

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 11/18/2025
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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interview, and record review, the facility failed to:1. Ensure the door to the smoking patio was kept closed so smoke would not enter the building.This deficient practice resulted in smoke entering the building and had the potential to cause respiratory issues for those in the hallway and nearby rooms.During an observation on 11/13/2025 at 1:16 p.m. in the hallway in front of the smoking patio, the patio door was noted to be open. There was a sign on the door that read Keep Doors Closed. Smoking on Patios Only. Cigarette smoke could be smelled in the hallway near rooms 131, 130, 129, and 128. During a concurrent observation and interview on 11/13/2025 at 1:21 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 was noted to enter the building from the patio. The patio door was noted to be open upon CNA 1 entering. CNA 1 left the door open. CNA 1 stated the door should be closed because cigarette smoke comes in the building. Residents may not like the smell of the smoke. The smoke can cause residents to have respiratory problems.During an interview on 11/14/2025 at 11:33 a.m. with the Infection Prevention Nurse (IPN), the IPN stated smelling cigarette smoke in the building can be an annoyance to residents. The smoke can cause difficulty breathing.During a review of the facility's policy and procedure (P&P), titled Homelike Environment, dated February 2021, the P&P indicated residents are provided with a safe, clean, comfortable and homelike environment. The facility staff maximize characteristics of the facility that reflect a personalized, homelike setting, including pleasant neutral scents.</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to:1. Ensure one of three sampled residents (Residents 3) received splint application by the Restorative Nurse Assistant ([RNA]- a healthcare worker who helps residents improve and maintain function in physical abilities) five days a week as ordered by the physician. This deficient practice put Residents 3 at risk for decreased range of motion and contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion).During a review of Resident 3's admission Record, the admission Record indicated Resident 3 was admitted to the facility on [DATE], with a readmission on [DATE]. Resident 3's diagnoses included muscle weakness, artificial hip joint, and contracture of left lower leg.During a review of Resident 3's History and Physical (H&P), dated 10/16/2025, the H&P indicated Resident 3 had the capacity to understand and make decisions. During a review of Resident 3's Minimum Data Set (MDS - a resident assessment tool), dated 10/26/2025, the MDS indicated Resident 3 had the ability to understand. Resident 3's cognition (ability to reason and understand) was intact. Resident 3 was dependent on staff for toileting, bathing, and dressing the lower body.During a review of Resident 3's Order Summary, dated 11/14/2024, the summary indicated on 11/8/2025 the physician entered an order for the RNA to apply splints to both knees for one hour five times a week.During a concurrent interview and record review on 11/18/2025 at 11:54 a.m. with Restorative Nurse Assistant (RNA) 1, Resident 3's medical record was reviewed. RNA 1 stated there is no documentation indicating the knee splints were applied. The documentation should indicate the length of time the splint was applied. RNA 1 further stated the splints are needed to maintain form and prevent contractures. If you don't apply the splint as ordered a resident can get contracted. Review of the RNA task form for application of the bilateral knee splints (one hour, five times a week), dated 10/20/2025 through 11/18/2025 (last 30 days), indicated there is a check mark in the column labeled passive (a type of range of motion) on the following dates:11/11/202511/12/202511/14/202511/17/2025During a review of Resident 3's care plan, dated 11/13/2025, the care plan indicated the RNA will apply knee splints for one hour five times a week to maintain Resident 3's function.During a review of the facility's policy and procedure (P&P) titled, Restorative Nursing Services, dated July 2017, the P&P indicated residents will receive restorative nursing care as needed to help promote optimal safety and independence.</p>