

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055526	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2020
NAME OF PROVIDER OF SUPPLIER INGLEWOOD HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 100 S. HILLCREST BLVD 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 0600 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility's staff failed to ensure resident's right to be free from abuse and neglect when a Certified Nursing Assistant (CNA 1) refused to change one of two sampled residents (Resident 1). Resident 1, who required total staff assistance for transferring and toileting was left wet after the staff refused to provide care and verbally abused Resident 1's family member (FM 1). This deficient practice had the potential for Resident 1's to have skin breakdown which could interrupt the continuity of care. Findings: A review of Resident 1's Admission Record (face sheet), indicated Resident 1 was initially admitted to the facility on [DATE] and re-admitted on [DATE]. Resident 1's [DIAGNOSES REDACTED], cerebral infarction disease ((stroke) blockage of blood flow to the brain that results in minor or major deficits), [MEDICAL CONDITION]/[MEDICAL CONDITION] (the loss of the ability to move and/or feel anything) affecting the right side. A review of Resident 1's care plan dated 12/18/18 titled, Self-Care Deficit resident requires total dependence with transfer, bed mobility, toileting, eating, dressing, locomotion, impaired cognition and physical limitations/disability. The staff's interventions included to provide assistance as needed and including incontinent care. A review of Resident 1's Minimum Data Set (MDS), a standardized assessment and care screening tool, dated 12/6/19, indicated Resident 1's cognition (thought process) was severely impaired and required total dependence with care with a one-person assistance with activities of daily living ((ADLs) eating, bathing, dressing, toileting and transferring). The MDS indicated Resident 1 utilized a wheelchair as a mobility device. On 2/13/2020 at 3:35 p.m., during a telephone interview, FM 1 stated on 2/4/2020 around 5:45 p.m., she observed Resident 1's bed was wet. FM 1 asked CNA 1 to change the resident's bed. CNA 1 stated in a rude tone that she knew the resident's and the resident's bed was not wet. CNA 1 indicated to FM 1 to show her and CNA 1 pulled the blankets off the resident. FM 1 said she did not want to speak with CNA 1 any further, CNA 1 stated, Yeah whatever, and FM 1 proceeded to speak with the charge nurse. FM 1 said during reporting CNA 1's behavior to the Licensed Vocational Nurse 1 (LVN 1), CNA 1 approached LVN 1 and rudely said Please talk to FM 1, I am not in the mood. FM 1 said she observed LVN 1 attempting to physical removing CNA 1 from the nurses' station. The FM 1 said there were other resident FM's who has complained of CNA 1's rudeness and had informed the Administrator of CNA 1's behavior. On 4/1/2020 at 12:41 p.m., during a telephone interview, LVN 1 stated in 2/2020, she was approached by FM 1 indicating she asked CNA 1 to change Resident 1 because the resident and the bed was wet. LVN 1 stated according to FM 1, CNA 1 was rude and mumbled inappropriate words and walked away. LVN 1 stated she and FM 1 were standing at the Nursing Station discussing Resident 1, when CNA 1 approached LVN 1 and stated, FM 1 was getting on her mother[***] in nerves. LVN 1 stated she immediately corrected CNA 1 from speaking in that manner and removed CNA 1 from Resident 1's care. LVN 1 stated CNA 1's had persistent rude and inappropriate behavior and after she made several attempts to redirect CNA 1, CNA 1 stated, FM 1 was pissing her off. LVN 1 stated she observed Resident 1 being soaking wet including her bed and Resident 1 required changing. LVN 1 stated she ensured Resident 1 was changed by another CNA and reported CNA 1 to the Director of Nursing (DON). On 4/3/2020 at 3:12 p.m., during a telephone interview, the DON stated he was informed about a verbal confrontation between CNA 1 and FM 1 in 2/2020. The DON stated according to CNA 1 she exchanged heavy words with FM 1 about Resident 1 being wet. The DON stated CNA 1 did not return to the facility for disciplinary actions and shortly after, CNA 1 resigned from the facility. The DON stated CNA 1 had an inappropriate verbal tone, including unprofessional rough like gesturing. On 4/6/2020 at 10:40 a.m., during an interview, the Administrator stated some of the resident's families did not like how CNA 1 cleaned the residents. The Administrator stated she was informed by the charge nurse of an incident between Resident 1's family and CNA 1. The Administrator stated there were residents who complained about CNA 1 not answering call lights timely and failed returning to a resident's room after answering their call light. On 4/7/2020 at 2:30 p.m., during a telephone interview, Resident 2 stated she did not appreciate how CNA 1 always made her the last person to be put to bed. Resident 2 stated CNA 1 would provide care to other residents, then sit down and talk to others while waiting to be put to bed. A review of the facility's revised policy dated 10/2004 titled, Abuse and Neglect Prohibition indicated each resident has the right to be free from mistreatment, neglect, abuse, involuntary seclusion and misappropriation of property. The policy indicated neglect is failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness and verbal abuse is the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families or within their hearing distance regardless of their age, ability to comprehend or disability.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.