

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to inform and provide the Notice of Medicare Non-Coverage (NOMNC, a notice that indicates when your care is set to end from a skilled nursing facility) form 48 hours prior to the end of skilled nursing services to resident representatives for three of three sampled residents (Residents 128, 136, and 164). This deficient practice had the potential to result in the resident representative not being able to exercise their right to file an appeal. Findings: 1. During a review of Resident 128's Face Sheet, the Face Sheet indicated Resident 128 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 128's diagnoses included urinary tract infection (UTI, an infection in the bladder/urinary tract), acute respiratory failure (a life-threatening medical emergency where your lungs suddenly stop working properly), and dysphagia (difficulty of swallowing). During a review of Resident 128's Minimum Data Set (MDS, a resident assessment tool), dated 4/23/2026, the MDS indicated Resident 128's cognition (ability to think and process) was intact. The MDS indicated Resident 128 required moderate assistance (helper does less than half the effort) from staff with oral hygiene and personal hygiene. During a review of Resident 128's History and Physical (H&P), dated 6/3/2026, the H&P indicated Resident 128 was able to make decisions for activities of daily living. During a concurrent interview and record review on 6/26/2026 at 9:43 a.m. with the Business Office Manager Assistant (BOMA), Resident 128's NOMNC form, was reviewed. The BOMA stated Resident 128's last covered day for skilled services ended on 2/19/2026 with 8 days of skilled services remaining. The BOMA stated Resident 128's NOMNC was given to Resident 128's representative on 4/2/2026. The BOMA stated Resident 128's representative should have been notified 72 hours prior to end of skilled services. The BOMA stated Resident 128's representative was denied her rights to make an appeal because the NOMNC was given approximately 42 days after Resident 128 was discontinued from skilled services. 2. During a review of Resident 136's Face Sheet, the Face Sheet indicated Resident 136 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 136's diagnoses included UTI, acute kidney failure (a sudden decline in kidney function), and Diabetes Mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 136's H&P, dated 4/12/2026, the H&P indicated Resident 136 was able to make decisions for activities of daily living. During a review of Resident 136's MDS, dated [DATE], the MDS indicated Resident 136's cognition was intact. The MDS indicated Resident 136 required substantial assistance (helper does more than half the effort) from staff with toileting hygiene, lower body dressing, and personal hygiene. During a concurrent interview and record review on 6/26/2026 at 9:39 a.m., with BOMA, Resident 136's NOMNC form, was reviewed. The BOMA stated Resident 136's last covered day for skilled services ended on 6/15/2026 with 33 days of skilled services remaining. The BOMA stated Resident 136's NOMNC was given and signed by Resident 136 on 4/12/2026. The BOMA stated Resident 136's (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 055753	Facility ID: 055753 If continuation sheet Page 1 of 29

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	NOMNC should have been given at least 72 hours before the end of skilled services on 6/15/2026.3. During a review of Resident 164's Face Sheet, the Face Sheet indicated Resident 164 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 164's diagnoses included hypertension (HTN, high blood pressure), chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing), and DM.During a review of Resident 164s H&P, dated 1/3/2026, the H&P indicated Resident 164 did not have the capacity to understand and make decisions.During a review of Resident 164's MDS, dated [DATE], the MDS indicated Resident 164 was able to understand and be understood by others. The MDS indicated Resident 164 required substantial assistance from staff with oral hygiene, toileting hygiene, and upper body dressing.During a concurrent interview and record review on 6/26/2026 at 10:18 a.m., with BOMA, Resident 164's NOMNC form, was reviewed. The BOMA stated Resident 164's last covered day for skilled services ended on 6/8/2026 with 9 days of skilled services remaining. The BOMA stated Resident 164's NOMNC was given to Resident 164's representative on 6/7/2026. The BOMA stated the facility did not follow the Medicare guidelines to inform Resident 164's representative at least 72 hours before the last day of skilled coverage.During a review of the facility's policy and procedure (P&P) titled, Medicare Advance Beneficiary and Medicare Non-Coverage Notices, dated 9/2022, the P&P indicated if the resident's Medicare Covered Part A stay was ending, a Notice of Medicare Non-Coverage (CMS form 10123) was issued to the resident at least two calendar days before the benefits end.		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to:Ensure medication was administered within the required timeframe as ordered by the physician for one of 28 sampled residents (Resident 164).Ensure two licensed nurses conducted and signed as witnesses in the destruction of non-controlled discontinued medications for five out of five sampled residents (Residents 3, 43, 99, 134, and 152).This deficient practice had the potential for Resident 164's prescribed medication to be ineffective and had the potential of misuse of discontinued medications and drug diversion. Findings:1. During a review of Resident 164's Face Sheet, the Face Sheet indicated Resident 164 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 164's diagnoses included hypertension (HTN, high blood pressure), chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing), and Diabetes Mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing).During a review of Resident 164's History and Physical (H&P), dated 3/12/2026, the H&P indicated Resident 164 had a power of attorney but could make needs known.During a review of Resident 164's physician order, dated 3/10/2026, the physician order indicated to administer diltiazem hydrochloride (HCL) (medication for treatment of HTN) 90 milligrams (mg, unit of measurement) one tablet before meals and at nighttime for HTN, hold if systolic blood pressure (SBP, top number in a blood pressure reading) less than 110 or heart rate less than 70.During a review of Resident 164's Minimum Data Set (MDS, a resident assessment tool), dated 3/23/2026, the MDS indicated Resident 164 was able to understand and be understood by others. The MDS indicated Resident 164 required substantial assistance (helper does more than half the effort) from staff with oral hygiene, toileting hygiene, and upper body dressing.During a review of Resident 164's Medication Administration Records (MAR, a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) from 6/1/2026 to 6/23/2026, the MAR indicated Resident 164's diltiazem HCL 90 mg was administered at 9:00 a.m., 1:00 p.m., 5:00 p.m., and 9:00 p.m.During a concurrent medication observation and interview on 6/24/2026 at 9:57 a.m., with Licensed Vocational Nurse 3 (LVN 3), LVN 3 was about to administer Resident 164's diltiazem HCL. LVN 3 stated Resident 164's diltiazem HCL should have been administered at 6:30 a.m. which is 30 minutes before meals as per physician's order. LVN 3 stated Resident 164 already ate her breakfast meal. LVN 3 stated diltiazem HCL should be given before meals for better absorption.During a review of the facility's policy and procedure (P&P) titled, Administering Medications, dated 4/2019, the P&P indicated, Medications are administered in accordance with prescriber orders, including any required time frame.2. During a review of Resident 3's Face Sheet, the Face Sheet indicated Resident 3 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 3's diagnoses included sepsis (a life-threatening blood infection), chronic respiratory failure (a serious condition that makes it difficult to breathe on your own), and dysphagia (difficulty swallowing).During a review of Resident 3's H&P, dated 9/1/2025, the H&P indicated Resident 3 did not have the capacity to understand and make decisions.During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3's cognition (ability to think and process) was severely impaired. The MDS indicated Resident 3 was dependent (helper does all of the effort) on staff for oral hygiene, toileting hygiene, and upper and lower body dressing.During a review of Resident 43's Face Sheet, the Face Sheet indicated Resident 43 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 43's (continued on next page)		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	diagnoses included generalized anxiety disorder (disorder (a condition in which a person has excessive worry and feelings of fear, dread and uneasiness), chronic respiratory failure, and dysphagia.During a review of Resident 43's H&P, dated 3/20/2025, the H&P indicated Resident 43 did not have the capacity to understand and make decisions.During a review of Resident 43's MDS, dated [DATE], the MDS indicated Resident 43's cognition was severely impaired. The MDS indicated Resident 43 was dependent on staff for oral hygiene, toileting hygiene, and upper and lower body dressing.During a review of Resident 99's Face Sheet, the Face Sheet indicated Resident 99 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 99's diagnoses included hyperlipidemia (high amounts of fats in the blood), respiratory failure, and dysphagia.During a review of Resident 99's H&P, dated 8/8/2025, the H&P indicated Resident 99 did not have the capacity to understand and make decisions.During a review