

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555273	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2025
NAME OF PROVIDER OR SUPPLIER Manchester Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 837 W. Manchester Ave. Los Angeles, CA 90044	

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 - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide supervision for 2 of 6 sampled residents (Residents 2 and 3), who were assessed as requiring supervision while smoking. This failure had the potential to cause accidental burns and injuries to Residents 2 and 3. Findings: During a concurrent observation and interview on 12/16/2025 at 11:25 a.m. with the Activity Director (AD), on the patio, Resident 2 was observed smoking a cigarette without staff supervision. The AD stated Resident 2 should be supervised while smoking. The AD stated failure to supervise residents may increase the risk of residents getting burned or having accidents while smoking. During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was admitted to the facility on [DATE], with diagnoses including paranoid schizophrenia (a mental illness that is characterized by disturbances in thought), major depressive disorder (a mood disorder that causes persistent feeling of sadness and loss of interest) and generalized anxiety disorder (GAD- is a mental health condition that causes fear, a constant feeling of being overwhelmed and excessive worry about everyday things). During a review of Resident 2's Minimum Data Set (MDS- a resident assessment tool) dated 12/11/2025, the MDS indicated Resident 2 had moderate cognitive (ability to think and reason) impairment. The MDS indicated Resident 2 required partial/moderate assistance (helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) for Activities of Daily Living (ADLs) such as toileting hygiene, dressing and personal hygiene. During a review of Resident 2's Smoking Assessment, dated 12/04/2025, the Assessment indicated Resident 2 was a smoker and required staff supervision while smoking. A review of Resident 2's Care Plan titled, [Resident 2] is a cigarette smoker dated 12/16/2025, the Care Plan goal indicated Resident 2 would not smoke without supervision through the review date. The Care plan nursing interventions included instructing Resident 2 about the facility policy on smoking: locations, times, safety concerns and notifying the charge nurse immediately if it is suspected Resident 2 had violated the facility smoking policy. During a concurrent observation on 12/16/2025 at 1:15 p.m., on the patio, Resident 3 was observed smoking a cigarette without staff supervision. During a review of Resident 3's admission Record, the admission Record indicated Resident 3 was admitted to the facility on [DATE], with diagnoses including muscle weakness, dysphasia (difficulty swallowing) and right hip pain. During a review of Resident 3's MDS, dated [DATE], the MDS Resident 3 required set up or clean up assistance with toileting hygiene, personal hygiene, and upper body dressing. During a review of Resident 3's Smoking Assessment, dated 12/11/2025, the smoking assessment indicated Resident 3 was a smoker and required staff supervision while smoking. A review of Resident 3's Care Plan titled, [Resident 3] is a smoker dated 12/17/2025, the Care Plan goal indicated Resident 3 will not suffer injury from unsafe smoking practices and Resident 3 will not smoke without supervision through the review date. The Care Plan nursing interventions included instructing Resident 3 about the facility policy on smoking: locations, times, safety and concerns, and notifying the charge nurse immediately if it is suspected Resident 3 had violated facility smoking policy. During an interview on 12/16/2025 at 2:10 p.m., with the Director of Nursing (DON), the DON stated Smoking should be supervised by the Activity Department staff or Assistant, and the lack of supervision may increase the risk of injuries or burns. During a review of the facilities policy and procedure (P/P) titled, Smoking, dated 10/1/2023, the P/P indicated the purpose of this policy is to maintain a safe healthy environment for both smokers and non-smokers. The P/P indicated smokers shall be identified at the time of admission, residents will be provided with a copy of this policy during the admission process. The P/P indicated all smokers shall be assessed related to smoking safety at the time of admission and then at least quarterly. All smoking sessions will be supervised by Facility Staff members.</p>		