

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 08/25/2020
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 0684 Level of harm - Actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to follow the physician's orders and a resident's plan of care to ensure a resident who had a gastrostomy tube site (([DEVICE])) a surgical opening into the stomach to provide food, hydration and medications) received wound care to the site to keep the [DEVICE] site clean for one of three sampled residents (Resident 1). The physician ordered for Resident 1's [DEVICE] site to be cleaned and assessed daily but the facility had not cleansed the site for over 23 days (crossed referenced to F925). This deficient practice resulted in Resident 1 developing an infection at the [DEVICE] site and having maggots (the larvae of a fly) crawling around and in the [DEVICE] site. Resident 1 was transferred to a general acute care hospital (GACH) and received treatment for [REDACTED]. Findings: A review of the Resident 1's Face Sheet (Admission Record) indicated the resident was originally admitted to the facility on [DATE] and last readmitted on [DATE]. Resident 1's [DIAGNOSES REDACTED]. interferes with a person's daily life and activities). Resident 1 was recently diagnosed with [REDACTED]. A review of Resident 1's Order Summary Report, dated 7/29/2020, indicated a physician's order, dated 5/6/2020, to check Resident 1's [DEVICE] for placement, monitor patency and change the feeding syringe every shift. The physician ordered a treatment to the [DEVICE] site as follows; cleanse with normal saline (solution that has medical uses, including cleaning affected areas of the body), pat dry and cover with dry dressing every day. A review of Resident 1's Admission assessment, dated 5/6/2020 indicated Resident 1 was receiving [DEVICE] feeding and was incontinent (inability to control) of bowel and bladder and was dependent on staff for all care. A review of Resident 1's care plan, initiated 11/3/16 and last revised on 12/16/19 indicated Resident 1 was at risk for [DEVICE] site infection. The staff's interventions included to provide [DEVICE] site care daily and assess for redness, pain, swelling, increased body temperature and/or discharges from the site and report to physician promptly. A review of a change of condition ((COC)/Interact Assessment Form ((Situation, Background, Assessment, and Recommendation) internal communication document), dated 5/22/2020 indicated Resident 1 had maggots found around the [DEVICE] site. On 5/22/2020, during care, Certified Nurse Assistant 1 (CNA 1) observed maggots around Resident 1's [DEVICE] site and wound dressing. The COC form indicated Resident 1 was showered, soiled linen removed, and bed disinfected. The COC indicated the maggots continued to be seen and the physician gave an order to send Resident 1 to the GACH. A review of Resident 1's Treatment Administration Record (TAR) for the month of 5/2020 indicated there was no documented evidence Resident 1's [DEVICE] site received treatment as per the physician's order (5/6/2020), until 5/30/2020. A review of the facility's updated policy and procedure titled, Gastrostomy/Jejunostomy Care indicated the objective was to maintain the skin in good condition and to decrease irritation and risk of infection to promote residents' comfort. A review of Resident 1's GACH History and Physical (H/P), dated 5/22/2020 indicated the resident's [DEVICE] site had a pinkish color discharge and maggots at the site. The H/P assessment and plan indicated Resident 1 had abdominal [MEDICAL CONDITION] (bacterial skin infection) / infection ([DEVICE] site), malfunction at [DEVICE] site and will receive wound care and intravenous antibiotics. A review of the GACH's Wound Photographic Documentation, dated 5/22/2020 indicated Resident 1's [DEVICE] site at the middle upper abdomen area there was excoriation (a scratch or abrasion of the skin) with a skin description of weeping pink. On 6/11/2020 at 11:55 a.m., during an interview, the Director of Nursing (DON) stated Resident 1 had two maggots seen outside the [DEVICE] site. The DON was asked who the treatment nurse was for the COVID-19 unit (unit Resident 1 resided on) and she stated she could not recall because the facility had been using registry's nurses to cover the COVID-19 unit. On 7/29/2020 at 2:48 p.m., during an interview, CNA 1 stated she was giving Resident 1 a bed bath and saw something moving on the resident's [DEVICE] site area and coming out of the opened wound. The [DEVICE] dressing was not secured, and the maggots were seen crawling from underneath the dressing. CNA 1 stated Station 3, where Resident 1 was housed, had flies due to the rooms being outside of the main building that lead into an opened patio area. CNA 1 stated there was nothing in place to prevent flies from entering the residents' rooms. On 7/29/2020 at 3 p.m., during an interview, Licensed Vocational Nurse 1 (LVN 1) stated, Maggots came from not being cleaned. LVN 1 stated she sees flies