

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 05/09/2025
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 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>48712</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <p>1. Ensure the results of their last recertification survey were in a place easily accessible and viewed by residents/the public.</p> <p>This deficient practice had the potential to result in residents/the public not being well informed about the quality-of-care residents receive at the facility.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 5/6/20/25 at 9:15 a.m. with the Administrator (Adm) in the main lobby, the Adm stated she did not know where the binder with the last survey results were. The Adm stated the survey binder should be in a place where anyone can look at it. The survey results allow others to see what past deficiencies the facility had.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident Rights, dated February 2021, the P&P indicated residents have a right to examine survey results.</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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46144</p> <p>Based on observation, interview, and record review the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure one out of seven sampled residents (Resident 49) had an accurate assessment for the use of four bed rails. <p>This deficient praefailure had the potential for Resident 49 to not have received necessary care and services.</p> <p>Findings:</p> <p>During a review of Resident 49's Admission Record, the Admission Record indicated Resident 49 was admitted to the facility on [DATE] and was readmitted on [DATE]. Resident 49's diagnoses metabolic encephalopathy (a condition characterized by altered brain function due to a systemic or metabolic disturbance), dementia (a progressive state of decline in mental abilities), and schizophrenia (a mental illness that is characterized by disturbances in thought).</p> <p>During a review of Resident 49's History and Physical (H&P), dated 4/15/2025, the H&P indicated Resident 49 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 49's Minimum Data Set ([MDS]- a resident assessment tool), dated 4/7/2025 the MDS indicated Resident 49's cognition (ability to learn, reason, remember, understand, and make decisions) sometimes understands. The MDS indicated Resident 49 was dependent (helper does all of the effort. Residents do none of the effort to complete the activity) on staff for showering, toileting hygiene, and dressing.</p> <p>During an observation on 5/6/2025 at 11:06 a.m. all four bed rails were up while Resident 49 was lying in the bed.</p> <p>During an observation on 5/7/2025 at 11:28 a.m. all four bed rails were up while Resident 49 was lying in bed. Resident 49 was not receiving activity daily living ([ADL] -routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) from staff. Resident 49 was able to slightly able to move in bed and was not using the bed rails for mobility or repositioning. Resident 49 was not able to remove bed rails easily.</p> <p>During an interview on 5/7/2024 at 2:09 p.m. with the Assistant Director of Nursing (ADON), the ADON stated Resident 49's needed to be assessed quarterly to evaluate the need for all four bed rails being up was not properly assessed. The ADON stated Resident 49 did not move that much and required assistance from staff. The ADON stated Resident 49 it was not fitting to have all bed rails up. The ADON stated it was important to assess Resident 49's needs to prevent complications such as risk of injury with the bed rails up.</p> <p>(continued on next page)</p>

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<p>F 0636</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 5/8/2025 at 10:21 a.m. with Minimum Data Set Nurse (MDSN) 3, the facility's policy and procedure (P&P) titled, Bed Safety and Bed Rails, dated 8/2022 was reviewed. The P&P indicated prior to the installation or use of a side or bed rail, alternatives to the use of side or bed rails are attempted alternatives may include roll guards, foam bumpers, lowering the bed and the use of concave mattresses to reduce rolling off the bed. MDSN 3 was not able to locate any documentation of attempted alternatives prior to placing all four bed rails up. MDSN 3 stated there was no alternative initiated and if it was not documented it was not done. MDSN 3 stated Resident 49's assessment should have included the alternatives before all four bed rails were used. MDSN 3 stated it was important to attempt alternatives to manage and monitor the residents' comfort and safety.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Bed Safety and Bed Rails, dated 8/2022 was reviewed. The P&P indicated prior to the installation or use of a side or bed rail, alternatives to the use of side or bed rails are attempted alternatives may include roll guards, foam bumpers, lowering the bed and the use of concave mattresses to reduce rolling off the bed.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Comprehensive Assessments, dated 3/2023, the P&P indicated comprehensive assessment are conducted to assist in developing person-centered care plans. The P&P indicated comprehensive assessments are conducted and coordinated by a registered nurse with appropriate participation. The P&P indicated completed assessments are maintained in the resident's active record for a minimum of 15 months.</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</p> <p>Based on interview and record, the facility failed to ensure a Minimum Data Set ([MDS] - a resident assessment tool) assessment was completed accurately for one of 35 sampled residents (Resident 40) by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Resident 40's diagnosis of depression (a mood disorder that causes a persistent feeling of sadness and loss of interest) was encoded under MDS section I5800 (Active Diagnoses). <p>This deficient practice resulted in incorrect data being transmitted to the Center for Medicare and Medicaid Services (CMS) and had the potential to negatively affect the plan of care and delivery of care and services for Resident 40.</p> <p>Findings:</p> <p>During a review of Resident 40's Admission Record (front page of the chart that contains a summary of basic information about the resident), the Admission Record indicated, Resident 40 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 40's diagnoses included depression, intracranial hemorrhage ([a type of stroke] - loss of blood flow to a part of the brain), and hypertension ([HTN] - high blood pressure).</p> <p>During a review of Resident 40's History and Physical (H&P), dated 3/23/2025, the H&P indicated, Resident 40 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 40's MDS assessment, dated 3/28/2025, the MDS indicated, Resident 40's cognitive (ability to think and reason) skills for daily decision making were severely impaired (never/rarely made decisions). The MDS indicated, Resident 40 was totally dependent (helper does all of the effort) upon staff for oral hygiene, upper and lower body dressing, and personal hygiene.</p> <p>During a review of Resident 40's Order Summary Report (a document containing active orders), dated 5/8/2025, the Order Summary Report indicated, the physician placed a telephone order on 3/22/2025 for Resident 40 to start on Sertraline HCL (medication used to treat depression) to give 12.5 milligrams ([mg] - metric unit of measurement, used for medication dosage and/or amount) one time a day (9 a.m.) for depression manifested by episodes of crying, yelling, and biting self.</p> <p>During a concurrent interview and record review on 5/7/2025 at 10:38 a.m., with MDS Nurse (MDSN 1), Resident 40's MDS assessment, dated 3/28/2025, was reviewed. MDSN 1 stated Resident 40's MDS assessment was completed inaccurately. MDSN 1 stated there was a wrong entry on MDS section I. MDSN 1 stated there should be a check marked on section I5800 diagnosis of depression. The MDSN stated Resident 40 was taking Sertraline HCL which is considered an anti-depressant medication. MDSN 1 stated by not coding accurate information on the MDS, facility staff would not be able to treat Resident 40's condition appropriately and provide the interventions needed to provide quality of care.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P), titled Certifying Accuracy of the Resident Assessment, dated 11/2019, the P&P indicated Any person completing a portion of the Minimum Data Set/MDS (Resident Assessment Instrument) must sign and certify the accuracy of that portion of the assessment.</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</p> <p>Based on interview and record review, the facility failed to complete and re-submit the Preadmission Screening and Resident Review ([PASARR - a tool to determine if the person had, or was suspected of having a mental illness, intellectual disability, or related condition) Level one (I) screening and refer one of one sampled resident (Resident 175) who had a diagnoses of bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), and major depressive disorder ([MDD] - a mood disorder that causes a persistent feelings of sadness and loss of interest) to the appropriate state-designated authority for PASARR Level two (II) evaluation and determination.</p> <p>This deficient practice had the potential to result in Resident 175 to not receive the appropriate medical treatments for mental illness diagnoses.</p> <p>Findings:</p> <p>During a review of Resident 175's Admission Record (front page of the chart that contains a summary of basic information about the resident), the Admission Record indicated, Resident 175 was admitted to the facility on [DATE]. Resident 175's diagnoses included bipolar disorder, MDD, and generalized muscle weakness.</p> <p>During a review of Resident 175's History and Physical (H&P), dated 2/26/2025, the H&P indicated, Resident 175 had the capacity to understand and make decisions.</p> <p>During a review of Resident 175's Minimum Data Set ([MDS] - a resident assessment tool), dated 2/26/2025, the MDS indicated, Resident 175 was independent (decisions consistent/reasonable) in cognitive (ability to think and reason) skills for daily decision making. The MDS indicated, Resident 175 required substantial assistance (helper does more than half the effort) from staff with toileting hygiene and lower body dressing.</p> <p>During a concurrent interview and record review on 5/7/2025 at 2:54 p.m., with Minimum Data Set Nurse 2 (MDSN 2), Resident 175's PASARR level I Screening completed by another facility on 2/18/2025, was reviewed. MDSN 2 stated the PASARR Level 1 screening indicated, Resident 175 had no serious mental illness diagnoses. MDSN 2 stated the PASARR Level 1 screening also indicated, Resident 175's case was closed, and a PASARR level II mental health evaluation was not required. MDSN 2 stated the facility should have completed and resubmitted a new PASARR Level I screening based on Resident 175's diagnoses of bipolar disorder and MDD which were considered as mental illness. MDSN 2 stated once the PASARR Level I was resubmitted to indicate the mental illness diagnoses then PASARR level II would be triggered. MDSN 2 stated it was important to refer Resident 175 to the state mental health agency so she could avail other psychiatric treatment to manage her behavior and to determine appropriate placement.</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P), titled Preadmission Screening and Resident Review (PASARR), dated 3/2023, the P&P indicated, The Preadmission Screening and Resident Review policy is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care. The P&P also indicated if Level I is positive for SMI/DD/RC, it needs to be advanced to a level II evaluation.</p> <p>During a review of PASRR reference manual, dated 2/2023, the PASRR reference manual indicated, An additional requirement has been added for NF's to promptly notify the state mental health and/or intellectual or developmental disability authority, as applicable, if there is a significant change in the physical or mental condition of an individual who is mentally ill or has an intellectual or developmental disability. This would warrant a re-evaluation to determine if a NF is still the most appropriate setting and/or if the individual could benefit from specialized services for his/her mental illness or intellectual disability.