of Resident 99's MDS, dated [DATE], the MDS indicated Resident 99's cognition was severely impaired. The MDS indicated Resident 99 was dependent on staff for oral hygiene, toileting hygiene, and upper and lower body dressing.During a review of Resident 134's Face Sheet, the Face Sheet indicated Resident 134 was admitted to the facility on [DATE]. Resident 134's diagnoses included bacteremia (presence of bacteremia in the bloodstream), dysphagia, and aphasia (a disorder that makes it difficult to speak).During a review of Resident 134's H&P, dated 12/22/2025, the H&P indicated Resident 134 did not have the capacity to understand and make decisions.During a review of Resident 134's MDS, dated [DATE], the MDS indicated Resident 134's cognition was severely impaired. The MDS indicated Resident 134 was dependent on staff for oral hygiene, toileting hygiene, and upper and lower body dressing.During a review of Resident 152's Face Sheet, the Face Sheet indicated Resident 152 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 152's diagnoses included HTN, respiratory failure, and dysphagia.During a review of Resident 152's MDS, dated [DATE], the MDS indicated Resident 152's cognition was severely impaired. The MDS indicated Resident 152 was dependent on staff for oral hygiene, toileting hygiene, and upper and lower body dressing.During a concurrent interview and record review on 6/24/2026 at 11:56 a.m., with Registered Nurse 2 (RN 2), the Medication Disposition Records, dated 3/3/2026, 3/10/2026, 4/14/2026, 5/26/2026, 6/2/2026, and 6/26/2026, were reviewed. RN 2 stated on 3/3/2026, Resident 43's Medication Disposition Record indicated there were 10 tablets of Buspar (medication to treat anxiety disorder) 10 mg that were destroyed but it was missing a signature of a licensed nurse as a witness. RN 2 stated on 3/10/2026, Resident 152's Medication Disposition Record indicated there were 6 tablets of labetalol (medication to treat HTN) 100 mg and 13 tablets of hydralazine HCL (medication to treat HTN) 25 mg that were destroyed but it was missing a signature of a licensed nurse as a witness. RN 2 stated on 4/14/2026, Resident 152's Medication Disposition Record indicated there were 4 tablets of hydralazine HCL 25 mg that were destroyed but it was missing a signature of a licensed nurse as a witness. RN 2 stated on 5/26/2026, Resident 134's Medication Disposition Record indicated there were 6 tablets of levofloxacin 750 mg (antibiotic to treat infection) that were destroyed but it was missing a signature of a licensed nurse as a witness. RN 2 stated on 6/2/2026, Resident 99's Medication Disposition Record indicated there were 17 tablets of Gemfibrozil 600 mg (medication to treat hyperlipidemia) that were destroyed but it was missing a signature of a licensed nurse as a witness. RN 2 stated on 6/26/2026, Resident 134's Medication Disposition Record indicated there were 9 tablets of ondansetron HCL 4 mg (medication to treat and prevent nausea and vomiting) that were destroyed but it was missing a signature of a licensed nurse as a witness. RN 2 stated there should be two signatures by licensed nurses (disposed by and a witness) when disposing or destroying non-controlled medications. RN 2 stated it was important to have 2 licensed nurses signing (continued on next page)		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the Medication Disposition Record when destroying non-controlled medications to validate the total number of medications destroyed.During an interview on 6/24/2026 at 12:42 p.m., with the Director of Nursing (DON), the DON stated the facility's process when destroying non-controlled medication required the signatures of 2 licensed nurses. The DON stated there was a risk for theft and drug diversion if the Medication Disposition Record was not completed accurately.During a review of the facility's policy and procedure (P&P) titled, Disposal of Medications and Medication-Related Supplies, dated 1/2025, the P&P indicated non-controlled medication destruction would occur in the presence of two licensed nurses.During a review of the facility's P&P titled Discarding and Destroying Medications, dated 3/2023, the P&P indicated medications would be disposed of in accordance with federal, state and local regulations governing management of non-hazardous pharmaceuticals, hazardous waste and controlled substances.		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure:Food items were labeled and not expired in the kitchen.Food items were labeled and dated in one out of one sampled resident (Resident 20)'s room.This deficient practice had the potential to place residents at risk for foodborne illnesses. Findings: 1. During a concurrent observation and interview on 6/23/2026 at 8:49 a.m. with the Dietary Services Supervisor (DSS) in the walk-in refrigerator during the initial kitchen tour, one pitcher of cranberry juice and one gallon of hamburger dill slices were not labeled and a 32 ounce of minced garlic had an expiration date of 5/15/2026. The DSS stated not labeling food items could result in staff not being able to identify the food items or not knowing if they were expired. The DSS stated not discarding expired food items could result in foodborne illnesses for the residents if used. During a concurrent observation and interview on 6/23/2026 at 8:55 a.m. with the DSS in the walk-in freezer during the initial kitchen tour, an opened bag of chicken patties did not have a label. The DSS stated not labeling food items could result in staff not being able to identify the food item and not knowing if the food item was expired. During a concurrent observation and interview on 6/23/2026 at 9:14 a.m., with the DSS during the initial kitchen tour, one pound of an opened ground ginger bottle and a 16-ounce lemon juice bottle were not labeled on the spice rack. The DSS stated not labeling food items could result in the food items being expired. During a review of the facility's policy and procedures (P&P), titled Dating and Labeling, undated, the P&P indicated all items should be properly covered, dated and labeled and to remove any food item that was expired or beyond the best buy date. 2. During a review of Resident 20's Face Sheet, the Face Sheet indicated Resident 20 was initially admitted to the facility on [DATE] and was readmitted on [DATE]. Resident 20's diagnosis included chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing), emphysema (a lung disease, causing difficulty in breathing), and schizophrenia (a mental illness that is characterized by disturbances in thought). During a review of Resident 20's History and Physical (H&P), dated 6/15/2026 the H&P indicated Resident 20 had the capacity to understand and make medical decisions. During a review of Resident 20's Minimum Data Sheet (MDS, a resident assessment tool), dated 5/16/2026, the MDS indicated Resident 20's cognition (ability to think and process) was intact. The MDS indicated Resident 20 required supervision (helper provides verbal cues to complete activities) from staff for personal hygiene, showers, and dressing. During an observation on 6/24/2026 at 9:16 a.m., in Resident 20's room, Resident 20 had an opened (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	jar of peanut butter and mayonnaise that were not dated and labeled. During a review of Residents 20's Interdisciplinary Team (IDT, a group of health care professionals from different disciplines collaborating) note, dated 5/1/2026, the IDT note indicated Resident 20 was hoarding food items in drawers and on beside table. During a concurrent interview and record review on 6/25/2026 at 10:10 a.m., with MDS Nurse (MDSN 2), a picture of Resident 20's bedside table with an opened jar of peanut butter and mayonnaise that was not dated and labeled was reviewed. MDSN 2 stated the food items should have been labeled and dated. MDSN 2 stated the opened food items in Resident 20's room had the potential to become contaminated and cause food borne illness. MDSN 2 stated the food items should be refrigerated to prevent vermin (small, common animals or insects) from entering Resident 20's room. During an interview on 6/25/2026 at 11:42 a.m. with the Assistant Director of Nursing (ADON), the ADON stated it was the responsibility of the staff to date and label the food items in Resident 20's room. The ADON stated if the staff does not keep track of the food items in the room it could put Resident 20 at risk to develop a food illness. During a review of the facility's policy and procedure (P&P) titled, Food from Outside Sources, unknown date, the P&P indicated food brought to the facility by visitors and family was permitted. The P&P indicated facility staff would assist residents with food brought in to ensure safe and sanitary storage of outside food. The P&P indicated all outside foods would be properly dated and labeled. The P&P indicated the nursing staff would discard perishable food on or before the used by date (the final date recommended by the manufacturer for the consumer to use a perishable product).		