STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055753	A. Building B. Wing	09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Longwood Manor Conv.Hospital	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. (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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure medications were administered as ordered by the physician for four (4) of 4 sampled residents' (Residents 1, 2, 3 and 4).This failure placed the affected residents at risk for ineffective disease management and had the potential to affect the recovery process of the residents.Findings:1). During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses including diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing,) hypertension (HTN-high blood pressure) and cerebral edema (the swelling of the brain tissue due to an abnormal accumulation of fluid.) During a review of Resident 1's History and Physical (H&P) dated 2/5/2025, the H&P indicated Resident 1 does not have the capacity to understand and make medical decisions. During a review of Resident 1's doctors' orders dated 3/6/2025, the doctors' orders indicated gabapentin (anticonvulsant medication used to treat seizures and specific types of nerve pain) oral 300 milligrams (mg- a unit of measurement) three times (TID) a day for neuropathic pain (a type of chronic pain caused by damage or dysfunction in the nerves). During a review of Residents 1's Minimum Data Set (MDS - a resident assessment tool) dated 9/10/2025, the MDS indicated Resident 1 had severe cognition impairment. The MDS indicated Resident 1 was dependent with activities of daily living (ADLs) such as dressing, toilet use, personal hygiene, transfer and mobility. During a review of Resident 1's Medications Administration Record (MAR) for 9/2025, the MAR indicated gabapentin was scheduled to be administrated at 9:00 a.m., 1 p.m., and 5:00 p.m. daily. During a review of Resident 1's MAR Audit Report of gabapentin dated 9/22/2025 and 9/23/2025 timed 5:00 p.m., the audit report indicated the gabapentin was administrated on 9/22/2025 at 7:55 p.m., and at 8:59 p.m. on 9/23/2025 2). During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was admitted to the facility on [DATE], with diagnoses including DM, HTN and right artificial knee joint (surgical procedure that replaces the damaged cartilage and bone in the right knee joint with artificial components.) During a review of Resident 2's Clinical admission dated 9/23/2025, the clinical admission indicated Resident 2 can understand and be understood by others.a. During an observation on 9/24/2025 at 8:54 a.m. with Licensed Vocational Nurse (LVN) 1 in Resident 2's room, LVN 1 was observed preparing Resident 2's metformin (medication for diabetes) that was scheduled for 7:30 a.m. The metformin was administered at 9:08 a.m. During a review of Resident 2's MAR Audit Report of metformin dated 9/24/2025 timed 7:30 a.m., it was administrated at 9:08 a.m. During a review of Resident 2's doctors' orders dated 9/23/2025, the doctors' orders indicated metformin (medication type 2 DM) oral 500 mg two times (BID) a day. During a review of Resident 2's MAR for 9/2025, the MAR indicated metformin was scheduled to be administrated at 7:30 a.m., and 4:30 p.m., daily. During a review of Resident 2's care plan for hypoglycemia (low blood sugar) and hyperglycemia related to diabetes mellitus, dated 9/24/2025, the care plan interventions indicated to administer medications as ordered. During an interview on 9/24/2025 at 9:20 a.m. with Resident 2 in Resident 2's room, Resident 2 stated she take metformin medicine in the morning and at night. Resident 2 stated her blood sugar level is not usually high, but this morning (9/24/2025 time not specified), her blood sugar level was very high (level not specified) because she did not receive her medications last night. Resident 2 stated during her breakfast at around 7:30 a.m., she asked the metformin medicine from the nurse (unidentified) and was told the metformin was not available from the pharmacy. b. During a review of Resident 2's doctors' orders dated 9/23/2025, the doctors' orders indicated Acetaminophen oral tab 325 milligram (mg- a unit of measurement) , give 1 tablet by mouth every four (4) hours (Q4hrs) as needed (PRN) for mild pain, Hydrocodone-Acetaminophen (Norco- medication used to treat moderate to severe pain) oral tab 5-325 mg, to give 1 tablet by mouth Q6hrs PRN for moderate pain (4-6). During a review of Resident 2's MAR for 9/2025, the MAR indicated pain assessment (numeric rating scale- 0: No pain, 1-3: Mild pain, 4-6: Moderate pain, 7-9: Severe pain, and 10: Worst possible pain) every shift, day, evening and night. The MAR indicated on 9/23/2025 at night, the pain level was 0 (no pain). The MAR indicated on 9/23/2025 at 11:47 p.m., and at 6:44 a.m. Resident 2 was medicated with Tylenol oral tab 325 mg. The MAR did not indicate the pain level was assessed. During an interview on 9/24/2025 at 9:20 a.m. with Resident 2 in Resident 2's room, Resident 2 stated she was admitted to the facility on [DATE] around 5:30 p.m., for rehabilitation due to right total knee replacement. Resident 2 stated she requested pain medications 9/23/2025 at around 11 p.m. and was given Tylenol (amount unspecified). Resident 2 stated on