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46144</p> <p>Based on observation, interview, and record review the facility failed to:</p> <p>1. Ensure one out of seven sampled residents (Resident 106) had a revised care plan (a structure written document that outlines the care a nurse will provide to a patient based on their specific needs and goals) for the low air loss ([LAL] -a specialized medical mattress designed to prevent and treat pressure ulcers by reducing pressure and moisture buildup on the skin) mattress.</p> <p>This deficient practice of not having revised care plan for the use of the LAL mattress placed Resident 106 at risk for not being provided with the appropriate, consistent, and individualized care.</p> <p>Findings:</p> <p>During a review of Resident 106's Admission Record, the Admission Record indicated Resident 106 was admitted to the facility on [DATE] and was readmitted on [DATE]. Resident 106's diagnoses metabolic encephalopathy (a condition characterized by altered brain function due to a systemic or metabolic disturbance), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body), and cerebral infarction (the death of brain tissue due to a lack of blood flow).</p> <p>During a review of Resident 106's History and Physical (H&P), dated 2/17/2025, the H&P indicated Resident 106 did not have capacity to understand and make decisions</p> <p>During a review of Resident 106's Minimum Data Set ([MDS]- a resident assessment tool), dated 4/7/2025 the MDS indicated Resident 106's cognition (ability to learn, reason, remember, understand, and make decisions) rarely/never understands. The MDS indicated Resident 106 was dependent (helper does all of the effort. Residents do none of the effort to complete the activity) on staff for showering, toileting hygiene, and dressing. The MDS indicated Resident 106 was at risk for developing pressure ulcers (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence).</p> <p>During a review of Resident 106's care plan titled, Risk for developing pressure sore, and other types of skin breakdown (damage to the skin and underlying tissues caused by prolonged pressure, friction, or moisture) related to aging process, fragile skin, hemiplegia .dated 7/15/2024, the care plan indicated Resident 106 was to minimize the risk of skin breakdown/pressure sore daily. The staff interventions included 1. assess risk using Wound Risk Assessment on admission, quarterly and as need 2. Pressure relieving devices as needed.</p> <p>During a concurrent interview and record review on 5/8/2025 at 1:02 p.m. with Assistant Director of Nursing (ADON), Resident 106's care plan, dated 7/15/2024 was reviewed. The care plan indicated Resident 106 was to minimize the risk of skin breakdown/pressure sore daily. The staff interventions included 1. assess risk using Wound Risk Assessment on admission, quarterly and as need 2. Pressure relieving devices as needed. The ADON stated the care plan did not specify what type of device was needed for pressure relief for Resident 106. The ADON stated it was important to update the interventions so the interventions could be implemented to prevent skin breakdown.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedures (P&P) titled, Care Plans, Comprehensive Person-Centered, dated 3/2022, the P&P indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychological and functional needs is developed and implemented for each resident. The P&P indicated assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48712</p> <p>Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure one of seven sampled residents (Resident 56) received a weekly weight per physician's order. <p>This deficient practice resulted in inadequate monitoring of Resident 56's weight loss.</p> <p>Findings:</p> <p>During a review of Resident 56's Admission Record, the Admission Record indicated Resident 56 was initially admitted to the facility on [DATE], with a readmission on 2/18/2025. Resident 56's diagnoses included malnutrition (a condition caused by not getting enough calories or the right amount of key nutrients), diabetes mellitus ((DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling).</p> <p>During a review of Resident 56's History and Physical (H&P), dated 2/20/2025, the H&P indicated Resident 56 had the capacity to understand and make decisions.</p> <p>During a review of Resident 56's Minimum Data Set (MDS - a resident assessment tool), dated 2/25/2025, the MDS indicated Resident 56's cognition (ability to reason and understand) was intact. The MDS indicated Resident 56 needed maximal assistance with toileting and bathing and set up assistance with eating.</p> <p>During a review of Resident 56's Order Summary Report, dated 5/8/2025, the report indicated on 4/6/2025 the physician ordered weekly weights x4.</p> <p>During a review of Resident 56's Weight Summary, (no date), the summary indicated the last weight obtained for Resident 56 was on 4/5/2025.</p> <p>During a review of Resident 56's Change of Condition (COC) form, dated 4/6/2025, the COC indicated Resident 56 had an eight-pound weight loss in one month. The COC indicated Resident 56 was consuming 25-100% of meals and the physician ordered staff to complete weekly weights x4.</p> <p>During a review of Resident 56's care plan, dated 4/8/2025, the care plan indicated Resident 56 had an eight-pound weight loss related to malnutrition. The care plan indicated the facility would continue weekly weights x4 and report significant changes to the physician.</p> <p>During a concurrent interview and record review on 5/8/2025 at 12:39 p.m. with Licensed Vocational Nurse (LVN) 2, Resident 56's weights were reviewed. LVN 2 stated Resident 56 had a physician's order placed on 4/6/2025 to complete weekly weights x4. LVN 2 stated the last weight was documented on 4/5/2025. The weekly weights were not completed as ordered. LVN 2 stated weekly weights are ordered to check for weight gain or loss. It's important to complete it as ordered to ensure the resident is at a healthy weight.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Weight Assessment and Intervention, dated March 2022, the P&P indicated resident weights are monitored for undesirable or unintended weight loss or gain.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</p> <p>Based on interview and record review, the facility failed to ensure residents received treatment and care in accordance with professional standards of practice, by failing to:</p> <ol style="list-style-type: none"> 1. Provide compression stockings (elastic garments that squeeze the legs to improve blood flow, circulation, and to reduce swelling) per physician's order for one of one sampled resident (Resident 170) who had an edema (swelling caused by an accumulation of excess fluid in the body's tissues) of bilateral (both) lower extremities. <p>This deficient practice had the potential to result in a delay in reducing the swelling of bilateral lower extremities of Resident 170 that would result in medical complication requiring hospitalization .</p> <p>Findings:</p> <p>During a review of Resident 170's Admission Record (front page of the chart that contains a summary of basic information about the resident), the Admission Record indicated, Resident 170 was admitted to the facility on [DATE]. Resident 170's diagnoses included cellulitis (a skin infection that causes swelling and redness) of left and right lower limb (body part), hypertension ([HTN] - high blood pressure), and generalized muscle weakness.</p> <p>During a review of Resident 170's History and Physical (H&P), dated 1/29/2025, the H&P indicated, Resident 170 had the capacity to understand and make decisions.</p> <p>During a review of Resident 170's Minimum Data Set ([MDS] - a resident assessment tool), dated 2/5/2025, the MDS indicated, Resident 170 was independent (decisions consistent/reasonable) in cognitive (ability to think and reason) skills for daily decision making. The MDS indicated, Resident 170 required supervision (helper provides verbal cues as resident completes activity) from staff with oral hygiene, upper and lower body dressing, and personal hygiene.</p> <p>During a review of Resident 170's Order Summary Report (a document containing active orders), dated 5/8/2025, the Order Summary Report indicated, the physician placed a telephone order on 3/7/2025 for Resident 170 to have compression stockings to bilateral lower extremities every day.</p> <p>During a concurrent observation and interview on 5/6/2025 at 10:58 a.m. with Resident 170 in her room, Resident 170 had edema on bilateral lower extremities with no compression stockings. Resident 170 stated she had no compression stockings on her lower extremities for 2 weeks. Resident 170 stated her old compression stockings were too long and too wide. Resident 170 stated the licensed nursing staff were aware that she does not have compression stockings for 2 weeks. Resident 170 stated she was concerned with the swelling of her legs.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/8/2025 at 8:45 a.m. with Treatment Nurse 2 (TN 2), TN 2 stated she was aware Resident 170 did not have compression stockings for 2 weeks. TN 2 stated Resident 170's old compression stockings were too big for her, and it would defeat its purpose. TN 2 stated licensed nursing staff did not follow the physician's order to monitor the application of Resident 170's compression stockings on bilateral lower extremities every day. TN 2 stated she ordered Resident 170's new compression stockings to the pharmacy but did not deliver. TN 2 stated untreated edema would result in hospitalization .</p> <p>During an interview on 5/8/2025 at 9:34 a.m., with the Director of Nursing (DON), the DON stated the purpose of the compression stockings for residents with edema was to reduce the swelling and improve the blood circulation.</p> <p>During a review of the facility's policy and procedure (P&P), titled Applying Anti-Emboli Stockings (TED Hose), dated 10/2010, the P&P indicated, Stockings that are sized incorrectly can increase the risk of pressure and skin irritation, causing harmful pressure gradients which impede blood flow.</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49131</p> <p>Based on observation, interview, and record review the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure three out of seven sampled residents (Residents 68, 76, and 177) had a low air loss([LAL] -a specialized medical mattress designed to prevent and treat pressure ulcers by reducing pressure and moisture buildup on the skin) mattress, as ordered. 2. Ensure two out of seven sampled residents (Resident 106 and 145) LAL mattress had the correct settings, as ordered. <p>This deficient practice had the potential for Residents 68, 76, 106, 145 and 177 to develop pressure ulcers (injuries to the skin caused by prolonged pressure).</p> <p>Findings:</p> <p>a. During a concurrent interview and observation on 5/6/2025 at 10:42 a.m. with Resident 177, Resident 177 stated she is unable to walk and could not move her legs very much because they are very weak. Resident 177 was observed lying on a regular mattress.</p> <p>During a review of Resident 177's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 177 was originally admitted on [DATE] and readmitted on [DATE] with diagnoses that included amyotrophic lateral sclerosis (ALS- a disease that affects nerve cells in the brain and spinal cord, leading to muscle weakness and eventually paralysis), and muscle weakness.</p> <p>During a review of Resident 177's Care Plan, dated 3/1/2025, the Care Plan indicated Resident 177 was at risk to develop pressure ulcers due to immobility, and ALS. Interventions included that staff would provide pressure-relieving devices such as a low air loss mattress.