in the building daily despite the fly lights in some of the resident's rooms. LVN 1 stated she recently noticed there were fly lights in the facility, but they are not working because flies are always in the building. On 7/30/2020 at 12:20 p.m., during a telephone interview, LVN 2 stated she was assigned to the COVID-19 unit to pass the medications. LVN 2 stated sometimes in 5/2020, CNA 1 notified her she saw maggots coming from Resident 1's [DEVICE] site. LVN 2 stated Resident 1's room was outside of the unit where there are flies all of the time and enter into the resident's rooms due to the door being opened. LVN 2 stated the staff's assignment was up in the air and they did not know who was going to be the treatment nurse but was told there would be a treatment nurse coming on the 3 p.m. -11 p.m. shift. LVN 2 stated the facility did not have supplies to do treatments for the residents. LVN 2 stated she had not done [DEVICE] treatments for Resident 1. LVN 2 stated the CNAs cleaned Resident 1 and the resident was transferred to the hospital due to having maggots in the [DEVICE] site. On 7/30/2020 at 2:30 p.m., during a telephone interview, Resident 1's physician (Physician 1) stated Resident 1's [DEVICE] site should have been routinely checked, cleaned and cared for. Physician 1 was asked if he had discontinued the [DEVICE] treatment order and he stated, there was no way I would have discontinued an order for [REDACTED]. site for leakage, redness, purulent (a milky texture and is gray, yellow, or green; a sign of an unhealthy wound) drainage, [MEDICAL CONDITION], tenderness, and/or any inflammation (a response triggered by damage to living tissues) and/or pain.</p> <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to maintain a pest-free environment and an effective pest control program to ensure the facility was free of flies from laying eggs on one of three sampled resident's (Resident 1) gastrostomy tube site (([DEVICE])) a surgical opening into the stomach to provide food, hydration and medications) was provided. Resident 1's [DEVICE] had live maggots (the larvae of a fly) inside and outside of the wound site with pink drainage. This deficient practice resulted in Resident 1 having maggots crawling around and in the [DEVICE] site and being admitted to a general acute care hospital (GACH) for six days with [DIAGNOSES REDACTED]. Findings: A review of the Resident 1's Face Sheet (Admission Record) indicated the resident was originally admitted to the facility on [DATE] and last readmitted on [DATE]. Resident 1's [DIAGNOSES REDACTED]. with a person's daily life and activities). A review of Resident 1's Order Summary Report indicated a physician's orders [REDACTED]. The physician ordered a treatment to the [DEVICE] site as follow; cleanse with normal saline (salt water), pat dry and cover with dry dressing every day. A review</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.

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F 0925 Level of harm - Actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>of Resident 1's Admission assessment, dated 5/6/2020 indicated Resident 1 was receiving [DEVICE] feeding and was incontinent (inability to control) of bowel and bladder and was dependent on staff for all care. A review of Resident 1's care plan, initiated 11/3/16 and last revised on 12/16/19 indicated the resident was at risk for [DEVICE] site infection. The staff's interventions included to provide [DEVICE] site care daily and assess for redness, pain, swelling, increased body temperature and/or discharges from the site and report to physician promptly. A review of a change of condition ((COC)/Interact Assessment Form (Situation Background Assessment Recommendation) internal communication document), dated 5/22/2020 indicated Resident 1 had maggots found around the [DEVICE] site. On 5/22/2020, during care, Certified Nurse Assistant 1 (CNA 1) observed maggots around Resident 1's [DEVICE] site and wound dressing. The COC form indicated Resident 1 was showered, soiled linen removed, and bed disinfected. The COC indicated the maggots continued to be seen and the physician gave an order to send Resident 1 to the GACH. A review of the facility's Pest Management Sanitation Report dated 5/5/2020 indicated new fly lights for the hallways were ordered with recommendations to keep the doors that leads to the patio closed. According to the report, the fly lights were delivered to the facility on [DATE]. There was no documented evidence of instillation or placement of the fly traps and or lights. A review of Resident 1's Treatment Administration Record (TAR) for the month of 5/2020 indicated there was no documented evidence Resident 1's [DEVICE] site received treatment as per the physician's orders [REDACTED]. A review of the facility's undated policy and procedure titled, Gastrostomy/Jejunostomy (surgical opening in the stomach and the small part of the intestine) Care indicated the objective was to maintain the skin in good condition and to