

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 04/14/2020
NAME OF PROVIDER OF SUPPLIER LONGWOOD MANOR CONV.HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 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 0557 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility's nursing staff failed to ensure one randomly selected resident (Resident A) ate in a dining room that was clean. This deficient practice placed the resident at risk for lowered self-esteem and a feelings of no self-worth. Findings: A review of Resident A's Admission Records indicated Resident A was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of the Minimum Data Set (MDS) Resident Assessment and Care Screening dated 1/21/2020, indicated Resident A's cognitive skills for daily decision-making were moderately impaired. The resident's speech was slurred or mumbled, the resident sometimes understood and understand others. On 3/2/2020 at 5:35 p.m., upon entering the Dining/Activity room two residents were observed eating. Resident A was sitting at a picnic type table that was leaning to one side, the resident had no shoes or socks on. Resident A was being fed by a certified nursing assistant 1 (CNA), there was food observed underneath Resident A's bare feet. Trash and food was observed in one corner of the dining/activity room and other debris was scattered over the floor. The activity assistant (AA) was sitting in the dining/activity room in a chair in front of the open door that lead to the patio area where residents were observed smoking. Cigarette smoke was observed and smelled coming into the dining/activity room. On 3/2/2020 at 5:40 p.m., an attempt to interview Resident A was made, however, the resident did not respond. On 3/2/2020 at 5:45 p.m., the Director of Nursing (DON) accompanied the Surveyor to the dining/activity room and observed the above described scene. The DON stated the door between the patio and dining/activity room should be closed when residents' are on the patio smoking so cigarette smoke does not get into the dining/activity area. On 4/13/2020 at 1:25 p.m., during a telephone interview with the DON, she DON stated the CNA 1 was not available for interview.</p>		
F 0926 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Have policies on smoking.</p> <p>Based on observation, interview, and record review, the facility's nursing staff failed to provide a safe environment by allowing second hand smoke to enter the facility. This deficient practice exposed residents, staff, and visitors to second hand smoke which has the potential to place residents, staff and visitors at risk for health issues related to second hand smoke. Findings: On 3/2/2020 at 4:31 p.m., upon entering the facility's front door a broom, a dust pans, and several cigarette buds and ashes were observed approximately three to four feet on the left side of the front door. Upon entering the building the smell of cigarette smoke was evident in the lobby. On 3/2/2020 at 5:35 p.m., upon entering the dining/activity room the activity assistant 1 (AA) was sitting in a chair in front of the patio door adjacent to the smoking area, there were approximately seven residents on the patio smoking. Cigarette smoke was observed and smelled coming into the dining/activity room causing. On 3/2/2020 at 5:40 p.m., the Director of Nursing (DON) accompanied the Surveyor to the dining/activity room and observed the above described scene. The DON stated the door between the patio and dining/activity room should be closed when residents are smoking and activity staff should be on the patio supervising the residents smoking and the AA 1 should not be sitting in the dining/activity room with the door open allowing cigarette smoke to enter the building. An undated facility policy and procedure, titled Smoking Ventilation indicated the facility will ensure that the two smoking ventilation fans are on and functioning properly at both entrances to the activity patio to ensure proper ventilation in the facility for residents, employees and visitors. The smoking supervisor will be in charge to ensure the two patio smoking ventilation fans are on, when residents are smoking on the main patio to prevent second-hand smoke from entering the facility. The facility has two ventilation fans, located at both entrances to the main activity patio. If there are no residents on the patio smoking, the smoking fans will be turned off by the smoking supervisor.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.