</p> <p>During a review of Resident 177's Minimum Data Set (MDS - a resident assessment tool), dated 4/29/2025, the MDS indicated Resident 177 was dependent on others if needed to roll left and right in bed. The MDS further indicated Resident 177 did not have any unhealed pressure ulcers.</p> <p>During a review of Resident 177's Order Summary Report, the Order Summary Report indicated Resident 177 had an order placed on 5/3/2025 for a pressure relieving mattress for skin integrity and management.</p> <p>During a review of Resident 177's History and Physical (H&P), dated 5/4/2025, the H&P indicated Resident 177 was able to understand and make decisions.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 5/7/2025 at 2:50 p.m. with Treatment Nurse 3 (TN 3), TN 3 stated if a resident had an order for a low air loss mattress, they would notify maintenance to bring up the low air loss mattress and would place it on for the resident. TN 3 stated the purpose of having a low air loss mattress is to prevent a resident from developing a pressure ulcer. Resident 177's Order Summary Report was reviewed with TN 3 and stated she had an order for a pressure relieving mattress.</p> <p>During an observation on 5/7/2025 at 3:13 p.m. with TN 3, TN 3 stated Resident 177 was not on a low air loss mattress and was just on a regular mattress and is unsure why a low air loss mattress was not in use for her.</p> <p>During a review of the facility's P&P titled Policy: Pressure- Reducing Mattresses, undated, the P&P indicated the facility would provide mattresses that would prevent and/or minimize pressure on the skin, and to provide comfort if resident prefers.</p> <p>During a review of the facility's policy and procedure (P&P) titled Prevention of Pressure Injuries, dated 4/2020, the P&P indicated the staff would select appropriate support surfaces based on the resident's risk factors in accordance with current clinical practice.</p> <p>48712</p> <p>b. During a review of Resident 68's Admission Record, the Admission Record indicated Resident 68 was initially admitted to the facility on [DATE], with a readmission on 3/28/2025. Resident 68's diagnoses included hypertension (HTN-high blood pressure), chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), and gout (severe pain, swelling, and redness in the joints caused by inflammation).</p> <p>During a review of Resident 68's History and Physical (H&P), dated 3/28/2025, the H&P indicated Resident 68 had the capacity to understand and make decisions.</p> <p>During a review of Resident 68's Minimum Data Set (MDS - a resident assessment tool), dated 4/4/2025, the MDS indicated Resident 68's cognition (ability to reason and understand) was intact. The MDS indicated Resident 68 needed maximal (helper does more than half the effort) assistance with toileting, showering, and dressing the lower body. Resident 68 was unable to walk 10 feet, stand, or transfer to a chair. The MDS indicated Resident 68 was at risk for a pressure injury. The MDS indicated Resident 68 was not on a pressure reducing device for the bed.</p> <p>During a review of Resident 68's care plan, dated 2/1/2025, the care plan indicated Resident 68 was at risk for developing a pressure injury. The care plan indicated the facility would provide a pressure relieving device.</p> <p>During a review of Resident 68's Braden Scale for Predicting Pressure Sore Risk, dated 2/2/2025, the scale indicated Resident 68 had a moderate risk for developing a pressure injury.</p> <p>During a review of Resident 68's Order Summary Report, dated 5/8/2025, the report indicated on 4/6/2025 the physician entered an order for a low air loss mattress.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 5/8/2025 at 12:17 p.m. with Licensed Vocational Nurse (LVN) 1 at the bedside of Resident 68, LVN1 stated Resident 68 was not on a low air loss mattress. LVN1 stated low air loss mattresses are ordered for residents who are at risk for pressure injuries and those who have pressure injuries. LVN1 stated low air loss mattresses help prevent pressure injuries. LVN1 stated Resident 68 is at risk for pressure injury because she is not on the correct mattress.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Prevention of Pressure Injuries, dated April 2020, the P&P indicated the facility would select appropriate support surfaces based on the resident's risk factors.</p> <p>During a review of the facility's P&P titled, Pressure-Reducing Mattresses, (no date), the P&P indicated the facility would provide mattresses that will prevent and/or minimize pressure on the skin.</p> <p>c. During a review of Resident 76's Admission Record, the Admission Record indicated Resident 76 was initially admitted to the facility on [DATE], with a readmission on 1/28/2025. Resident 76's diagnoses included traumatic brain injury (TBI- a brain injury that is caused by an outside force), dysphagia (difficulty swallowing), and respiratory failure (a condition where the lungs are unable to adequately exchange oxygen).</p> <p>During a review of Resident 76's H&P, dated 1/28/2025, the H&P indicated Resident 76 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 76's MDS, dated [DATE], the MDS indicated Resident 76's cognition was not tested because he was unable to complete the interview. The MDS indicated Resident 76 was dependent on staff for toileting, showering, and dressing. Resident 76 was unable to walk 10 feet, stand, or transfer to a chair. The MDS indicated Resident 76 was at risk for developing a pressure injury.</p> <p>During a review of Resident 76's Order Summary Report, dated 5/9/2025, the report indicated on 1/30/2025 the physician entered an order for a low air loss mattress.</p> <p>During a review of Resident 76's care plan, dated 11/7/2019 (revised 8/12/2024), the care plan indicated Resident 76 was at risk for developing a pressure injury. The care plan indicated the facility would provide pressure relieving devices as indicated (low air loss mattress, heel protectors).</p> <p>During a review of Resident 76's Braden Scale for Predicting Pressure Sore Risk, dated 2/11/2025, the scale indicated Resident 76 had a high risk for developing a pressure injury.</p> <p>During a concurrent observation and interview on 5/8/2025 at 12:19 p.m. with Licensed Vocational Nurse (LVN) 1 at the bedside of Resident 76, LVN1 stated Resident 76 was not on a low air loss mattress. LVN1 stated low air loss mattresses are ordered for residents who are at risk for pressure injuries and those who have pressure injuries. LVN1 stated low air loss mattresses help prevent pressure injuries. LVN1 stated Resident 76 is at risk for pressure injury because he is not on the correct mattress.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Prevention of Pressure Injuries, dated April 2020, the P&P indicated the facility would select appropriate support surfaces based on the resident's risk factors.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&P titled, Pressure-Reducing Mattresses, (no date), the P&P indicated the facility would provide mattresses that will prevent and/or minimize pressure on the skin.</p> <p>46144</p> <p>d. During a review of Resident 106's Admission Record, the Admission Record indicated Resident 106 was admitted to the facility on [DATE] and was readmitted on [DATE]. Resident 106's diagnoses metabolic encephalopathy (a condition characterized by altered brain function due to a systemic or metabolic disturbance), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body), and cerebral infarction (the death of brain tissue due to a lack of blood flow).</p> <p>During a review of Resident 106's History and Physical (H&P), dated 2/17/2025, the H&P indicated Resident 106 did not have capacity to understand and make decisions</p> <p>During a review of Resident 106's Minimum Data Set ([MDS]- a resident assessment tool), dated 4/7/2025 the MDS indicated Resident 106's cognition (ability to learn, reason, remember, understand, and make decisions) rarely/never understands. The MDS indicated Resident 106 was dependent (helper does all of the effort. Residents do none of the effort to complete the activity) on staff for showering, toileting hygiene, and dressing. The MDS indicated Resident 106 was at risk for developing pressure ulcers (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence).</p> <p>During an observation on 5/6/2025 at 11:45 a.m. in Resident 106's room, the resident was lying on a LAL mattress. The LAL mattress was set at 150 pounds [lbs.- a unit of weight).</p> <p>During a review of Resident 106's Vital Signs, dated 5/6/2025, the Vital Signs indicated, Resident 106 weight was 126lbs.</p> <p>During a concurrent interview and record review on 5/7/ 2025 at 11:38 a.m. with Licensed Vocational Nurse (LVN) 5, Resident 106's Vital Signs, dated 5/6/2025 was reviewed. The Vital Signs indicated on 5/6/2025 Resident 106 weight was 126lbs. LVN 5 stated Resident 106's current weight is 126lbs. and the LAL mattress is set at 150lbs and that was the incorrect mattress setting. LVN 5 stated the LAL mattress should be set closer to the residents' current weight of 126lbs. LVN 5 stated the purpose of the mattress is to prevent pressure sores (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence). LVN 5 stated it was important to have the correct LAL mattress setting to prevent pressure sores.</p> <p>During a concurrent interview and record review on 5/7/ 2025 at 11:38 a.m. with Licensed Vocational Nurse (LVN) 6, Resident 106's Vital Signs, dated 5/6/2025 was reviewed. The Vital Signs indicated on 5/6/2025 Resident 106 weight was 126lbs. LVN 6 stated the LAL mattress was 24lbs over the proper pressure for the resident and was not the correct settings for the resident. LVN 6 stated the LAL mattress should match the residents' weight to prevent pressure sores.</p> <p>During a review of facility's policy and procedures (P&P) titled, Prevention of Pressure Injuries, dated 4/2020, the P&P indicated the purpose of this procedure it to provide information regarding identification of pressure injury risk factors and interventions for specific risk factors. The P&P indicated review and select medical devices with consideration to the ability to minimize tissue damage, including size, shape, its application and ability to secure the device.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the manufacturer's operational manual for the LAL mattress, date unknown, the manufacturer's operational manual indicated users can adjust air mattress to a desired firmness according to patient's weight.</p> <p>46832</p> <p>e. During a review of Resident 145's face sheet (front page of the chart that contains a summary of basic information about the resident), the face sheet indicated Resident 145 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included malignant neoplasm of colon (colon cancer), type 2 diabetes (a disorder characterized by difficulty in blood sugar control and poor wound healing), congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), and bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs).</p> <p>During a review of Resident 145's Minimum Data Set (MDS- a federally mandated resident assessment tool), the MDS indicated Resident 145's cognitive (thinking) skills were intact. The MDS indicated Resident 145 required maximal assistance form staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During an observation, on 5/6/2025, at 11:32 a.m., in Resident 145's room, Resident 145's low air loss mattress weight settings was at 220 lbs.</p> <p>During a concurrent interview and record review, on 5/ 8/2025, at 9:48 a.m., with Licensed Vocational Nurse 7 (LVN 7), LVN 7 stated Resident 145's low air loss mattress was set at 220 lbs. LVN 7 stated Resident 145 weighed 137 lbs. LVN 7 stated the risk of setting a low air loss mattress at an inappropriate weight setting could result in further skin breakdown.</p> <p>During a review of the facility's policy and procedures, the P&P, titled Pressure Reducing Mattress, undated, indicated May adjust air mattress to a desired firmness according to patient's weight.