STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056167	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Centinela Skilled Nursing & Wellness Centre West	950 Flower Street 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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47042 Based on interview and record review the facility failed to: 1). Implement its policy and procedure (P&P) titled Theft and Loss, which indicated residents ' personal property will be safeguarded and when a resident ' s property was missing, the facility will investigate and document the incident on a theft and loss log. 2. Implement its P&P titled Abuse Prevention, Screening, and Training Program, which indicated misappropriation of resident property and financial abuse were the deliberate misplacement, exploitation, or wrongful use of a resident ' s belongings or money without the resident ' s consent. As a result, Resident 1 and other residents in the facility were placed at risk. Findings: A review of Resident 1 ' s Admission Record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1 ' s diagnoses included chronic kidney disease ([CKD], condition which the kidneys are damaged and cannot filter blood as well as they should), chronic obstructive pulmonary disease (COPD, lung disease that causes blocked airflow from the lungs), and cognitive communication deficit (difficulty with thinking and language use). A review of Resident 1 ' s history and physical (H&P), dated 3/29/2024, the H&P indicated Resident 1 did have the capacity to understand and make decisions. A review of the Minimum Data Set ([MDS], a standardized assessment and care planning tool), dated 1/27/2024, indicated Resident 1 had a BIMS (brief interview for mental status) score of 12 (suggested moderate cognitive impairment). The MDS indicated Resident 1 required maximal assistance from staff for activities of daily living ([ADLs] such as toileting, positioning and dressing. The MDS indicated Resident 1 required moderate assistance from staff for oral hygiene and personal hygiene. During an interview on 4/24/2024 at 10:25 a.m., with Certified Nurse Assistant 1 (CNA) 1, CNA 1 stated when something is stolen from a resident, they could potentially get depressed. (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/24/2024, at 10:45 a.m., with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated when a resident put a complaint that money was missing we report immediately to the Social Service Director (SSD), Director of Nursing (DON), and Administrator (Admin). LVN 1 stated if a Resident ' s money was missing it could potentially cause, anger, depression, a fall risk the resident may try to get up to search for the money. LVN 1 stated we need to make sure the resident ' s money and belongings are safe here in the facility. During an interview on 4/24/2024 at 11:00 a.m. with SSD, the SSD stated on 4/3/2024, before the money went missing Resident 1 could not remember where she put her wallet with money due to declining health. Resident 1's wallet should have not been given back to her with $647. During an interview on 4/24/2024 at 11:45 a.m. with the DON, the DON stated money should have been kept safe here in the facility and it was not. A review of the facility's P&P, titled Theft and Loss Policy dated 07/2017, indicated, residents ' personal property will be safeguarded and when a resident ' s property was missing, the facility will investigate and document the incident on a theft and loss log. The P&Pindicated residents ' money and other valuables should be taken to the business office for safe keeping. The P&Pindicated staff will strongly urge resident/resident representative that some valuables be taken home by the resident representative in which case these items are not to be listed on the resident inventory and upon the request of the resident/resident representative, the Maintenance Department provides for a secured area for the safekeeping of the resident's property. This may include the placement of a lock on the resident's bedside drawer or closet. The provision of a secured area is at the expense of the resident. A review of the facility's P&P, titled Abuse Prevention, Screening, and Training Program, dated 7/2018, indicated the facility did not condone any form of resident abuse, neglect, misappropriation of resident property and exploitation. The P&P indicated misappropriation of resident property and financial abuse were the deliberate misplacement, exploitation, or wrongful use of a resident ' s belongings or money without the resident ' s consent.