

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055753	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2020
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 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's staff failed to ensure one of two sampled resident's (Resident A) elopement assessment was accurate. This deficient practice placed the resident at risk for less frequent monitoring resulted in the resident eloping from the facility on 7/18/19. 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 Licensed Progress Notes, dated 7/18/19, at 10:30 p.m., indicated that during rounds and after searching the building, patio and room to room it was noticed that Resident A was not in the facility. According to two Elopement Risk Assessments, both dated 7/13/19, completed by licensed vocational nurse 1 (LVN 1). One assessment scored the resident an eight (a score of eight or more indicate an elopement risk). The second assessment the resident scored a four. A review of a physician's orders [REDACTED]. A History and Physical, dated 7/13/19, completed by Resident A's physician, indicated Resident A was alert and oriented times one (to name), he was uncooperative with the exam and had a fluctuating capacity to understand and make decisions. On 4/28/2020, at 1:44 p.m., during a telephone interview, LVN 1 stated she attempted to interview Resident A when he was admitted to the facility on [DATE], but Resident A was confused and questioned her about the exits to the facility. LVN 1 stated she evaluated Resident with confusion and exit seeking behavior which contributed to his score of eight. LVN 1 stated later the same day she reevaluated Resident A, he spoke clearer and did not mention the exits. LVN 1 stated Resident A's score dropped to a four making him not a risk for elopement. LVN 1 stated she should have thrown out the first assessment.		
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.