</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <p>1. Ensure resident with long thick elongated (nail plate grows longer than the nail bed) toenails received podiatry (profession dealing with specialized care of the feet) care services for one of one sampled resident (Resident 170).</p> <p>This deficient practice had the potential to result in discomfort and decline in physical mobility of Resident 170.</p> <p>Findings:</p> <p>During a review of Resident 170's Admission Record (front page of the chart that contains a summary of basic information about the resident), the Admission Record indicated, Resident 170 was admitted to the facility on [DATE]. Resident 170's diagnoses included cellulitis (a skin infection that causes swelling and redness) of left and right lower limb (body part), hypertension ([HTN] - high blood pressure), and generalized muscle weakness.</p> <p>During a review of Resident 170's History and Physical (H&P), dated 1/29/2025, the H&P indicated, Resident 170 had the capacity to understand and make decisions.</p> <p>During a review of Resident 170's Minimum Data Set ([MDS] - a resident assessment tool), dated 2/5/2025, the MDS indicated, Resident 170 was independent (decisions consistent/reasonable) in cognitive (ability to think and reason) skills for daily decision making. The MDS indicated, Resident 170 required supervision (helper provides verbal cues as resident completes activity) from staff with oral hygiene, upper and lower body dressing, and personal hygiene.</p> <p>During a review of Resident 170's Non-Pressure Sore Skin Report, dated 4/8/2025, the Non-Pressure Sore Skin Report indicated, Resident 170 was seen by a wound consultant with recommendation to refer for podiatry care for onychomycosis (a common condition where fungi grow on or under the toenail, causing discoloration, thickening, and sometimes crumbling of the toenail).</p> <p>During a concurrent observation and interview on 5/6/2025 at 10:58 a.m. with Resident 170 in her room, Resident 170 had a long a long thick brownish yellowish toenails on both feet. Resident 170 stated she requested to see a foot doctor 1month ago because of her toenail fungal infection (also known as onychomycosis). Resident 170 stated until now he had not seen by a foot doctor.</p> <p>During an interview on 5/8/2025 at 8:10 a.m., with Treatment Nurse 1 (TN 1), TN1 stated she was fully aware that Resident 170 needed podiatry care, and she informed the Assistant Director of Nursing (ADON). TN 1 stated it was not her responsibility to refer Resident 170 to the podiatrist (a doctor who specializes in diagnosing and treating conditions that affect the foot, ankle, and lower leg).</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 48712</p> <p>Based on interview and record review, the facility failed to:</p> <p>1. Ensure two of seven sampled residents (Residents 74 and 76) received Restorative Nurse Assistant ([RNA]- a healthcare worker who helps residents improve and maintain function in physical abilities) services seven days a week as ordered by the physician.</p> <p>This deficient practice put Residents 74 and 76 at risk for decreased range of motion and contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion).</p> <p>Findings:</p> <p>a. During a review of Resident 74's Admission Record, the Admission Record indicated Resident 74 was initially admitted to the facility on [DATE], with a readmission on 12/30/2025. Resident 74's diagnoses included hypertension (HTN-high blood pressure), dysphagia (difficulty swallowing), and respiratory failure (a condition where the lungs are unable to adequately exchange oxygen).</p> <p>During a review of Resident 74's History and Physical (H&P), dated 12/31/2024, the H&P indicated Resident 74 had the capacity to understand and make decisions.</p> <p>During a review of Resident 74's Minimum Data Set (MDS - a resident assessment tool), dated 3/6/2025, the MDS indicated Resident 74 was dependent on staff for toileting, showering, and dressing. Resident 76 was unable to walk 10 feet, stand, or transfer to a chair.</p> <p>During a review of Resident 74's Order Summary Report, dated 5/9/2025, the report indicated on 1/8/2025 the physician entered an order for the RNA to apply bilateral (both sides) elbow splints 4-6 hours, seven times a week.</p> <p>During a review of Resident 74's care plan, dated 1/27/2021 (revised 6/14/2021), the care plan indicated Resident 74 was at risk for a decline in range of motion of the bilateral upper extremities (both arms). The care plan indicated the RNA would apply bilateral elbow splints seven times a week.</p> <p>During a review of the RNA task form for application of the bilateral elbow splints, dated 4/9/2025 through 5/6/2025, the task indicated the elbow splint was applied on the following dates:</p> <p>4/9/2025</p> <p>4/10/2025</p> <p>4/11/2025</p> <p>4/14/2025</p> <p>4/15/2025</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4/16/2025</p> <p>4/17/2025</p> <p>4/18/2025</p> <p>4/22/2025</p> <p>4/23/2025</p> <p>4/24/2025</p> <p>4/25/2025</p> <p>4/29/2025</p> <p>4/30/2025</p> <p>5/1/2025</p> <p>5/2/2025</p> <p>5/5/2025</p> <p>5/6/2025</p> <p>During an interview on 5/8/2025 at 12:41 p.m. with Licensed Vocational Nurse (LVN) 2, LVN2 stated splints need to be placed to prevent contractures. Splints help with mobility. LVN2 stated splints prevent the resident from being in the same position for too long.</p> <p>During a concurrent interview and record review on 5/8/2025 at 2:29 p.m. with RNA1, Resident 74's RNA task form for application of the bilateral elbow splints was reviewed. RNA1 stated when RNA services are ordered seven times a week, they need to be done every day. RNA1 stated Resident 74 did not have his splints applied every day as ordered. RNA1 stated RNA services are provided to help prevent contractures and provide exercises. When splints are not applied as ordered a resident can become contracted.</p> <p>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> <p>During a review of the RNA Job Description, dated January 2022, the job description indicated the RNA will provide residents with routine restorative nursing care and services in accordance with the resident's assessment, care plan and as directed by supervisors.</p> <p>(continued on next page)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. During a review of Resident 76's Admission Record, the Admission Record indicated Resident 76 was initially admitted to the facility on [DATE], with a readmission on 1/28/2025. Resident 76's diagnoses included traumatic brain injury (TBI- a brain injury that is caused by an outside force), dysphagia, and respiratory failure (a condition where the lungs are unable to adequately exchange oxygen).</p> <p>During a review of Resident 76's H&P, dated 1/28/2025, the H&P indicated Resident 76 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 76's MDS, dated [DATE], the MDS indicated Resident 76's cognition was not tested because he was unable to complete the interview. The MDS indicated Resident 76 was dependent on staff for toileting, showering, and dressing. Resident 76 was unable to walk 10 feet, stand, or transfer to a chair.</p> <p>During a review of Resident 76's Order Summary Report, dated 5/9/2025, the report indicated on 3/14/2025 the physician entered an order for the RNA to apply bilateral (both sides) elbow splints 4-6 hours, seven times a week.</p> <p>During a review of Resident 76's care plan, dated 6/14/2021, the care plan indicated Resident 76 was at risk for a decline in range of motion of the bilateral upper extremities. The care plan indicated the RNA would apply bilateral elbow splints seven times a week.</p> <p>During a review of the RNA task form for application of the bilateral elbow splints, dated 4/9/2025 through 4/30/2025, the task indicated the elbow splints were applied on the following dates:</p> <p>4/9/2025</p> <p>4/10/2025</p> <p>4/11/2025</p> <p>4/12/2025</p> <p>4/15/2025</p> <p>4/16/2025</p> <p>4/17/2025</p> <p>4/18/2025</p> <p>4/19/2025</p> <p>4/20/2025</p> <p>4/22/2025</p> <p>4/23/2025</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46144</p> <p>Based on observation, interview, and record review the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure one of seven sampled residents (Resident 67) smoking paraphernalia (an electronic cigarette device that heats a liquid containing nicotine) had been properly stored. 2. Ensure one of seven sampled residents (Resident 124) bed rails were properly padded. 3. Ensure one of seven sampled residents (Resident 95) lighter was stored in a safe location. <p>These deficient practices had the potential to cause serious injuries.</p> <p>Findings:</p> <p>a. During a review of Resident 67's Admission Record, the Admission Record indicated Resident 67 was admitted to the facility on [DATE] and was readmitted on [DATE] Resident 67's diagnoses multiple sclerosis (a chronic, unpredictable disease of the central nervous system), chronic obstructive pulmonary disease ([COPD]-a chronic lung disease causing difficulty in breathing), and acute kidney failure (a sudden and significant decline in the kidney function).</p> <p>During a review of Resident 67's History and Physical (H&P), dated 7/19/2024, the H&P indicated Resident 67 had the capacity to understand and make decisions</p> <p>During a review of Resident 67's Minimum Data Set ([MDS]- a resident assessment tool), dated 2/14/2025 the MDS indicated Resident 67's cognition (ability to learn, reason, remember, understand, and make decisions) able to understand. The MDS indicated Resident 67 was dependent (helper does all of the effort. Resident does none of the effort to complete the activity) on staff for toileting hygiene. The MDS indicated Resident 67 was at risk for developing pressure ulcers (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence). The MDS indicated Resident 67 neurological (anything related to the nervous system, including the brain, spinal cord, and nerves) had a seizure disorder.</p> <p>During an observation on 5/6/2025 at 11:39 a.m. in Resident 67's room there were two vapes with the cannabis symbol (often green cannabis leaf within a triangle with an exclamation point, signifies that a product contains cannabis) on the bedside table.</p> <p>During an observation on 5/7/2025 at 11:04 a.m. in Resident 67's there were two vapes with the cannabis symbol on the bedside table.</p> <p>During an interview on 5/7/2025 at 11:04 a.m. with Resident 67, Resident 67 stated she uses the vapes weekly in her room. Resident 67 stated she had been using the vapes since January of 2025 and she keep them on her bedside table. Resident 67 stated the black vape is for sleep and the white vape is to stay awake.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 5/7/2025 at 12:04 p.m. with Licensed Vocational Nurse (LVN) 5, in Resident 67's room, Resident 67 had two vapes on the bedside table. LVN 5 stated she does rounds daily and did not notice the vapes on the bedside table. LVN 5 stated the vapes could potentially negatively expose the other residents in the room and to Resident 67 for example be contraindicated to her medications. LVN 5 stated Resident 67's physician needed to be notified, and resident teaching needed to be done. LVN 5 stated it was important to teach Resident 67 about vaping cause over time had the potential to cause lung damage.</p> <p>During a concurrent observation and interview on 5/8/2025 at 9:43 a.m. with Staff Development Assistant, the Staff Development Assistant stated he does rounds daily and did not notice the vapes on the bedside table. The Staff Development Assistant stated the resident had the potential to burn herself if she was not supervised while using the vapes.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Smoking Policy-Residents, dated 8/2022, the P&P indicated the facility had established and maintains safe resident smoking practices. The P&P indicated vape devices are not considered smoking devices with respect to the risk of ignition, but are considered a risk for residents related to potential health effects for the smoker such as respiratory illness (any disease of condition that affects the lungs and other parts of the respiratory system impacting breathing), second-hand aerosol exposure (a mix of tiny particles and droplets in the air containing harmful substances), and explosion or fire caused by the battery.