

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2025
NAME OF PROVIDER OR SUPPLIER Century Villa, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 301 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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. (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
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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to respond to a request for the account balance of personal funds for one of three residents' (Resident 1).This deficient practice resulted in the facility retaining Resident 1's funds after being discharged from the facility.Findings:During a review of Resident 1's admission Record (face sheet), the admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including anemia (a condition in which the body does not have enough red blood cells to carry oxygen throughout the body), chronic kidney disease (progressive damage and loss of function in the kidneys), and gastrostomy status (presence of a gastrostomy tube which is a surgical opening in the stomach for nutrition support).During a review of Resident 1's History and Physical (H&P) dated 1/12/2025, the H&P indicated Resident 1 was alert and oriented to person (a person is aware of and can identify the people around them).During a review of Resident 1's Minimum Data Set (MDS - a comprehensive quarterly resident assessment) dated 6/7/2025, the MDS indicated Resident 1 rarely had the ability to make self understood and rarely had the ability to understand others. The MDS indicated Resident 1was dependent on a helper to do all of the effort for oral hygiene, toileting hygiene, bathing, and dressing upper and lower body. During a review of Resident 1's Durable Unlimited Power of Attorney (POA) dated 5/20/2009, the POA indicated Resident 1 granted her son full and unlimited power of attorney (appointing someone to act on behalf of another person for financial, legal, or healthcare decisions.)During a review of Resident 2's admission Record, the admission record indicated Resident 2 was admitted to the facility on [DATE] and readmitted [DATE] with diagnoses including diabetes (a disorder characterized by difficulty in blood sugar control and poor wound healing), atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow), chronic osteomyelitis (inflammation of the bone or bone marrow, usually due to infection.)During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2 had the ability to make self understood and the ability to understand others. The MDS indicated Resident 2 was dependent on a helper to do all of the effort for toileting hygiene, bathing, and dressing upper and lower body.During a review of Resident 2's H&P dated 7/2/2025, the H&P indicated Resident 2 had fluctuating capacity to understand and make decisions. During a review of Resident 3's admission Record, the admission record indicated Resident 3 was admitted to the facility on [DATE] and readmitted [DATE] with diagnoses including diabetes, and atrial fibrillation.During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3 rarely had the ability to make self understood and rarely had the ability to understand others. The MDS indicated Resident 3 was dependent on a helper to do all of the effort for oral hygiene, toileting hygiene, bathing, and dressing upper and lower body.During a review of Resident 3's H&P dated 5/31/2025, the H&P indicated Resident 3 did not have the capacity to understand and make decisions. During a concurrent interview and record review on 7/21/2025 at 1:57 pm with the Business Office Manager (BOM), Resident 1's Trust Transaction History (TTH-a history of withdrawals and deposits of funds to a resident's account) dated 2/1/2025 - 6/30/2025, was reviewed. The TTH indicated Resident 1 had a closing balance of \$1,504.04. The BOM stated she received information that Resident 1's POA requested the balance while the BOM was away from the facility between March and June of 2025. As of the survey date 7/21/2025, the BOM stated she had not responded to the POA regarding Resident 1's personal funds account balance.A review of the facility Policy & Procedures (P&P) undated, the P&P indicated Quarterly statements will be provided in writing to the resident, or the resident's representative within 30 days after the end of the quarter and upon request.</p>		