

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE  4853 W. Washington Bl. Los Angeles, CA 90016	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778</b></p> <p>Based on interview and record review, the facility failed to implement its policy and procedure (P&amp;P) titled, Personal Property, which indicated the facility would inventory and pack the personal property of a resident, place in a secure location to prevent its loss, during a resident's absence of undetermined length, for one of three sampled residents (Resident 1).</p> <p>This failure had the potential for the residents' belongings missing if not properly inventoried.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, dated July 24, 2024, the Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis of Type 2 Diabetes Mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy) and Bipolar Disorder (a mental illness that causes unusual shifts in a person ' s mood, energy, activity levels, and concentration).</p> <p>During a review of Resident 1 ' s Minimum Data Set (Minimum Data Set [MDS] a standardized assessment and care screening tool), dated 12/13/2013, the MDS indicated Resident 1 was cognitively (the ability to think and reason) intact. Resident 1 ' s MDS indicated Resident 1 required substantial/maximal assistance (staff does more than half the effort) for Activities of Daily Living (ADLs) such as sitting to lying, showering, and bathing self, and personal hygiene.</p> <p>During an interview on 7/24/2024 at 12:15 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated if a resident were to be discharged to the hospital, staff would do an inventory of belongings and check if all belongings were accounted for.</p> <p>During an interview on 7/24/2024 at 12:35 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated it was important to keep track of resident belongings because they are resident's property.</p> <p>During an interview on 7/24/2024 at 2:56 p.m. with Director of Nursing (DON), the DON stated if a resident were to be transferred to the hospital, the belongings a resident left in the facility should be itemized (listing items separately and include details about each item). It was important to have resident belongings inventoried to make sure resident will have what they have for safe keeping.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 7/24/2024 at 4:14 p.m. with Social Services Director (SSD), Resident 1 ' s belongings list dated 12/29/24 s reviewed. Resident 1 ' s belongings list diid not indicate who performed inventory check of Resident 1 ' s belongings upon discharge. The SSD stated if a CNA did not inventory belongings, it would fall under Social Services to perform an inventory check.</p> <p>During a concurrent interview and record review on 7/31/2024 at 1:46 p.m. with SSD, facility policy and procedure (P&amp;P) titled, Personal Property, was reviewed. The P&amp;P indicated, Social Services will be responsible, with the help of nursing personnel, to inventory and pack personal property of the resident and place in a secure location to prevent loss of personal property during absence of undetermined length. The SSD stated staff should sign a resident ' s inventory list whether the discharge is expected or unexpected because it acknowledges that belongings have been checked. The SSD stated, it was not acceptable to leave an inventory list unsigned because leaving it unsigned means that inventory was not checked. The inventory list is proof.</p>