

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 01/24/2025
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44294</p> <p>Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1). Provide a written notice of discharge to one of three sampled residents (Resident 1). 2). Provide a copy of the notice of discharge to the Office of the State Long-Term Care Ombudsman (Patient Advocate), for one of three sampled residents (Resident 1). <p>These failures resulted in the resident not knowing the facility where he was going and unaware of his appeal rights.</p> <p>This failure also resulted in the Ombudsman not aware of the resident ' s discharge to another facility.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and was readmitted on [DATE]. Resident 1 ' s diagnoses included morbid (severe) obesity and schizophrenia (chronic mental illness that affects how people think, feel, and behave)</p> <p>During a review of Resident 1 ' s History and Physical (H&P), dated 12/11/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS], a standardized assessment and care screening tool), dated 12/17/24, the MDS indicated Resident 1 was able to understand and be understood by others. The MDS indicated Resident 1 required set up assistance with eating, and supervision with oral hygiene, toileting hygiene, shower, dressing, and putting on/taking off footwear and maximal assistance with personal hygiene.</p> <p>During an interview on 1/24/2025 at 12:57 p.m. with the Ombudsman, the Ombudsman stated the facility did not provide the Ombudsman a copy of the Notice of Discharge when Resident 1 was discharged to a different facility (lower level of care) on 12/6/2024.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/24/2025 at 1:12 p.m. with Resident 1, Resident 1 stated the Social Services Director (SSD) told him (Resident 1) he was going to go another facility for lower level of care. Resident 1 stated he was not given any documents to sign regarding his discharge.</p> <p>During a telephone interview on 1/27/2025 at 11:46 a.m. with the Assistant Director of Nursing (ADON), the ADON stated Resident 1 ' s Notice of Proposed Transferred/ Discharge was not completed.</p> <p>During a telephone interview on 1/28/2025 at 2:26 p.m. with the SSD, the SSD stated the Notice of Proposed Transfer/ Discharge was not done. The SSD stated the Notice of Proposed Transfer/ Discharge would have provided Resident 1 the reasons of the discharge and provided him the information on how to appeal the discharge. The SSD stated the facility did not send a copy of the Notice of Proposed Transfer/ Discharge to the Ombudsman.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Transfer or Discharge Notice, dated 3/2021, the P&P indicated a copy of the notice should be sent to the Office of the State Long-Term Care Ombudsman at the same time the notice of transfer or discharge was provided to the resident and representative.</p>		