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to obtain and document informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) for one of four sampled residents (Resident 144) prior to administering treatment with psychotherapeutic medications (a drug that changes brain function and results in alterations in perception, mood, consciousness or behavior). This deficient practice violated Resident 144's and their responsible party (RP)'s right to make an informed decision regarding the use of psychotherapeutic medications. Findings: During a review of Resident 144's Face Sheet, the Face Sheet indicated Resident 144 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including heart failure (a condition in which the heart muscle could not pump blood as well as it should), presence of a cardiac pacemaker (a device that prevents the heart from beating too slowly), and dementia (a progressive state of decline in mental abilities). During a review of Resident 144's History & Physical (H&P) dated 10/22/2025, the H&P indicated Resident 144 did not have the capacity to understand and make decisions. During a review of Resident 144's Minimum Data Set (MDS, a resident assessment tool), dated 5/28/2026, the MDS indicated Resident 144's cognition (ability to think and process) was severely impaired. The MDS indicated Resident 144 required substantial assistance (helper does more than half the effort) from staff for toileting hygiene, showering/bathing, lower body dressing, and putting on/taking off footwear. During a review of Resident 144's physician order, dated 3/26/2026, the physician order indicated to administer Rexulti (medication used for agitation associated with dementia) 1 milligram (mg, a unit of measurement) oral tablet by mouth in the morning for Alzheimer disease (a disease characterized by a progressive decline in mental abilities) for agitation associated with dementia. During a review of Resident 144's Social Service Note, dated 5/14/2026, the note indicated the coroner's office called the facility regarding Resident 144's son, who passed on 1/25/2026. During a review of Resident 144's Medication Administration Record (MAR) dated 6/1/2026 through 6/30/2026, the MAR indicated Rexulti 1 mg tablet was administered daily as ordered. During a concurrent interview and record review on 6/26/2026 at 11:18 a.m. with Licensed Vocational Nurse (LVN) 8, Resident 144's Psychotherapeutic Drug Informed Consent Form for Rexulti, dated 3/25/2026, was reviewed. The form indicated Resident 144's son was Resident 144's representative. The form indicated Resident 144's son was notified and understood and gave consent to the treatment via phone call with Nurse Practitioner (NP) 1 on 3/25/2026. LVN 8 stated it was NP 1's responsibility to explain to the residents, or their responsible party, the benefits, side effects, and right to refuse treatment. LVN 8 stated her signature on the form indicated confirmation that Resident 144's son gave consent for the drug Rexulti to NP 1. LVN 8 stated she was unable to confirm if the prescriber spoke to Resident 144's son because she left a message to the son and he did not return the call. LVN 8 stated she was not aware Resident 144's son's passed away on 1/26/2026. LVN 8 stated the medication should not be given if the consent was not verified. During a review of the facility's policy and procedure (P&P) titled Psychotherapeutic Drug Informed Consent revised 1/2026, the P&P indicated residents and/or their representatives would be fully informed of the benefits, risks, frequency/duration, possible side effects and alternative approaches before initiating the administration of psychotherapeutic drugs.		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the call light was within reach for one of four sampled residents (Resident 83).This deficient practice had the potential for Resident 83 not to be able to call for assistance when needed.Findings:During a review of Resident 83's Face Sheet, the Face Sheet indicated Resident 83 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 83's diagnosis included chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body), and muscle weakness (a reduction in a patient's ability to generate normal muscle force).During a review of Resident 83's History and Physical (H&P), dated 2/12/2025, the H&P indicated Resident 83 was able to make decisions for activities of daily living.During a review of Resident 83's Minimum Data Sheet (MDS, a resident assessment tool), dated 4/2/2026, the MDS indicated Resident 83's cognition (ability to think and process) was severely impaired. The MDS indicated Resident 83's was dependent (helper does all of the effort) on staff for all activities of daily living (ADL, activities such as bathing, dressing, and toileting a person performs daily) and mobility. During a record review of Resident 83's care plan titled, Resident had self-care deficits and was dependent with ADL's., revised on 7/3/2025, the care plan intervention indicated to place the call light within reach and attend needs promptly.During a concurrent observation and interview on 6/24/2026 at 9:24 a.m. with Resident 83 in Resident 83's room, Resident 83's right arm and hand were contracted (the permanent or severe tightening and shortening of muscles, tendons, ligaments, or skin). The call light was on the right side of Resident 83's body. Resident 83 stated he could not reach the call light when he needed to be assisted.During a concurrent observation and interview on 6/24/2026 at 9:27 a.m. with Certified Nursing Assistant (CNA) 1 in Resident 83's room, CNA 1 stated the call light was on Resident 83's contracted side of his body and not within reach. CNA 1 stated the call light should be on Resident 83's left side. CNA 1 stated it was important to place the call light within reach to make it easier for Resident 83 to call for assistance.During an interview on 6/24/2026 at 11:21 a.m. with Minimum Data Set Nurse (MDS) 2, MDS 2 stated Resident 83 had contractures to the right side of his body. MDS 2 Nurse stated the call light had to be on Resident 83's left side and within reach. MDS Nurse 2 stated if the call light was not within reach for Resident 83, then the staff could not attend to him right away.During a review of the facility's undated policy and procedure (P&P) titled, Answering the Call Light, the P&P indicated the call light was to be accessible to the resident when in bed.		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure two of six sampled residents (Resident 7 and 144) had completed Advance Healthcare Directive Acknowledgement (AHCD, a legal document indicating resident preference on end-of-life treatment decisions) by failing to: Inform and offer Resident 7's representative the right to formulate an AHCD. Maintain a current copy of Resident 144's AHCD in his clinical records. This deficient practice had the potential to cause conflict with resident's wishes that could delay treatment or life sustaining procedures in the event of an emergency for Residents 7 and 144. Findings: 1. During a review of Resident 7's Face Sheet, the Face Sheet indicated Resident 7 was admitted to the facility on [DATE] with diagnoses including rheumatoid arthritis (a chronic progressive disease-causing inflammation in the joints and resulting in painful deformity and immobility), osteoarthritis of knee (a progressive disorder of the joints, caused by a gradual loss of cartilage), and anemia (a condition where the body does not have enough healthy red blood cells). During a review of Resident 7's History and Physical (H&P), dated [DATE], the H&P indicated Resident 7 could not make decisions. During a review of Resident 7's Psychosocial Assessment Form, dated [DATE], the Psychosocial Assessment Form indicated Resident 7 did not have an advance directive. During a review of Resident 7's Minimum Data Set (MDS, a resident assessment tool), dated [DATE], the MDS indicated Resident 7 was able to understand and be understood by others. The MDS indicated Resident 7's cognition (ability to think and process) was intact. The MDS indicated Resident 7 was dependent (helper does all of the effort) on staff for activities of daily living such as oral hygiene, toileting hygiene, and upper and lower body dressing. During a concurrent interview and record review on [DATE] at 2:24 p.m., with the Social Service Director (SSD), Resident 7's AHCD Acknowledgement Form, dated [DATE], was reviewed. The AHCD Acknowledgement Form did not indicate whether Resident 7's representative was given written materials about the right to accept or refuse treatments. The form did not indicate whether Resident 7's representative was informed of the rights to formulate an AHCD. The form indicated there was no signature for Resident 7's representative. The AHCD Acknowledgement Form indicated Resident 7 was not capable of making decisions. The SSD stated she was responsible for offering and following up on the AHCD with the resident's representative. The SSD stated she called and spoke with Resident 7's representative on [DATE] but did not inform nor offer the right to formulate an AHCD. The SSD stated it was important to have resident's AHCD so the facility staff would know the resident's healthcare wishes during an emergency. The SSD stated by not offering an AHCD, it was a violation of the resident's rights because the resident's representative was not given a choice regarding medical decision making and interventions during end-of-life care. During an interview on [DATE] at 9:19 a.m. with the Director of Nursing (DON), the DON stated an (continued on next page)		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	AHCD was a written instruction or wishes of resident on what the facility staff would do in case of resident's change of condition or life-threatening situation. 