</p> <p>b. During a review of Resident 124's Admission Record, the Admission Record indicated Resident 124 was admitted to the facility on [DATE] and was readmitted on [DATE] Resident 124's diagnoses seizures, encephalopathy (a condition that disrupts the brain's normal function a range of symptoms including altered mental status, confusion, and difficulty concentrating), and dysarthria (a motor speech disorder that occurs when the muscles involved in speech become weak, paralyzed, or lack coordination).</p> <p>During a review of Resident 124's History and Physical (H&P), dated 2/17/2025, the H&P indicated Resident 124 did not have capacity to understand and make decisions</p> <p>During a review of Resident 124's Minimum Data Set ([MDS]- a resident assessment tool), dated 2/14/2025 the MDS indicated Resident 124's cognition (ability to learn, reason, remember, understand, and make decisions) rarely/never understands. The MDS indicated Resident 124 was dependent (helper does all of the effort. The resident does none of the effort to complete the activity) on staff for showering, toileting hygiene, and dressing. The MDS indicated Resident 124 was at risk for developing pressure ulcers (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence). The MDS indicated Resident 124 neurological (anything related to the nervous system, including the brain, spinal cord, and nerves) had a seizure disorder.</p> <p>During an observation on 5/6/2025 at 11:55 a.m. the left bed rail pad was hanging off the bed rail.</p> <p>During an observation on 5/7/2025 at 8:15 a.m. the left bed rail pad was hanging off the bed rail.</p> <p>During a review of Resident 124's physician orders titled, Order Summary Report, dated 1/12/2025, the Order Summary Report indicated Resident 124 was to have a low bed with padded bilateral upper half side rails up with floor mat to decrease potential injury.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 5/7/2025 at 12:34 p.m. with LVN 5, Resident 124's physician orders titled, Order Summary Report, dated 1/12/2025 was reviewed. The Order Summary Report indicated Resident 124 was to have a low bed with padded bilateral upper half side rails up with floor mat to decrease potential injury. LVN 5 stated Resident 124's left rail was not completely padded, and the staff is to keep the bed rails padded. LVN 5 stated keeping the side rails padded is to keep the resident safe from injury.</p> <p>During a concurrent observation and interview on 5/7/2025 at 1:59 p.m. with the Assistant Director of Nursing (ADON), the ADON stated Resident 124 had a seizure disorder and the left bed rail was not fully padded. The ADON stated the left bed rail should be fully padded and more secure on the rail. The ADON stated the bed rail was to be padded to prevent injury if the resident was to have a seizure.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Safety and Supervision of Residents, dated 7/2017, the P&P indicated our facility strives to make the environment as free from accident hazards as possible. The P&P indicated resident safety, supervision, and assistance to prevent are facility-wide priorities. The P&P indicated resident supervision may need to be increased when there are temporary hazards in the environment such as bed safety.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Seizures and Epilepsy-Clinical Protocol, dated 3/2024, the P&P indicated the treatment and management to prevent injury during seizure activity, side rails, if in use, will be padded.</p> <p>46832</p> <p>c. During a review of Resident 95's face sheet (front page of the chart that contains a summary of basic information about the resident), the face sheet indicated Resident 95 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing), hypertension (high blood pressure), type 2 diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and muscle weakness.</p> <p>During a review of Resident 95's Minimum Data Set (MDS- a federally mandated resident assessment tool), the MDS indicated Resident 95's cognitive (thinking) skills were intact. The MDS indicated Resident 95 required partial assistance from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a concurrent observation and interview, on 5/6/2025, at 10:30 a.m., in Resident 95's room, Resident 95 stated he was a smoker and was able to keep his lighter in his room. Resident 95 presented a personal green lighter from his bedside table.</p> <p>During a concurrent interview and record review, on 5/8/2025, at 1:50 p.m., with Licensed Vocational Nurse 2 (LVN 2), LVN 2 stated Resident 95 was a supervised smoker. LVN 2 stated all supervised smokers were not allowed to have lighters in their rooms. LVN 2 stated Resident 95 had a lighter at his bedside. LVN 2 stated the risk of a supervised smoker keeping a lighter on them could result in a resident burning themselves, other residents or the facility. LVN 2 stated Resident 95 shouldn't have had a lighter as he is a supervised smoker.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy and procedures (P&P), the P&P, titled Smoking Policy, revised August 2022, indicated Resident without independent smoking privileges may not have or keep any smoking items, including cigarettes, tobacco, etc., except under direct supervision.</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</p> <p>Based on interview and record review, the facility failed to:</p> <p>1. Ensure one of four sampled residents (Resident 175) was provided with a scheduled toileting plan (a technique that involves using a set schedule to go to the bathroom) or bladder training (type of training that will help a person manage urinary incontinence), per bowel and bladder assessment.</p> <p>This deficient practice had the potential for decline in bladder function for Resident 175.</p> <p>Findings:</p> <p>During a review of Resident 175's Admission Record (front page of the chart that contains a summary of basic information about the resident), the Admission Record indicated, Resident 175 was admitted to the facility on [DATE]. Resident 175's diagnoses included bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), major depressive disorder ([MDD] - a mood disorder that causes a persistent feelings of sadness and loss of interest) and generalized muscle weakness.</p> <p>During a review of Resident 175's History and Physical (H&P), dated 2/26/2025, the H&P indicated, Resident 175 had the capacity to understand and make decisions.</p> <p>During a review of Resident 175's Minimum Data Set ([MDS] - a resident assessment tool), dated 2/26/2025, the MDS indicated, Resident 175 was independent (decisions consistent/reasonable) in cognitive (ability to think and reason) skills for daily decision making. The MDS indicated, Resident 175 required substantial assistance (helper does more than half the effort) from staff with toileting hygiene and lower body dressing. The MDS also indicated that a trial of toileting program such as scheduled toileting or bladder training have not been attempted.</p> <p>During an interview on 5/7/2025 at 2:26 p.m., with Resident 175, Resident 175 stated she is willing to use the bedpan (a shallow, pan-shaped container used by individuals who are bedridden or unable to use a toilet due to illness or injury) or use a bedside commode (a portable toilet that can be used by people who are unable to walk to the bathroom but can get out of bed) because she does not want to have a urine infection, but no staff had offered it. Resident 175 stated nursing staff put a diaper on her every day.</p> <p>During an interview on 5/7/2025 at 2:37 p.m., with Certified Nurse Assistant 2 (CNA 2), CNA 2 stated Resident 175 could tell when she needed to urinate and change her diaper. CNA 2 stated she did not offer a bedpan or bedside commode to Resident 175.</p> <p>(continued on next page)</p>

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<p>F 0690</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 5/7/2025 at 3:12 p.m., with Minimum Data Set Nurse 2 (MDSN 2), Resident 175's Bowel and Bladder Program Screener was reviewed. The Bowel and Bladder Program Screener indicated, Resident 175 had a total score of 16 (0-6 Poor candidate for retraining/scheduled toileting, 7-14 candidate for scheduled toileting, 15-21 good candidate for retraining). The Bowel and Bladder Program Screener indicated, Resident 175's mental status was alert and oriented and always aware of need to toilet. The Bowel and Bladder Program Screener also indicated Resident 175 had the ability to get to the bathroom/transfer to toilet/commode/urinal, adjust clothing and wipe with 1 person assist. MDSN 2 stated that Resident 175 would benefit from bladder retraining or scheduled toileting program to reduce problems with incontinence (inability to control the flow or urine or stool) and to prevent risk of skin breakdown. MDSN 2 stated a scheduled toileting plan is a set schedule every 2 hours for residents to be assisted to the bathroom, use a bedside commode or offer a bedpan, for 72 hours to identify Resident 175's pattern of bladder incontinence or continency. MDSN 2 stated the facility did not implement any toileting program for Resident 175.</p> <p>During a review of the facility's policy and procedure (P&P), titled Urinary Continence and Incontinence - Assessment and Management, dated 8/2022, the P&P indicated, The physician and staff will provide appropriate services and treatment to help residents restore or improve bladder function and prevent urinary tract infections to the extent possible. The P&P also indicated as appropriate, based on assessing the category and causes of incontinence, the staff will provide scheduled toileting, prompted voiding, or other interventions to try to manage incontinence.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>52420</p> <p>The facility failed to:</p> <p>1. Ensure one of four sampled residents (Resident 62) oxygen (O2) tubing was labeled with date last changed.</p> <p>This failure resulted in Resident 62 not having a clean and patent tubing and placed at risk for developing a respiratory infection.</p> <p>Findings:</p> <p>During an observation on 5/6/2025 and 5/7/2025 at 11:30 a.m., Resident 62 was observed receiving continuous oxygen at 4 L/minute (amount of oxygen delivered) with no date label on the O2 tubing. The O2 tubing was cloudy and contained clear thick fluid in the tubing around the nasal area.</p> <p>During a concurrent interview and record review on 5/7/2025 at 11: 45 a.m. with Licensed Vocational Nurse (LVN) 4, LVN 4 stated oxygen tubing needs to be changed daily as a routine. LVN 4 stated nursing staff are supposed to label the O2 tubing.</p> <p>During a review of Resident 62's Admission Record (Face sheet), the Admission Record indicated the facility admitted Resident 62 on 1/29/2025 with diagnoses including chronic obstructive pulmonary disease (COPD - a chronic lung disease causing difficulty in breathing).</p> <p>During review of the Minimum Data Set (MDS- a resident assessment tool) dated 3/27/2025 indicated the resident had no cognitive (ability to think and make decisions) impairment.</p> <p>During the review of the physician's (MD) order indicated, change nasal cannula/mask (a small plastic tube, which fits into the person's nostrils for providing supplemental oxygen) every 7 days(s) and as needed when soiled, every night shift(s), every Sunday for O2 therapy.</p> <p>During a review of Resident 62's Care Plan on oxygen revised 1/10/2025 indicated the resident was receiving oxygen 4 L/min due to COPD with goals for the resident to be free of adverse effects related to use of oxygen daily. The interventions included to change oxygen tubing weekly or as needed.</p>		