decrease irritation and risk of infection to promote residents' comfort. A review of Resident 1's GACH History and Physical (H/P), dated 5/22/2020 indicated the resident's [DEVICE] site had a pinkish color discharge and maggots at the site. The H/P assessment and plan indicated Resident 1 had abdominal [MEDICAL CONDITION] (bacterial infection of the skin)/infection, malfunction at [DEVICE] site and will receive wound care and intravenous antibiotics. A review of the GACH's Wound Photographic Documentation, dated 5/22/2020 indicated Resident 1' [DEVICE] site at the middle upper abdomen area there was excoriation (a scratch or abrasion of the skin) with a skin description of weeping pink. On 6/11/2020 at 11:45 a.m., Resident 1 was observed in the room. Resident 1's room door led to an opened patio. On 6/11/2020 at 11:55 a.m., during an interview, the Director of Nursing (DON) stated Resident 1 had two maggots seen outside the [DEVICE] site. On 7/29/2020 at 2:48 p.m., during an interview, CNA 1 stated she was giving Resident 1 a bed bath and saw something moving on the resident's [DEVICE] site area and coming out of the opened wound. The [DEVICE] dressing was not secured, and the maggots were seen crawling from underneath the dressing. CNA 1 stated Station 3, where Resident 1 was housed, had flies due to the rooms being outside of the main building that lead into an opened patio area. CNA 1 stated there was nothing in place to prevent flies from entering the residents' rooms. On 7/29/2020 at 3 p.m., during an interview, Licensed Vocational Nurse 1 (LVN 1) stated, Maggots came from not being cleaned. LVN 1 stated she sees flies in the building daily despite fly lights in some of the resident's rooms. LVN 1 stated she recently noticed there were fly lights in the facility but they are not working because flies are always in the building. On 7/29/2020 at 3:10 p.m., during an interview, CNA 2 stated he was called to assist with cleaning Resident 1 and he too, saw 3-4 maggots crawling around the resident's [DEVICE] and dressing. CNA 2 stated there was nothing in place to keep the flies out of the residents' rooms. On 7/29/2020 at 3:20 p.m., during a brief observation tour of the facility, accompanied by the Director of Staff Development the following was observed: Station 3's door was opened leading to the outside, room [ROOM NUMBER]'s door was opened. Station 2's patio door that leads to the lunchroom was opened. Flies were seen in the resident's rooms. There was no blue/ fluorescent light in either of the resident's rooms, hallways or near rooms in Station 3 (outdoor patio area rooms). On 7/29/2020 at 3:34 p.m., during an interview, the Administrator stated she could not remember the date, but she put fluorescent and blue light in resident rooms on Station 3 and in room [ROOM NUMBER]. The administrator stated the Maintenance/Housekeeping Supervisor was on vacation and would be unavailable for interview for a month. On 7/29/2020 at 3:36 p.m., during an interview the Director of Nursing stated the flies come from outside and goes into the resident rooms. The facility had an anti-fly device a long time ago which became defective, they don't have anything to prevent flies from coming into the building now. On 7/30/2020 at 12:20 p.m., during a telephone interview, LVN 2 stated she was assigned to the COVID-19 (highly contagious virus) unit to pass the medications. LVN 2 stated sometime in 5/2020, CNA 1 notified her she saw maggots coming from Resident 1's [DEVICE] site. LVN 2 stated Resident 1's room was outside of the unit where there are flies all of the time and enter into the resident's rooms due to the door being opened. LVN 2 stated there was nothing in place to stop the flies from entering the residents' rooms. LVN 2 denied seeing any fly lights in Resident 1's room. LVN 2 stated the CNAs cleaned Resident 1 and the resident was transferred to the hospital. LVN 2 stated she did not provide wound care to Resident 1's [DEVICE] site. According to an online Orkin pest control, the common house female fly lays up to 150 eggs, which resembles individual grains of rice, into damp, dark surfaces or in decomposing (process of decaying) materials for over a period of a few days. Within one day, the female house fly egg hatch into larvae (maggots (white legless insects that feed from the egg-laying site for three to five days)) https://www.orkin.com/flies/house-fly/life-cycle-of-house-fly. A review of the facility's undated policy and procedure titled, Pest Control Program, indicated the facility had scheduled pest control visits by a qualified pest control agent that included eradication and containment of common household pest that included roaches, ants, mosquitoes, flies, mice and rats. The policy indicated the pest control program would be conducted in the main patient buildings, all outbuildings on the property and all grounds. The policy indicated the pest control agent would leave a Pest Management Sanitation Report at the end of each pest control visits.</p>		