2. During a review of Resident 144's Face Sheet, the Face Sheet indicated Resident 144 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including heart failure (a condition in which the heart muscle could not pump blood as well as it should), presence of a cardiac pacemaker (a device that prevents the heart from beating too slowly), and dementia (a progressive state of decline in mental abilities). During a review of Resident 144's H&P, dated [DATE], the H&P indicated Resident 144 did not have the capacity to understand and make decisions. During a review of Resident 144's AHDA, dated [DATE], the AHDA indicated Resident 144 was not capable of making decisions. The AHDA indicated the facility did not document Resident 144's decision regarding advance directives. During a review of Resident 144's MDS, dated [DATE], the MDS indicated Resident 144's cognition (ability to think and process) was severely impaired. The MDS indicated Resident 144 required substantial assistance (helper does more than half the effort) from staff for toileting hygiene, showering/bathing, lower body dressing, and putting on/taking off footwear. During a concurrent interview and record review on [DATE] at 10:36 a.m. with the SSD, Resident 144's AHDA was reviewed. The SSD stated Resident 144's son usually made decisions for him. The SSD stated the facility was informed that Resident 144's son died on [DATE]. The SSD stated the facility was waiting for Resident 144's doctor to sign the form and the document needed to be completed to be legitimate. During a review of the facility's policy and procedure (P&P) titled, Advance Directives, dated 12/2016, the P&P indicated if the resident was incapacitated and unable to receive information about his or her right to formulate an advance directive, the information may be provided to the resident's legal representative. The P&P indicated information about whether or not the resident has executed an advance directive would be available in the medical record.		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a change of condition (COC, any new, worsening, or significant deviation from a patient's normal baseline health status) was completed for one of four sampled residents (Resident 20).This deficient practice had the potential for information regarding Resident 20's change in condition to not be accurate.Findings:During a review of Resident 20's Face Sheet, the Face Sheet indicated Resident 20 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 20's diagnosis included chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing), emphysema (a lung disease, causing difficulty in breathing), and schizophrenia (a mental illness that is characterized by disturbances in thought).During a review of Resident 20's History and Physical (H&P), dated 6/15/2026, the H&P indicated Resident 20 had the capacity to understand and make medical decisions.During a review of Resident 20's Minimum Data Sheet (MDS, a resident assessment tool), dated 5/16/2026, the MDS indicated Resident 20's cognition (ability to think and process) was intact. The MDS indicated Resident 20 required supervision (helper provides verbal cues to complete activities) from staff for personal hygiene, showers, and dressing. During a review of Resident 20's discharged Summary Report, dated 1/23/2026, the discharge summary report indicated Resident 20 complained of chest pain and 911 (a universal three-digit telephone number used to reach emergency services) was called.During a concurrent interview and record review on 6/24/2026 at 3:40 p.m. with Registered Nurse (RN) 1, Resident 20's discharged Summary Report, dated 1/23/2026 was reviewed. The discharge summary report indicated Resident 20 complained of chest pain and 911 was called. RN 1 stated when Resident 20 had a change of condition, a COC was to be completed even after 911 was called. RN 1 stated the COC for Resident 20 was not done. RN 1 stated the COC would include an assessment of the change and the notification of the physician and family. RN 1 stated completion of the COC documentation was important to ensure staff had accurate information regarding Resident 14's change in his medical condition.During a facility's review of policy and procedures (P&P) titled, Change in a Resident's Condition or Status, dated 3/2023, the P&P indicated prior to notifying the physician or healthcare provider, the nurse would make detailed observations and gather relevant information prompted by the Situation Background Assessment and Recommendation (SBAR) communication form. The P&P indicated notifications will be made within twenty-four hours of a change occurring in the resident medical condition or status.		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a written Notice of Proposed Transfer and Discharge Form was provided to the resident representative and sent to local ombudsman (an advocate for residents of nursing homes, board and care centers, and assisted living facilities) for one of six sampled residents (Resident 164).This deficient practice had the potential to compromise Resident 164's due process rights related to transfer.Findings:During a review of Resident 164's Face Sheet, the Face Sheet indicated Resident 164 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 164's diagnoses included hypertension (HTN, high blood pressure), chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing), and Diabetes Mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing).During a review of Resident 164's History and Physical (H&P), dated 1/3/2026, the H&P indicated, Resident 164 did not have the capacity to understand and make decisions.During a review of Resident 164's Situation, Background, Assessment and Recommendation (SBAR, a communication tool used by healthcare workers when there is a change of condition among the residents), dated 3/1/2026, the SBAR indicated Resident 164 was transferred to the General Acute Care Hospital (GACH) for swelling of the right upper extremity.During a review of Resident 164's Minimum Data Set (MDS, a resident assessment tool), dated 3/23/2026, the MDS indicated Resident 164 was able to understand and be understood by others. The MDS indicated Resident 164 required substantial assistance (helper does more than half the effort) from staff with oral hygiene, toileting hygiene, and upper body dressing.During a concurrent interview and record review on 6/25/2026 at 11:45 a.m., with Registered Nurse 3 (RN 3), Resident 164's Notice of Proposed Transfer and Discharge Form, dated 3/1/2026, was reviewed. RN 3 stated there was no evidence the facility provided a written Notice of Proposed Transfer and Discharge to Resident 164's representative nor faxed the notice to the local ombudsman office. RN 3 stated it was not the facility's practice to provide a written copy of the Notice of Proposed Transfer and Discharge to the resident or resident's representative. RN 3 stated Resident 164's representative was not informed about the appeal process when Resident 164 was transferred to the GACH on 3/1/2026. RN 3 stated it was important to notify and fax the Notice of Proposed Transfer and Discharge to the local ombudsman so they would know that the resident was no longer under the care of the facility and for transparency.During an interview on 6/25/2026 at 12:24 p.m. with the Social Service Director (SSD), the SSD stated it was important to notify the local ombudsman if the resident was transferred to an acute hospital or discharged to lower level of care to ensure resident's rights were protected. The SSD stated it was important to provide a written copy of the Notice of Proposed Transfer and Discharge to the resident or resident's representative so they would be aware of their right to make an appeal if they feel that the resident was not safe for discharge.During a review of the facility's policy and procedure (P&P) titled, Transfer or Discharge Notice, dated 3/2025, the P&P indicated upon transfer or discharge, the resident would be provided with a statement of his or her right to appeal the transfer or discharge which includes the name, address, email, and telephone number of the entity who received that request and the information about how to obtain, complete and submit an appeal form.		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop a comprehensive person-centered care plan (a structured, personalized roadmap that outlines an individual's health conditions, care needs, and specific goals) for two of 36 sampled residents (Resident 8 and 14) by failing to ensure a care plan was created for:Resident 8's diagnosis of bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs).Resident 14's diagnosis of dementia (a progressive state of decline in mental abilities).This failure had the potential to result in a lack of meeting necessary care and addressing medical needs for Resident 8 and had the potential for Resident 14 to not receive monitoring of dementia behavior symptoms and medication management. Findings: 1. During a review of Resident 8's Face Sheet, the Face Sheet indicated Resident 8 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 8's diagnoses included bipolar disorder, epilepsy (a chronic brain disorder characterized by repeated, unprovoked seizures [a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness]), and chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing). During a review of Resident 8's History and Physical (H&P), dated 5/22/2025, the H&P indicated Resident 8 had the capacity to understand and make decisions. During a review of Resident 8's Minimum Data Set (MDS, a resident assessment tool), dated 4/8/2026, the MDS indicated Resident 8's cognition (ability to think and process) was severely impaired. The MDS indicated Resident 8 was dependent (helper does all of the effort) from staff with toileting hygiene, lower body dressing, and personal hygiene. The MDS indicated Resident 8 had an active bipolar disorder diagnosis. During a concurrent interview and record review on 6/25/2026 at 9:18 a.m., with Minimum Data Set Nurse 2 (MDSN 2), Resident 8's care plans were reviewed. MDSN 2 stated there were no bipolar disorder care plans for Resident 8. MDSN 2 stated all resident's information triggered in the MDS should have an individualized comprehensive care plan. MDSN 2 stated it was important to develop individualized comprehensive care plans for residents to address their health statuses and meet the needs of the residents. MDSN 2 stated a care plan was a communication tool among facility staff and the interdisciplinary team (IDT, team members from different disciplines who come together to discuss resident care). MDSN 2 stated the facility did not have interventions in place to address and manage Resident 8's bipolar disorder since there was no care place developed. 