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NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46144</p> <p>Based on observation, interview, record review the facility failed to:</p> <p>1. Ensure one out of seven sampled residents (Resident 49) appropriate alternatives were used prior to installing all four bed rails.</p> <p>This deficient practice of having all four bed rails up had the potential for Resident 49 to feel entrapped.</p> <p>Findings:</p> <p>During a review of Resident 49's Admission Record, the Admission Record indicated Resident 49 was admitted to the facility on [DATE] and was readmitted on [DATE]. Resident 49's diagnoses metabolic encephalopathy (a condition characterized by altered brain function due to a systemic or metabolic disturbance), dementia (a progressive state of decline in mental abilities), and schizophrenia (a mental illness that is characterized by disturbances in thought).</p> <p>During a review of Resident 49's History and Physical (H&P), dated 4/15/2025, the H&P indicated Resident 49 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 49's Minimum Data Set ([MDS]- a resident assessment tool), dated 4/7/2025 the MDS indicated Resident 49's cognition (ability to learn, reason, remember, understand, and make decisions) sometimes understands. The MDS indicated Resident 49 was dependent (helper does all of the effort. Residents do none of the effort to complete the activity) on staff for showering, toileting hygiene, and dressing.</p> <p>During an observation on 5/6/2025 at 11:06 a.m. all four bed rails were up while Resident 49 was lying in the bed.</p> <p>During an observation on 5/7/2025 at 11:28 a.m. all four bed rails were up while Resident 49 was lying in bed. Resident 49 was not receiving activity daily living ([ADL] -routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) from staff. Resident 49 was able to slightly move in bed and was not using the bed rails for mobility or repositioning. Resident 49 was not able to remove bed rails easily.</p> <p>During a review of Resident 49's physician orders titled, Order Summary Report, dated 3/29/2024, the Order Summary Report indicated to have bilateral upper and lower half side rails up and locked when in bed for ADL changes, mobility, positioning, and as enabler. This use of side rails is considered as non-restraint.</p> <p>(continued on next page)</p>		

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<p>F 0700</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 5/7/2025 at 12:20 p.m. with Licensed Vocational Nurse (LVN) 5, Resident 49's physician orders titled, Order Summary Report, dated 3/29/2024 was reviewed. The Order Summary Report indicated to have bilateral upper and lower half side rails up and locked when in bed for ADL changes, mobility, positioning, and as enabler. This use of side rails is considered as non-restraint. LVN 5 stated Resident 49 and the physician order was not appropriate for the resident because he was not able to pull himself up nor turn himself in bed. LVN 5 stated the physician orders were not matching with Resident 49 abilities. LVN 5 stated Resident 49 could become confused, could potentially slide down, and become stuck in the bed rails which could place the resident in danger.</p> <p>During an interview on 5/8/2025 at 11:03 a.m. with Registered Nurse (RN) 1, RN 1 stated Resident 49 was moving around in bed and that's why all four bed rails were up. RN 1 stated all the bed rails have been up since 3/2024 and she had not noticed that all the bed rails were still up. RN 1 was not able to locate documentation that alternatives were used prior to using all four bed rails. RN 1 stated instead of all four bed rails would bed to have the bed in low position or just the upper bed rails up. RN 1 stated Resident 49 was not moving all over the bed now and not able to remove the bed rails easily. RN 1 stated having all bed rails up could make the resident feel trapped.</p> <p>During a review of the facility's policy and procedures (P&P) titled, Bed Safety and Bed Rails, dated 3/2023, the P&P indicated resident beds meet the safety specifications established and the use of bed rails is prohibited unless the criteria for use of bed rails have been met. The P&P indicated safety measures are implemented for residents who have been identified as having a higher than usual risk for injury including bed entrapment. The P&P indicated physical restraints are any manual method, physical, mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement. The P&P indicated alternatives to the use of side or bed rails are attempted. The P&P indicated alternatives include roll guards, foam bumpers, lowering the bed, and use of concave mattresses to reduce rolling off the bed.</p>		

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</p> <p>Based on interview and record review, the facility failed to:</p> <p>1. Ensure one of one sampled resident (Resident 170) was evaluated by a physician at least once every 30 days for the first 90 days following admission and document his visit in resident's clinical records.</p> <p>This deficient practice had the potential for Resident 170's current medical condition not timely assessed by a physician that can lead to delay in necessary care and treatment.</p> <p>Findings:</p> <p>During a review of Resident 170's Admission Record (front page of the chart that contains a summary of basic information about the resident), the Admission Record indicated, Resident 170 was admitted to the facility on [DATE]. Resident 170's diagnoses included cellulitis (a skin infection that causes swelling and redness) of left and right lower limb (body part), hypertension ([HTN] - high blood pressure), and generalized muscle weakness.</p> <p>During a review of Resident 170's History and Physical (H&P), dated 1/29/2025, the H&P indicated, Resident 170 had the capacity to understand and make decisions.</p> <p>During a review of Resident 170's Minimum Data Set ([MDS] - a resident assessment tool), dated 2/5/2025, the MDS indicated, Resident 170 was independent (decisions consistent/reasonable) in cognitive (ability to think and reason) skills for daily decision making. The MDS indicated, Resident 170 required supervision (helper provides verbal cues as resident completes activity) from staff with oral hygiene, upper and lower body dressing, and personal hygiene.</p> <p>During an interview on 5/6/2025 at 10:58 a.m., with Resident 170, Resident 170 stated she had seen her physician only once since she was admitted January this year. Resident 170 stated she would like to see and talk to her physician so he could discuss her medical condition and provide the reason why her blood pressure was always high.</p> <p>During a concurrent interview and record review on 5/8/2025 at 9:00 a.m., with the Assistant Director of Nursing (ADON), Resident 170's clinical records were reviewed. The ADON stated Resident 170 was visited by her physician on 1/29/2025. The ADON stated Resident 170 was visited by a Physician Assistant ([PA] - a licensed healthcare professional who provides patient care under the supervision of a physician) on 2/15/2025, 3/15/2025, and 4/19/2025. The ADON stated residents at the facility should be seen by a physician once a month so he could do a thorough assessment, evaluate and treat residents medical conditions and document his findings in the clinical records of the residents.</p> <p>(continued on next page)</p>		

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/8/2025 at 9:37 a.m., with the Director of Nursing (DON), the DON stated a physician is required to visit residents every month in the facility and if the physician has a PA or Nurse Practitioner ([NP] - a nurse who has advanced clinical education and training) then he could visit every 3 months. The DON stated a physician has a broader amount of education and extensive training to treat residents complex (complicated) medical condition compared to a PA or NP. The DON stated he could not find Resident 170's physician progress notes on February 2025, March 2025, and April 2025. The DON stated the physician of Resident 170's was not compliant with the physician's visit based on the state and federal regulations.</p> <p>During a review of the facility's policy and procedure (P&P), titled Physician Visits, dated 4/2013, the P&P indicated, The attending physician must visit his/her patients at least once every 30 days for the first 90 days following the resident's admission, and then at least every 60 days thereafter.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46832</p> <p>Based on observation, interview and record review, the facility failed to:</p> <p>1. Ensure the correct prescribed eyedrops were in the Sub-Acute Medication Cart according to physician orders for Resident 84.</p> <p>This deficient practice had the potential to result in medication errors.</p> <p>Findings:</p> <p>During a review of Resident 84's face sheet (front page of the chart that contains a summary of basic information about the resident), the face sheet indicated Resident 84 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included respiratory failure (a condition where the lungs cannot adequately exchange oxygen and carbon dioxide in the blood), aphasia (difficulty speaking), dysphagia (difficulty swallowing), and brain damage.</p> <p>During a review of Resident 84's Minimum Data Set (MDS- a federally mandated resident assessment tool), the MDS indicated Resident 84's cognitive (thinking) skills were severely impaired. The MDS indicated Resident 84 was dependent on staff for Activities of Daily Living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 84's physician orders, dated 1/10/2025, Resident 84 had a physician order for Refresh Tears Ophthalmic Solution 0.5%.</p> <p>During an observation, on 5/8/2025, at 8:40 a.m., of Medication Administration pass, with Licensed Vocational Nurse 8 (LVN 8), LVN 8 was observed removing Polyvinyl Alcohol 1.4% eye drops from the Sub Acute medication cart.</p> <p>During a concurrent interview and record review, on 5/8/2025, at 8:43, with LVN 8, LVN 8 stated Resident 84's Refresh eye drops were not delivered by the pharmacy in time. LVN 8 stated the Polyvinyl Alcohol eye drops needed to be clarified by Resident 84's physician as there wasn't an order for Resident 84. LVN 8 stated Resident 84's eye drops were held. LVN 8 stated he would clarify the order and called the pharmacy to follow up on Resident 84's Refresh tears eye drops. LVN 8 stated the risk of not obtaining the correct eye drops as ordered could result in accidentally administering the medication causing a medication error.</p> <p>During a review of the facility's policy and procedures (P&P), the P&P, titled Medication Administration-General Guidelines, dated October 2017, indicated Prior to administration, the medication and dosage schedule on the resident's, medication administration record (MAR) is compared with the medication label. If the label and MAR are different and the container is not flagged indicating a change in directions or if there is any other reason to question the dosage or directions, the physician's orders are checked for the correct dosage schedule.</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</p> <p>Based on interview and record review, the facility failed to:</p> <p>1. Act on the pharmacist consultant's (a professional responsible for reviewing each resident's medication profile monthly to identify and report changes) recommendations timely, for one of five sampled residents (Resident 39).</p> <p>This deficient practice placed Resident 39 at risk for unnecessary medication administration.</p> <p>Findings:</p> <p>During a review of Resident 39's Admission Record (front page of the chart that contains a summary of basic information about the resident), the Admission Record indicated, Resident 39 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 39's diagnoses included psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality), bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), and Diabetes Mellitus ([DM] - a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 39's History and Physical (H&P), dated 4/8/2025, the H&P indicated, Resident 39 was able to make decisions for activities of daily living.</p> <p>During a review of Resident 39's Minimum Data Set ([MDS] - a resident assessment tool), dated 4/11/2025, the MDS indicated, Resident 39 was independent (decisions consistent/reasonable) in cognitive (ability to think and reason) skills for daily decision making. The MDS indicated, Resident 39 required setup assistance (helper sets up, resident completes activity) from staff with eating, oral hygiene, and toileting hygiene.</p> <p>During a review of Resident 39's Order Summary Report (a document containing active orders), dated 5/7/2025, the Order Summary Report indicated, the physician placed a telephone order on 4/6/2025 for Resident 39 to start on Olanzapine (medication used to treat psychosis) to give 10 milligrams ([mg] - metric unit of measurement, used for medication dosage and/or amount) by mouth one time a day (9 a.m.) for psychosis manifested by constantly worrying about medical condition causing stress.</p> <p>(continued on next page)</p>		

