

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 03/12/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure staffs' personal belongings were not stored in 1 of 3 residents' room (Resident 2), who was on Enhanced Barrier Precautions (EBP- an infection control intervention designed to reduce transmission of multidrug-resistant organisms in nursing homes) related to wounds. This failure had the potential to result in cross contamination (process by which bacteria or other microorganisms are unintentionally transferred from one object or person to another, with harmful effect) or organisms and placed other residents and staff at high risk for infections. Findings: During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was admitted [DATE] with diagnoses including cirrhosis of liver (a condition in which the liver is scarred and permanently damaged), pleural effusion (a collection of fluids around the lungs), and muscle weakness. During a review of Resident 2's care plan titled, Enhanced Barrier Precaution, dated 12/19/2025, the interventions indicated to clean and disinfect equipment as indicated, clean and disinfect high touch surface areas, hand hygiene during any direct contact and post signage for EBP. During a review of Resident 2's Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 1/6/2026, the MDS indicated Resident 2 had clear speech, the ability to express needs and wants, and understands. The MDS indicated Resident 2 required substantial /maximal assistance with toileting, shower/bathe self, and personal hygiene. During a concurrent observation and interview on 3/12/2026 at 1:12 p.m. with the Infection Preventionist Nurse (IPN- a licensed nurse who specialize in preventing and controlling infections within healthcare settings) and Resident 2, in Resident 2's room, who was on EBP, a black purse, black bag, vitamin water bottle, beige purse and a clear water container with lemon slices were observed on top of the closet. Resident 2 denied that the items belonged to him. Resident 2 could not recall who put the items on top of the closet. The IPN stated staff should not store their personal belongings in a resident room on EBP. This increased the risk of spreading germs and cause cross contamination among other residents and staff. During a review of the facility's policy and procedure (P&P) titled Enhanced Barrier Precautions, undated, the P&P indicated EBP are used as an infection prevention and control to reduce the spread of multi-drug resistant organisms to residents. During a review of the facility's P&P titled, Policies and Practices-Infection Control, dated 4/2023, the P&P indicated the facility's infection control policies and practices were intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections and applies equally to all personnel. The objectives of their infection control policies and practices are to prevent and control infections in the facility, and maintain a safe, sanitary and comfortable environment for personnel, residents, visitors and the public.</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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