2. During a review of Resident 14's Face Sheet, the Face Sheet indicated Resident 14 was initially admitted to the facility on [DATE] and was readmitted on [DATE]. Resident 14's diagnosis included encephalopathy (an umbrella term for any disease, damage, or malfunction that affects the brain's (continued on next page)		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	structure or function), dementia, and mood disturbances (mental health conditions that cause intense, persistent emotional states). Resident 14 was diagnosed with dementia on 6/6/2026. During a review of Resident 14's H&P, dated 6/6/2026, the H&P indicated Resident 14 had the capacity to make needs known. During a review of Resident 14's MDS, dated [DATE], the MDS indicated Resident 14's cognition was intact. The MDS indicated Resident 14 required set-up or clean-up assistance (helper sets up or cleans up and residents completes activity) from staff for toileting hygiene, showers, and dressing. During a review of Resident 14's physician orders, dated 6/6/2026, the physician orders indicated to administer Aricept (to treat the symptoms for dementia) and memantine (to treat moderate to severe dementia). During a review of Resident 14's physician orders, dated 6/16/2026, the physician orders indicated to administer Zunevyl (to treat mild to moderate dementia) to treat dementia. During a concurrent interview and record review on 6/26/2026 at 11:22 a.m., with Assistant Director of Nursing (ADON), Resident 14's Face Sheet was reviewed. The Face Sheet indicated Resident 14 was diagnosed with dementia on 6/6/2026. The ADON could not locate a care plan for Resident 14's diagnosis of dementia. The ADON stated a care plan should include the diagnosis so the staff could monitor Resident 14's behavior. During a concurrent interview and record review on 6/26/2026 at 11:30 a.m., with MDS Nurse 2, Resident 14's physician orders were reviewed. The physician orders indicated Resident 14 resident was on medications Aricept, memantine, and Zunevyl to treat dementia. MDS Nurse 2 stated there was no care plan created for these medications for dementia. MDS Nurse 2 stated there should be a care plan for these medications. MDS Nurse 2 stated the care plan was used as a guideline to manage and monitor Resident 14's behavior. During a review of the facility's policy and procedure (P&P) titled, Care Planning-Interdisciplinary Team, undated, the P&P indicated comprehensive person-centered care plans were based on resident assessments and developed by an interdisciplinary team. During a review of the facility's P&P titled, Care Plans, Comprehensive Person-Centered, undated, the P&P indicated a comprehensive, person-centered care plan that includes measurable objectives, needs were developed and implemented for each resident. The P&P indicated which professional services are responsible for each element of care. The P&P indicated to include resident's stated goals, desired outcomes, and reflects currently recognized standards of practice for problem areas and conditions. During a review of the facility's P&P titled, Safety and Supervision of Residents, undated, the P&P indicated the care team shall target interventions to reduce individuals risk related to hazards in the environment including adequate supervision.		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to update the care plan for one of eight sampled residents (Resident 4). This failure had the potential to result in Resident 4 not receiving current and relevant care. Findings:During a review of Resident 4's Face Sheet, the Face Sheet indicated that Resident 4 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 4's diagnosis included respiratory failure (a condition where there's not enough oxygen in the body), cerebral infarction (death of brain tissue), and Type 2 Diabetes Mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing).During a review of Resident 4's History & Physical (H&P), dated 6/27/2025, the H&P indicated Resident 4 did not have the capacity to make decisions.During a review of Resident 4's physician order, dated 6/15/2026, physician order indicated to clean the diabetic ulcer with normal saline solution, pat dry, apply betadine (povidone-iodine, an antiseptic) swab, cover with dry dressing, and secure with kerlix (a highly absorbent gauze bandage) every day for 21 days.During a review of Resident 4's Minimum Data Set (MDS, a resident assessment tool), dated 3/16/2026, the MDS indicated that Resident 4 was dependent on staff to roll left and right.During a review of Resident 4's Care Plan Report, titled Diabetic Ulcer, initiated on 9/19/2025, the Care Plan report did not indicate a revised date.During a concurrent interview and record review on 6/26/2026 at 2:07 p.m. with Minimum Data Set Nurse (MDSN 2), Resident 4's Care Plan report titled, Diabetic Ulcer was reviewed. MDSN 2 stated the care plan did not have a revision date. MDSN 2 stated without the revision date, the facility could not determine whether the diabetic wound care plan interventions were effective and if the wound was healing.During a review of the facility's policy and procedure (P&P) titled, Comprehensive Person-Centered Care Plans, undated, the P&P indicated the interdisciplinary team (a group of health care professionals who work together toward the goals of their patients) would review and update the care plan at least quarterly, in conjunction with the required quarterly MDS assessment.During a review of the facility's P&P titled, Interdisciplinary Team Care Planning, undated, the P&P indicated the revision of care planning was done quarterly or as needed when patient's condition or needs change.		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure:a. a pack of cigarettes was safely stored for one of four sampled residents (Resident 20).b. Resident 65 who requires supervision (the helper provides verbal cues or touching/steadying as resident completes activity) during feeding was properly assisted for one of four sample residents (Resident 65). These failures had the potential to increase Resident 65's the risk of aspiration (inhalation of food, liquid, saliva, vomit, or other foreign material into the airway or lungs) and at risk for injury for Resident 20. Findings: During a review of Resident 20's Face Sheet, the Face Sheet indicated Resident 20 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 20's diagnosis included chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing), emphysema (a lung disease, causing difficulty in breathing), and schizophrenia (a mental illness that is characterized by disturbances in thought). During a review of Resident 20's History and Physical (H&P), dated 6/15/2026, the H&P indicated Resident 20 had the capacity to understand and make medical decisions. During a review of Resident 20's Minimum Data Sheet (MDS, a resident assessment tool), dated 5/16/2026, the MDS indicated Resident 20's cognition (ability to think and process) was intact. The MDS indicated Resident 20 required supervision (helper provides verbal cues to complete activities) from staff for personal hygiene, showers, and dressing. The MDS indicated Resident 20 received oxygen therapy (a medical treatment that provides supplemental oxygen to individuals who cannot get enough naturally). During an observation on 6/24/2026 at 11:39 a.m. in Resident 20's room, there was a pack of cigarettes and a single cigarette (out of the pack) on Resident 20's bedside table. During a review of Resident 20's Interdisciplinary Team (IDT, a group of health care professionals from different disciplines collaborating) note, dated 5/6/2026, the IDT note indicated Resident 20 had unsafe behavior of smoking inside his room while on continuous oxygen therapy. The IDT indicated the interventions would include staff monitoring Resident 20 closely for possession and use of smoking materials in prohibited areas. During a review of Resident 20's Smoking and Safety assessment, dated 6/15/2026, the smoking and safety assessment indicated Resident 20 used tobacco products. The smoking and safety indicated Resident 20 were to follow the facility's policy on location and time of smoking. During a concurrent interview and record review on 6/25/2026 at 10:00 a.m., with MDS Nurse 1 (MDSN 1), Resident 20's IDT note, dated 5/6/2026, was reviewed. MDSN 1 stated the staff did room rounds daily before stand-up meetings (a brief, daily check-in where teams meet to align daily goals). (continued on next page)		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	MDSN 1 stated during rounds, the staff should monitor for cigarettes in the room. During a concurrent interview and record review on 6/25/2026 at 10:05 a.m. with Assistant Director of Nursing (ADON), a picture of Resident 20's room with a pack of cigarettes and a single cigarette (out of the pack) on his bedside table, dated 6/24/2026 was reviewed. The ADON stated cigarettes were not allowed in the residents' rooms. The ADON stated it was dangerous to have any smoking materials in Resident 20's room because he smoked and used oxygen. The ADON stated it was a fire hazard and placed Resident 20 at risk of starting a fire due to the oxygen in the room. During a review of the facility's policy and procedure (P&P) titled, Smoking, undated, the P&P indicated the facility was required to