on staff for toileting hygiene, personal hygiene, shower/bathing themselves, lower body dressing, putting on/taking off footwear, and mobility.During a review of Resident 2's Care Plan titled, Skin: Resident has impaired skin integrity present on admission as evidenced by multiple PI (Pressure injuries), dated 5/1/2025, the care plan indicated there was a target date of 8/4/2026, but did not indicate any quarterly review dates between 5/1/2025 and 8/4/2026.During a review of Resident 2's Interdisciplinary Team Psychotherapeutic review (IDT, coordinated group of healthcare professionals who collaborate to manage a resident's care), dated 9/8/2025, the IDT indicated repositioning as a non-pharmacological intervention under the psychotherapeutic review.During a review of Resident 2's Care Plan Report, titled, Skin: Resident 2 has a diabetic ulcer to right lateral calf and is at risk for further breakdown, dated 9/24/2025, the Care Plan Report did not indicate to reposition Resident 2.During a concurrent interview and record review on 5/5/2026 at 2:45 p.m., with the Director of Nursing (DON), Resident 2's care plans and the facility's policy and procedure (P&P) titled, Comprehensive Person-Centered Care Plans, dated 4/2026, were reviewed. The care plan indicated there were no quarterly review dates between 5/1/2025 and 8/4/2026. The P&P indicated the interdisciplinary team would review and update the care plan at least quarterly. The DON stated the MDS nurse would update the care plans, but if the care plans were not updated every quarter, the facility was not following the policy. The DON stated residents would be affected if the staff are not providing care on the care plan and if the interventions were not updated on the care plan.

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