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<p>F 0756</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 5/8/2025 at 3:54 p.m., with Registered Nurse 1 (RN 1), Resident 39's Consultant Pharmacist's Medication Regimen Review (MRR), dated 4/9/2025, was reviewed. The MRR indicated Resident 39 has a new psychotropic medication (any drug that affects brain activities associated with mental process and behavior) of Olanzapine for psychosis manifested by constant worrying about medical condition causing stress. The MDD indicated pharmacy consultant's recommendation for Resident 39's physician to clarify and update order of Olanzapine with appropriate behaviors. RN 1 stated the psychiatrist (a medical doctor who specializes in the diagnosis, treatment, and prevention of mental health disorder) came and evaluated Resident 39 on 4/11/2025 and did not address the Consultant Pharmacist's MRR. RN 1 stated Resident 39's clinical records did not indicate documentation the licensed nursing staff followed up with the resident's physician to clarify and update the behavior manifestation for the use of Olanzapine. RN 1 stated Resident 39's target behavior was not meeting the criteria for use of psychotropic medications. RN 1 stated it was important for the licensed nursing staff to address and discuss pharmacist consultant's recommendation with the resident's physician to avoid the residents receiving unnecessary medication and to comply with the federal regulations.</p> <p>During a review of the facility's policy and procedure (P&P), titled Consultant Pharmacist Reports, dated 6/2021, the P&P indicated, Recommendations are acted upon and documented by the facility staff and or the prescriber.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46832</p> <p>Based on observation, interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure insulin pens were discarded for Resident 21. 2. Ensure a valproic acid (to treat seizures) bottle had a legible label for Resident 64. <p>Findings:</p> <p>a. During a review of Resident 21's face sheet (front page of the chart that contains a summary of basic information about the resident), the face sheet indicated Resident 21 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included hemiplegia and hemiparesis (complete paralysis and weakness on one side of the body), type 2 diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), and epilepsy (seizures).</p> <p>During a review of Resident 21's Minimum Data Set (MDS- a federally mandated resident assessment tool), the MDS indicated Resident 21's cognitive (thinking) skills were moderately impaired. The MDS indicated Resident 21 required maximal assistance from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a concurrent observation and interview, on 5/8/2025, at 11:04 a.m., of Station 2's Medication Storage Room, with Licensed Vocational Nurse 2 (LVN 2), LVN 2 observed a bag of Resident 21's opened insulin pens sitting on top of a shelf. LVN 2 stated Resident 21's insulin pens should had been discarded. LVN 2 stated the risk of not discarding expired medications could result in an infection control issue. LVN 2 stated The insulin pens should had been discarded immediately.</p> <p>b. During a review of Resident 64's face sheet (front page of the chart that contains a summary of basic information about the resident), the face sheet indicated Resident 64 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included epilepsy (seizures), type 2 diabetes (a disorder characterized by difficulty in blood sugar control and poor wound healing), schizophrenia (a mental illness that is characterized by disturbances in thought)), and aphonia (inability to produce voiced sound).</p> <p>During a review of Resident 64's Minimum Data Set (MDS- a federally mandated resident assessment tool), the MDS indicated Resident 64's cognitive (thinking) skills were severely impaired. The MDS indicated Resident 64 required moderate assistance from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview, on 5/8/2025, at 2:25 p.m., of Station 2's Medication Cart, with Licensed Vocational Nurse 2 (LVN 2), LVN 2 observed a bottle of Resident 64's valproic acid with an illegible label inside of the cart. LVN 2 stated all medication should have a legible label for each resident. LVN 2 stated the risk of having an illegible label in a medication cart could result in medication errors and not knowing which resident the medication belongs to.</p> <p>During a review of the facility's policy and procedures (P&P), the P&P, titled Storage of Medications, dated 1/2025, indicated Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier.</p>

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48712</p> <p>Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure one of seven sampled residents (Resident 123) had a Complete Blood Count ([CBC]- a blood test that measures the number and type of cells in your blood), Comprehensive Metabolic Panel ([CMP]- a blood test that measures fourteen different substances in the blood) and Ammonia (a waste product found in blood) level completed per physician's order. 2. Ensure one of two sampled residents (Resident 156) had weekly pre-albumin (a lab test measures the level of prealbumin in the blood, a protein made by the liver) laboratory order drawn as ordered by the physician. <p>These deficient practices had the potential for a delay in healthcare services and interventions for Residents 123 and 156 .</p> <p>Findings:</p> <p>a. During a review of Resident 123's Admission Record, the Admission Record indicated Resident 123 was initially admitted to the facility on [DATE], with a readmission on 12/20/2023. Resident 123's diagnoses included malnutrition (a condition caused by not getting enough calories or the right amount of key nutrients), schizophrenia (a mental illness that is characterized by disturbances in thought), and bipolar disorder (mood swings that range from the lows of depression to elevated periods of emotional highs).</p> <p>During a review of Resident 123's History and Physical (H&P), dated 12/19/2024, the H&P indicated Resident 123 had the ability to make decisions for activities of daily living.</p> <p>During a review of Resident 123's MDS, dated [DATE], the MDS indicated Resident 123's cognition (ability to reason and understand) was intact. The MDS indicated Resident 123 needed set up assistance with eating, toileting, and dressing.</p> <p>During a review of Resident 123's care plan, dated 4/6/2025, the care plan indicated the facility would complete lab work as ordered and notify the physician of abnormal results.</p> <p>During a review of Resident 123's Order Summary Report, dated 5/8/2025, the report indicated on 4/25/2025 the physician entered an order for a CBC, CMP, and Ammonia level.</p> <p>During a concurrent interview and record review on 5/8/2025 at 12:36 p.m. with Licensed Vocational Nurse (LVN) 2, Resident 123's lab results were reviewed. LVN 2 stated there were no lab results for a CBC, CMP, and Ammonia level. LVN 2 stated the lab work was not completed. LVN 2 stated the physician ordered the lab work to monitor Resident 123 because she is on medications. Since the lab work was not completed, something may be out of range that needs to be addressed.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Availability of Services, Diagnostic, dated December 2009, the P&P indicated clinical laboratory services to meet the needs of the residents are provided by the facility.</p> <p>49131</p> <p>b. During a review of Resident 156's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 156 was originally admitted on [DATE] and readmitted on [DATE] with diagnoses that included encephalopathy (any disease, disorder, or damage that affects the brain's normal function or structure), and generalized edema (the accumulation of fluid in the body's tissues, affecting the entire body).</p> <p>During a review of Resident 156's History and Physical (H&P), dated 12/7/2024, the H&P indicated Resident 156 did not have the ability to understand and make decisions.</p> <p>During a review of Resident 156's Minimum Data Set (MDS - a resident assessment tool), dated 2/5/2025, the MDS indicated it was not appropriate for Resident 156 to have a brief interview for mental status (BIMS -an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) be done. The MDS further indicated Resident 156 was dependent on staff for all functional abilities (an individual's capacity to perform activities of daily living and other tasks).</p> <p>During a review of Resident 156'S Care Plan, dated 1/15/2025, the Care Plan indicated Resident 156 was at risk for alteration in hydration status due to history of vomiting, and not being able to eat by mouth and was also on gastrostomy tube feeding (GT feeding- a feeding tube surgically placed directly into the stomach to receive nutrition) and was at risk for weight gain and weight loss, and dehydration. Interventions included to have laboratory blood work done as ordered.</p> <p>During a review of Resident 156's Order Summary Report, the Order Summary Report indicated Resident 156 had an order placed on 1/18/2025, for a weekly laboratory order for pre-albumin.</p> <p>During a concurrent interview and record review on 5/7/2025 at 1:56 p.m. with Registered Nurse (RN) 2, RN 2 stated laboratory orders need to be entered into the laboratory company website so they would be aware there was blood work that needed to be done. RN 2 reviewed Resident 156's Order Summary Report and stated there was an order for a weekly pre-albumin blood draw since January. RN 2 reviewed the weekly pre-albumin blood draw and stated they have not been done weekly as ordered and have only been done on the following dates: 1/21/25, 2/20/25, 3/5/25, 4/3/25, 4/7/25, 4/21/25. RN 2 stated Resident 156 had these blood work because they wanted to ensure his protein levels are good and if it was abnormal, would report to the doctor and dietitian and see what further interventions the resident would need.</p> <p>During a review of the facility's P&P titled Availability of Services, Diagnostic, dated 12/2009, the P&P indicated clinical laboratory services to meet the needs of our residents are provided by the facility.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</p> <p>Based on observation, interview and record review, the facility failed to ensure safe and sanitary food storage and food preparation practices in the kitchen by failing to:</p> <ol style="list-style-type: none"> 1. Ensure food item was labeled in dry food storage 2. Ensure the outside compartment of ice machine was clean <p>These deficient practices had the potential to result in foodborne illness and cross contamination (transfer of harmful bacteria from one place to another).</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a concurrent observation and interview on [DATE] at 8:40 a.m., with the Dietary Service Supervisor (DSS) in the dry storage room, an opened box of spaghetti whole wheat pasta was noted with no label with an open date. The DSS stated all food items in the dry storage are once opened in the box, should be labeled with the date it was opened and follow the standard food guidelines when to be consumed. The DSS stated the risk of not labeling with an open date of food items could result in residents consuming expired food. <p>During a review of the facility's undated policy and procedure (P&P), titled Storage of Canned and Dry Goods, the P&P indicated, Food items will be dated and labeled when placed in the containers.