ensure the safety of all residents. The P&P indicated the facility recognized the resident's right to smoke but would comply with local state and federal smoking regulations to ensure the safety of residents. The P&P indicated there would be no smoking in any room or where oxygen was in use or stored. During a review of Resident 65's admission Record, the admission Record indicated Resident 65 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 65's diagnoses included traumatic subdural hemorrhage (bleeding between layers the brain caused by a head injury), metabolic encephalopathy (a brain dysfunction caused by an underlying chemical processes problem), major depressive disorder (a mental health condition characterized by a persistent low mood, loss of interest, and significant impairment in daily functioning). During a review of Resident 65's H&P form, dated 6/22/25, the H&P indicated Resident 65 has a history of aspiration pneumonia (lung infection that occurs when food, liquid, saliva, vomit, or stomach contents are inhaled into the lungs) and does not have the capacity to understand and make decisions. During a review of Resident 65's MDS, dated [DATE], the MDS indicated Resident 65 required supervision or touching assistance (helper provides verbal cues or touching or contact guard assistance as resident completes activity) from staff while eating. During a review of Resident 65's aspiration care plan (an individualized plan of care developed for residents who are at risk for aspiration), dated 6/11/2026, the care plan indicated, Resident is at risk for aspiration of food and liquids secondary to dysphagia (difficulty swallowing). The care plan interventions indicated, Speech therapy (ST, health professional who evaluates, diagnoses, and treats communication and swallowing disorders) evaluation and treatment as order. Monitor for sign and symptom of aspiration. Monitor tolerance of diet and fluids. During a review of Resident 65's progress notes titled, Speech Therapy Note, dated 7/17/2025, the therapy notes indicated, Resident 65 requires a feeder to monitor during meals and prompt to utilize safe swallow strategies. Strategies for feeding posted on the wall at bedside. Feeder at bedside with patient for breakfast, lunch, and dinner. During the review of Resident 65's Order Summary Report (a document containing active physician orders), dated 6/25/2026, the Order Summary Report indicated, every day shift every Mon, Tue, Wed, (continued on next page)		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Thu, Fri, Sat, Sun Resident 65 requires close supervision during meal d/t high aspiration risk. Resident 65 cannot recall any safe swallow strategies. During a concurrent observation and interview on 6/23/2026 1:40 p.m., with Resident 65, Resident 65 had a meal tray on the bedside table, and no staff members were present in the room. Resident 65 stated not sure if lunch had arrived and he was feeling hungry. During an interview on 6/23/2026 at 2:19 p.m., with Certified Nursing Assistant (CNA) 2,. CNA 2 stated Resident 65 can eat meals independently. CNA 2 stated Resident 65 lunch was delivered to at approximately 1:00 p.m., and no staff were in the room during lunch to assist or monitor because Resident 65 does not require supervision or assistance. During an observation on 6/25/2026 12:56 p.m., in Resident 65's room, CNA 2 placed the meal tray on Resident 65 bedside table and then left the room. During an observation on 6/25/2026 12:58 p.m., in the hallway, Resident 65 yelling and stating, Hey, hello! no staff went inside Resident 65 to help. During a concurrent observation and interview on 6/25/2026 1:14 p.m., with Resident 65, Resident 65 sat at the bedside with meal tray placed on the side table. Resident 65 stated he tried the food and did not like it, and he had been calling and no one came. During a concurrent interview and record review on 6/25/2026 at 1:16 p.m., with Registered Nurse (RN) 4, RN 4 stated a prior speech therapy assessment determined Resident 65 could not safely eat without supervision due to cognitive impairment and swallowing difficulties. RN 4 stated that Resident 65 sometimes forgets to swallow or may fall asleep with food in the mouth. RN 4 stated that no staff supervised Resident 65 during lunch today 6/25/2026. A review of Resident 65's physician order indicated the resident requires supervision for all meals, and the aspiration care plan directs staff to monitor diet tolerance. RN 4 stated the facility did not follow the physician order or the resident's care plan, and noted that failing to do so increases the risk of aspiration. During a review of the facility's P&P titled Assistance with Meals, dated 7/2017, the P&P indicated, Residents shall receive assistance with meals in a manner that meets the individual needs of each resident.		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the nasal cannula (NC, a flexible device used to deliver supplemental oxygen to people who have difficulty breathing) tubing was changed weekly per policy for one of four sampled residents (Resident 128). This deficient practice had the potential for Resident 128 to develop a respiratory infection (an infectious disease of the upper or lower respiratory tract). Findings: During a review of Resident 128's Face Sheet, the Face Sheet indicated Resident 128 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 128's diagnosis included emphysema (a lung disease, causing difficulty in breathing), respiratory failure (a critical condition where the respiratory system fails in its primary function of gas exchange), and asthma (a chronic lung disease where the airways become inflamed, swollen, and narrow, making it difficult to breathe). During a review of Resident 128's History and Physical (H&P), dated 6/3/2026, the H&P indicated Resident 128 was able to make decisions for activities of daily living. During a review of Resident 128's Minimum Data Sheet (MDS, a resident assessment tool), dated 6/9/2026, the MDS indicated Resident 128's cognition (ability to think and process) was intact. The MDS indicated Resident 128's was dependent (helper does all of the effort and the resident does none of the effort to complete the activity) on staff for toileting hygiene, showers, and dressing. During a review of Resident 128's physician order, dated 6/2/2026, the physician order indicated changing the nasal cannula every night shift on Sundays. During an observation on 6/25/2026 at 10:08 a.m., in Resident 128's room, Resident 128 was using an NC dated 6/17/2026. The NC was attached to an oxygen concentrator (a type of medical device used to deliver oxygen to individuals with breathing-related disorders) infusing at five liters (L-a metric unit of volume used to measure liquids and gases). During a concurrent interview and record review on 6/26/2026 at 11:28 a.m. with Minimum Data Set Nurse (MDSN) 2, Resident 128's picture of the NC attached to an oxygen concentrator, dated 6/17/2026 was reviewed. MDSN 2 stated the NC tubing was dated 6/17/2026. MDSN 2 stated the NC had to be changed every Sunday. MDS 2 Nurse stated the NC was to be changed weekly per policy to prevent bacteria accumulation and not changing the NC weekly could potentially cause a respiratory infection. During a review of facility's policy and procedure (P&P) titled, Changing Disposable Equipment, dated 3/2019, the P&P indicated to change nasal cannula on Saturdays and as needed.		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure Gabapentin (a medication used to relieve nerve pain) and Duloxetine (a medication used to treat various forms of chronic pain) prescriptions were refilled in a timely manner for one of seven sampled residents (Resident 97). This deficient practice had the potential to cause unnecessary pain for Resident 97. Findings: During a review of Resident 97's Face Sheet, the Face Sheet indicated Resident 97 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 97's diagnoses included type 2 diabetes (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing), left and right knee contractures (a permanent tightening or shortening of muscles, tendons, skin, or other soft tissues that causes joints to become stiff and restricts normal movement), muscle weakness, and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). During a review of Resident 97's History and Physical (H&P) form, dated 11/24/2025, the H&P indicated Resident 97 had the capacity to understand and make decisions. During a review of Resident 97's Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 4/2/2026, the MDS indicated Resident 97's cognition (ability to think and process) was moderately impaired. The MDS indicated Resident 97 was dependent (helper does all of the effort) 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). During an interview on 6/23/2026 at 12:08 p.m. with Resident 97, Resident 97 stated she had pain in both of her legs. Resident 97 stated she was prescribed Gabapentin for neuropathy, which was very painful. Resident 97 stated her pain level at that time was 9/10. Resident 97 stated she had not received her morning dose of both medications that morning of 6/23/2026. During a record review on 6/25/2026 at 8:29 a.m., Resident 97's Medication Administration Record indicated on 6/23/2026, Resident 97's morning dose of Duloxetine and Gabapentin were not administered due to the medications not being available. During a concurrent interview and record review on 6/25/2026 at 10:36 a.m., with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated the protocol for refilling medication was to refill the resident's medication a week prior to the medication running out. LVN 1 stated the pharmacy would be notified when a resident had one week left of medication and the medication needed to be refilled. LVN 1 stated Duloxetine and Gabapentin medications were used for diabetic neuropathy. LVN 1 stated Resident 97's morning dose for Duloxetine and Gabapentin were not administered because the medication was not available and had not been delivered by the pharmacy. LVN 1 stated Resident 97 should not have run out of medication. LVN 1 stated the risk of not refilling medication for pain in a timely manner could result in causing a resident prolonged pain, which would affect the resident's daily activities and cause unmanaged pain. During a review of the facility's policy and procedures (P&P), titled Pain Assessment and Management, undated, the P&P indicated to review the medication administration record to determine how often the individual requested and received pain medication, and to what extent the administered medications relieve the resident's pain.		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure:1. Staff food was not stored in medication storage 2 refrigerator.2. Discontinued ondansetron hydrochloride (medication that prevents and treat nausea and vomiting) was removed from medication cart one for one out of one sampled resident (Resident 141).3. Aerosol nebulizers (a liquid prescription converted into a breathable mist to treat respiratory conditions) were properly stored for one out of one sampled resident (Resident 20).These deficient practices had the potential to result in cross contamination (transfer of harmful bacteria from one place to another) that could compromise the efficacy of the medications, prolonged use of the discontinued medication for Resident 141, and Resident 20 using the medication unsafely.Findings: 1. During a concurrent observation and interview on 6/24/2026 at 11:29 a.m., with Licensed Vocational Nurse 5 (LVN 5) in medication storage 2, one yellow banana was stored inside the medication refrigerator. LVN 5 stated staff food should not be stored in the medication refrigerator. LVN 5 stated storing staff food inside the medication refrigerator could cause cross contamination with the refrigerated medications. 2. During a review of Resident 141's Face Sheet, the Face Sheet indicated Resident 141 was admitted to the facility on [DATE] with diagnoses including cerebral infarction (a condition that occurs when the blood flow to the brain is disrupted due to issues with the arteries that supply it), urinary tract infection (UTI, an infection in the bladder/urinary tract), and hypertension (HTN, high blood pressure). During a review of Resident 141's History and Physical (H&P), dated 11/25/2025, the H&P indicated, Resident 141 could understand and make own medical decisions. During a review of Resident 141's physician order, dated 5/9/2026, the physician order indicated to administer ondansetron hydrochloride 4 milligrams (mg, metric unit of measurement) one tablet every 6 hours as needed for nausea and vomiting for 14 days. During a review of Resident 141's Minimum Data Set (MDS, a resident assessment tool), dated 6/2/2026, the MDS indicated Resident 141's cognition (ability to think and process) was intact. The MDS indicated Resident 141 required substantial assistance (helper does more than half the effort) from staff with upper body dressing and personal hygiene. During a concurrent observation and interview on 6/24/2026 at 12:28 p.m. with LVN 7 of medication cart one, there was one bubble pack (blister pack, organizes pills into individual, sealed compartments according to the exact day and time they need to be taken) with 8 remaining medications of ondansetron hydrochloride 4 mg for Resident 141. LVN 7 stated Resident 141's ondansetron hydrochloride 4 mg should have been removed from medication cart one on 5/23/2026, which was 14 days after it was ordered by the physician. LVN 7 stated resident's discontinued medication should be stored in a bin located at the nursing office for destruction. LVN 7 stated there (continued on next page)		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was a risk the discontinued medication would be given to Resident 141 because it was not removed from medication cart one. 3. During a review of Resident 20's Face Sheet, the Face Sheet indicated Resident 20 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 20's diagnosis included chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing), emphysema (a lung disease, causing difficulty in breathing), and schizophrenia (a mental illness that is characterized by disturbances in thought). During a review of Resident 20's H&P, dated 6/15/2026, the H&P indicated Resident 20 had the capacity to understand and make medical decisions. During a review of Resident 20's MDS, dated [DATE], the MDS indicated Resident 20's cognition was intact. The MDS indicated Resident 20 required supervision (helper provides verbal cues to complete activities) from staff for personal hygiene, showers, and dressing. The MDS indicated Resident 20 received oxygen therapy a (medical treatment that provides supplemental oxygen to individuals who cannot get enough naturally). During a review of Resident 20's assessment titled, Self-Administration of Medication, dated 5/30/2026, the assessment indicated it was unsafe for Resident 20 to self-administer medications and may not keep medications at the bedside. During an observation on 6/24/2026 at 11:39 a.m. in Resident 20's room, Resident 20 had three vials of aerosol nebulizers on his bedside table. During a concurrent interview and record review on 6/25/2026 at 10:29 a.m., with MDS Nurse 2 (MDSN 2), a picture of Resident 20's bedside table, dated 6/24/2026, was reviewed. MDSN 2 stated Resident 20 had aerosol nebulizers on his bedside table. During a concurrent interview and record review on 6/25/2026 at 10:33 a.m., with MDSN 2, Resident 20's assessment titled, Self-Administration of Medication, dated 5/30/2026 was reviewed. The assessment indicated it was unsafe for Resident 20 to self-administer medications and may not keep medications at the bedside. MDSN 2 stated Resident 20 was not to have medication at the bedside. MDSN 2 stated the medication was to be stored in the medication cart. MDSN 2 stated leaving the medication at the bedside placed Resident 20 at risk for improperly using the medication and another resident could get access to the medication. During a review of the facility's policy and procedure (P&P) titled, Storage of Medications, dated 4/2019, the P&P indicated medications are stored separately from food and labeled accordingly. During a review of the facility's P&P titled, Discontinued Medications, dated 3/2023, the P&P indicated staff shall destroy discontinued medications or return them to the dispensing pharmacy in accordance with facility policy. During a review of the facility's P&P titled, Storage of Medication, undated, the P&P indicated the (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	facility stored all drugs and biologicals in a safe, secure, and orderly manner. The P&P indicated drugs and biologicals used in the facility were stored in locked compartments.		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement the physician's orders to draw laboratory tests (a medical analysis of a body sample (blood, urine, tissue) to check health, diagnose diseases and monitor chronic conditions) for one of one sampled resident (Resident 2).This deficient practice had the potential to result in the delay of the identification of medical concerns, which could delay the care and services necessary for Resident 2.Findings:During a review of Resident 2's Face Sheet, the Face Sheet indicated Resident 2 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 2'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), Diabetes Mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing), and anemia (a condition where the body does not have enough healthy red blood cells).During a review of Resident 2's H&P, dated 3/23/2026, the H&P indicated Resident 2 was able to make decisions for activities of daily living.During a review of Resident 2's Minimum Data Set (MDS, a resident assessment tool), dated 4/9/2026, the MDS indicated Resident 2's cognition (ability to think and process) was moderately impaired. The MDS indicated Resident 2 was dependent (helper does all of the effort) on staff for eating, oral hygiene, and toileting hygiene.During a review of Resident 2's physician order, dated 4/14/2026, the physician order indicated Resident 2 had orders for Complete Blood Count (CBC, a blood test that checks the overall health of the blood by measuring the number and types of cells), Thyroid Stimulating Hormone (TSH, a blood test that measures this hormone), basic metabolic panel (BMP, a routine blood test that measures eight key substances to evaluate your body's fluid balance, kidney function, and blood sugar), Free Thyroxine (FT4, a blood test that measures the active, unbound T4 hormone in your bloodstream), pre-albumin (it measures the level of protein in your blood), iron panel (blood test that measures your body's total iron levels, how much iron is stored, and how iron moves through your bloodstream), and Depakote level (blood test to measure the amount of valproic acid level in the blood).During a concurrent interview and record review on 6/24/2026 at 3:40 p.m., with Registered Nurse 3 (RN 3), Resident 2's laboratory results, were reviewed. RN 3 stated Resident 2's order for CBC, TSH, BMP, FT4, pre-albumin, and Depakote level were not completed and results were not available. RN 3 stated there was no documentation that Resident 2 refused the blood test. RN 3 stated there was no documentation that the licensed nurse staff made a follow-up call to the laboratory provider to find out what happened with the