</p> <ol style="list-style-type: none"> 2. During a concurrent observation and interview on [DATE] at 8:51 a.m., with the DSS in the kitchen area, outside compartment of ice machine was observed dirty with thick hard water deposit. The DSS stated dietary staff was responsible in cleaning the outside compartment of the ice machine once a week. The DSS stated the facility did not keep a log to show weekly cleaning of the outside compartment of the ice machine. The DSS stated it was important to clean the outside compartment of the ice machine to preserve the integrity of the ice machine and for infection control purposes. <p>During a review of the facility's undated P&P, titled Ice Machine Cleaning, the P&P indicated, Dietary staff to clean and sanitize the outside of the ice machine daily and as needed.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46144</p> <p>Based on observation, interview, and record review the facility failed to:</p> <p>1. Ensure licensed staff performed hand hygiene for one out of seven sampled residents (Resident 34) during a dressing change.</p> <p>This deficient practice had the potential to spread infections throughout the facility, which is transferred through direct contact from contaminated hands.</p> <p>Findings:</p> <p>During a review of Resident 34's Admission Record, the Admission Record indicated Resident 34 was admitted to the facility on [DATE] and was readmitted on [DATE]. Resident 34's diagnoses chronic respiratory failure ([COPD]- a chronic lung disease causing difficulty in breathing), transient ischemic attack ([TIA]- an interruption of blood flow to the brain), and diabetes mellitus ([DM]- a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 34's History and Physical (H&P), dated 10/3/2024, the H&P indicated Resident 34 did not have capacity to understand and make decisions</p> <p>During a review of Resident 34's Minimum Data Set ([MDS]- a resident assessment tool), dated 4/7/2025 the MDS indicated Resident 34's cognition (ability to learn, reason, remember, understand, and make decisions) rarely/never understands. The MDS indicated Resident 34 was dependent (helper does all of the effort. Residents do none of the effort to complete the activity) on staff for showering, toileting hygiene, and dressing. The MDS indicated Resident 34 was at risk for developing pressure ulcers (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence).</p> <p>During an observation on 5/8/2025 at 11:30 a.m. TN 3 removed the dressing from the right great toe of Resident 34, cleaned the wound, and placed a clean dressing on the right great toe without washing his hand in between care of the wound.</p> <p>During an observation on 5/8/2025 at 11:35 a.m. TN 3 continued to treat another wound an abrasion to the left heel of Resident 34 and did not change gloves nor washed his hands between wound care treatment.</p> <p>During an interview on 5/8/2025 at 11:40 AM with TN 3, TN 3 stated he did not remove his gloves and washed his hands after he removed dressing from Resident 34's right great toe and left heel abrasion. TN 3 stated he should have washed his hands after cleaning the wounds and put on new gloves after each wound treatment. TN 3 stated the purpose of washing his hands was to prevent the spread of infection and to prevent the wound from getting infected.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of facility's policy and procedures (P&P) titled, Wound Care, dated 10/2010, the P&P indicated the purpose of this procedure was to provide guidelines for the care of wounds to promote healing. The P&P indicated the steps in the procedure was put on exam glove, loosen tape and remove dressing, pull glove over dressing, and discard into appropriate receptacle. The P&P indicated to wash and dry your hands thoroughly, put on gloves.</p> <p>During a review of facility's P&P titled, Handwashing/Hand Hygiene, dated 5/2023, the P&P indicated the facility considers hand hygiene the primary means to prevent the spread of infections. The P&P indicated use an alcohol-based hand rub before handling clean or soiled dressings and gauze pads, after handling used dressings, after removing gloves, and the use of gloves does not replace hand washing/hand hygiene.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49131</p> <p>Based on interview, and record review, the facility failed to:</p> <p>1. Ensure two of five sampled residents (Resident 152 and Resident 441) was offered the flu vaccine for the 2024-2025 flu season.</p> <p>This deficient practice had the potential for Resident 152 and Resident 441 at higher risk of acquiring and transmitting the flu to other residents in the facility.</p> <p>Findings:</p> <p>During an interview on 5/8/2025 at 8:56 a.m. with Infection Prevention Nurse (IPN) 1, IPN 1 stated all residents of the facility are offered the flu vaccine during the flu season. If the resident or their representative received the flu vaccine, it would be documented in the resident's chart that they received the flu vaccine, if they declined, there would also be documentation they declined the flu vaccine. IPN 1 stated she was unable to find documentation to show if Resident 152 and Resident 441 declined or received the flu vaccine for the 2024-2025 flu season.</p> <p>During a review of Resident 152's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 152 was originally admitted on [DATE] and readmitted on [DATE] with diagnoses that included respiratory failure (too little air or blood flow to the lungs), dependence on ventilator (a machine that helps support breathing), and pneumonia (an infection/inflammation in the lungs).</p> <p>During a review of Resident 152's History and Physical (H&P) dated 12/6/2024, the H&P indicated Resident 152 did not have the ability to understand and make decisions.</p> <p>During a review of Resident 152's Minimum Data Set (MDS - a resident assessment tool) dated 3/15/2025, the MDS indicated the flu vaccine was not offered to Resident 152. The MDS also indicated it was not appropriate for Resident 152 to have a brief interview for mental status (BIMS -an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) be done. The MDS further indicated Resident 156 was dependent on staff for all functional abilities (an individual's capacity to perform activities of daily living and other tasks).</p> <p>During a review of Resident 441's Face Sheet, the Face Sheet indicated Resident 441 was originally admitted on [DATE] and readmitted on [DATE] with diagnoses that included respiratory failure, and chronic obstructive pulmonary disorder (COPD- a chronic lung disease causing difficulty in breathing).</p> <p>During a review of Resident 441's Care Plan dated 12/21/2023, the Care Plan indicated Resident 441 was at high risk for infection and interventions included to offer and administer vaccines as needed.</p> <p>(continued on next page)</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 441's MDS dated [DATE], the MDS indicated the flu vaccine was not offered to Resident 441. The MDS also indicated it was not appropriate for Resident 441 to have a BIMS assessment be done. The MDS further indicated Resident 441 was dependent on staff for all functional abilities.</p> <p>During a review of Resident 441's H&P dated 5/2/2025, the H&P indicated Resident 441 did not have the ability to understand and make decisions.</p> <p>During a follow up interview on 5/9/2025 at 9:14 a.m. with IPN 1, IPN 1 stated all residents are offered the flu vaccine during the flu vaccine season. IPN 1 was not sure why they were not offered the flu vaccine. With IPN 1, reviewed the electronic health record for Resident 152 and Resident 441 again, but unable to find documentation that they were offered the flu vaccine and there was no declination from either one of the residents, and no documentation they received the flu vaccine. IPN 1 stated both residents are ventilator (a medical device to help support or replace breathing) dependent and they are more vulnerable if they get the flu and if they or their family consents to receiving the vaccine then it should be given to them to prevent complications.</p> <p>During a concurrent interview and record review on 5/9/2025 at 9:50 a.m. with IPN 2, Resident 152 and Resident 441's care plan, interdisciplinary team (IDT) meetings were reviewed. IPN 2 stated there were care plans for Resident 152 and Resident 441 that showed the flu vaccine was declined and reviewed both of their care plans but was unable to find a care plan for declining the flu vaccine. The MDS was shown to IPN 2 for Resident 152 and Resident 441 and showed the flu vaccine was not offered. IPN 2 stated there could also be a documented IDT meeting that showed the flu vaccine was declined but Resident 152 and Resident 441's electronic health record did not show this IDT meeting occurred.</p> <p>During a concurrent interview and record review on 5/9/2025 at 10:34 a.m. with IPN 1, the California Immunization Registry (CAIR- a secure, confidential, statewide computerized immunization information system for California residents), undated, was reviewed for Resident 152 and Resident 441. IPN 1 stated that according to the CAIR website, neither Resident 152 nor Resident 441 received the 2024-2025 flu vaccine.</p> <p>During a review of the facility's policy and procedure (P&P) titled Vaccination of Residents, dated 10/2019, the P&P indicated all residents would be offered vaccines that aid in preventing infectious diseases unless the vaccine is medically contraindicated (a reason not to do something) or the resident had already been vaccinated.</p> <p>During a review of the facility's policy and procedure (P&P) titled Influenza Vaccine, dated 3/2022, the P&P indicated between October 1 and March 31 each year, the vaccine shall be offered to residents unless the vaccine is medically contraindicated or had already been immunized (have already received the vaccine). The P&P further indicated a resident's refusal of the vaccine shall be documented on the informed consent for influenza vaccine and placed in the medical record and the infection preventionist will maintain surveillance data on influenza vaccine coverage and reported rates of influenza among residents.</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48712</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <p>1. Ensure residents in rooms 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, and 13 had at least 80 square feet ([sqft]- a unit of measure) of living space.</p> <p>This deficient practice had the potential to result in residents not being able to move around freely or store personal items. Staff may also have difficulty providing care due to a lack of space.</p> <p>Findings:</p> <p>During an observation on 5/6/2025 at 12:00 p.m. in room [ROOM NUMBER], room [ROOM NUMBER] was noted to contain three occupied beds.</p> <p>During a review of the Client Accommodation Analysis, dated 5/6/2025, the analysis indicated the facility had the following room measurements:</p> <p>Room # # of beds Floor square footage</p> <p>1 3 211</p> <p>2 3 210</p> <p>3 3 210</p> <p>4 3 210</p> <p>5 3 211</p> <p>7 3 211</p> <p>8 3 211</p> <p>9 3 211</p> <p>10 3 212</p> <p>11 3 212</p> <p>12 3 212</p> <p>13 3 214</p> <p>(continued on next page)</p>

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>During a review of the Room Variance Waiver request letter, dated 5/6/2025, the letter indicated rooms 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, and 13 do not have at least 80 sqft per resident.</p> <p>During an interview on 5/9/2025 at 11:48 a.m. with the Administrator (Adm), the Adm stated there have not been any complaints from residents or staff concerning the smaller rooms. The Adm stated due to the smaller room, staff could potentially not have enough room to provide care for residents. There may not be enough room to store medical equipment and personal items.</p>		