laboratory results. RN 3 stated it was important to complete the laboratory test as ordered by the physician to know and identify the medical condition of the resident especially if there was a deviation from resident's baseline and to give appropriate treatment immediately without delay. RN 3 stated she would obtain a new order for CBC, TSH, BMP, FT4, pre-albumin, and Depakote level from Resident 2's physician since the previous laboratory tests orders were not completed.During a review of the facility's policy and procedure (P&P) titled, Lab and Diagnostic Test Results-Clinical Protocol, dated 11/2018, the P&P indicated the physician would identify, and order diagnostic and lab testing based on the resident's diagnostic and monitoring needs and the staff would process test requisitions and arrange for tests.Cross Reference: F842		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure:1. The notes for ordering the laboratory tests (a medical analysis of a body sample [blood, urine, tissue] to check health, diagnose diseases and monitor chronic conditions) were documented in the progress notes for one of one sampled resident (Resident 2).2. The out on pass (OOP, temporary permission to leave a confined facility) log was complete for one of one sampled resident (Resident 20).This deficient practice had the potential to place Resident 2 at risk of not receiving appropriate care and delay in communication among staff due to incomplete medical records and placed Resident 20 at risk for medical complications while OOP. Findings: 1. During a review of Resident 2's Face Sheet, the Face Sheet indicated Resident 2 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 2'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), Diabetes Mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing), and anemia (a condition where the body does not have enough healthy red blood cells). During a review of Resident 2's History and Physical (H&P), dated 3/23/2026, the H&P indicated Resident 2 was able to make decisions for activities of daily living. During a review of Resident 2's Minimum Data Set (MDS, a resident assessment tool), dated 4/9/2026, the MDS indicated Resident 2's cognition (ability to think and process) was moderately impaired. The MDS indicated Resident 2 was dependent (helper does all of the effort) on staff for eating, oral hygiene, and toileting hygiene. During a review of Resident 2's physician order, dated 4/14/2026, the physician order indicated Resident 2 had orders for Complete Blood Count (CBC, a blood test that checks the overall health of the blood by measuring the number and types of cells), Thyroid Stimulating Hormone (TSH, a blood test that measures this hormone), basic metabolic panel (BMP, a routine blood test that measures eight key substances to evaluate your body's fluid balance, kidney function, and blood sugar), Free Thyroxine (FT4, a blood test that measures the active, unbound T4 hormone in your bloodstream), pre-albumin (it measures the level of protein in your blood), iron panel (blood test that measures your body's total iron levels, how much iron is stored, and how iron moves through your bloodstream), and Depakote level (blood test to measure the amount of valproic acid in the blood). During a concurrent interview and record review on 6/24/2026 at 3:16 p.m., with Registered Nurse 3 (RN 3), Resident 2's Progress Notes, were reviewed. RN 3 stated Resident 2's medical records were incomplete due to missing a note by the licensed nurse regarding the physician order for laboratory test on 4/14/2026. RN 3 stated the licensed nurse should document in the Progress Notes when receiving an order from the physician. RN 3 stated she does not know the reason why the physician of (continued on next page)		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 2 ordered a laboratory test since there was no documentation in the Progress Notes. RN 3 stated it was important to have complete documentation to prevent communication breakdown and for collaboration of care among facility staff. During an interview on 6/26/2026 at 9:11 a.m., with the Director of Nursing (DON), the DON stated any laboratory test order should be documented in the resident's Progress Notes. The DON stated the resident's medical records should be complete to provide continuity of care. 2. During a review of Resident 20's Face Sheet, the Face Sheet indicated Resident 20 was initially admitted to the facility on [DATE] and was readmitted on [DATE]. Resident 20's diagnosis included chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing), emphysema (a lung disease, causing difficulty in breathing), and schizophrenia (a mental illness that is characterized by disturbances in thought). During a review of Resident 20's H&P, dated 6/15/2026 the H&P indicated Resident 20 had the capacity to understand and make medical decisions. During a review of Resident 20's MDS, dated [DATE], the MDS indicated Resident 20's cognition was intact. The MDS indicated Resident 20 required supervision (helper provides verbal cues to complete activities) from staff for personal hygiene, showers, and dressing. The MDS indicated Resident 20 received oxygen therapy (a medical treatment that provides supplemental oxygen to individuals who cannot get enough naturally). During a review of Resident 20's Progress Note, dated 4/20/2026, the progress note indicated Resident 20 went OOP. During a review of Resident 20's Weights and Vitals Summary, dated 4/20/2026, the weights and vitals summary indicated there were no vitals taken prior to Resident 20 leaving the facility for OOP. During a concurrent interview and record review on 6/25/2026 at 1:35 p.m., with Assistant Director of Nursing (ADON), facility's OOP log titled, Release of Responsibility for Out On Pass and/or Therapeutic Home Visits, date not legible, the OOP log indicated Resident 20 had left the facility, and the date was not legible with no time. The OOP log indicated Resident 20 had returned to the facility at 11:12 (a.m. or p.m.) unknown with no date of return. The ADON indicated the date was unclear and there was no time when Resident 20 had left the facility. The ADON indicated there was no date on the OOP log when Resident 20 had returned and the time did not indicate if it was in the morning or afternoon. The ADON stated the staff had to make sure Resident 20 properly filled out the OOP log so staff could keep track of the date and time when Resident 20 was OOP and returned to make sure he did not develop any complications while OOP. During a review of the facility's policy and procedure (P&P) titled, Charting and Documentation, dated 7/2017, the P&P indicated all services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical records. The P&P indicated documentation of procedures and treatments will include care-specific details including whether the resident refused the procedure or (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	treatment. During a review of the facility's P&P titled, Signing Residents Out, dated 8/2006, the P&P indicated all residents leaving the premises must be signed out. The P&P indicated registers must indicate the resident's expected time of return. The P&P indicated residents must be signed in upon return to the facility.		

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 06/26/2026
NAME OF PROVIDER OR SUPPLIER Longwood Manor Conv.Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4853 W. Washington Bl. Los Angeles, CA 90016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure a foam pool noodle (used for swimming) was not used as a siderail for one of 7 sampled residents (Resident 85). This deficient practice had the potential to result in contamination due to a porous (a material or surface containing tiny holes, spaces, or gaps) foam pool noodle being used as a siderail, which can hold bacteria and viruses. Findings: During a review of Resident 85's Face Sheet, the Face Sheet indicated Resident 85 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 85's diagnoses included type 2 diabetes (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing), schizoaffective disorder- bipolar type, (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), hypertension (high blood pressure), and chronic obstructive pulmonary disorder (COPD, a chronic lung disease causing difficulty in breathing). During a review of Resident 85's History and Physical (H&P), dated 2/5/2025, the H&P indicated Resident 85 had the capacity to understand and make decisions. During a review of Resident 85's Minimum Data Set (MDS, a resident assessment tool), dated 3/25/2026, the MDS indicated Resident 85's cognition (ability to think and process) was moderately impaired. The MDS indicated Resident 85 required partial assistance (helper does less than half the effort) from staff for oral hygiene, personal hygiene, and sitting to standing. During an observation on 6/23/2026 at 12:46 p.m. in Resident 85's room, of Resident 85's bed, Resident 85's upper bed siderails had foam padded siderails. During a concurrent observation and interview, on 6/25/2026 at 11:55, with Infection Prevention Nurse 1 (IPN 1), Resident 85's upper bed siderails had foam padded siderails. IPN 1 stated foam siderails were used for residents who had diagnoses of seizures and falls. IPN 1 stated Resident 85 was a fall risk. IPN 1 stated foam siderails were porous and could hold bacteria and viruses. IPN 1 stated the risk of having foam siderails could result in a source of infection and harbor bacteria. During a review of the facility's policy and procedures (P&P), titled Policies and Procedures- Infection Prevention and Control, undated, the P&P indicated to maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public.		