

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056014	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Brookfield Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9300 Telegraph Road Downey, CA 90240	

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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778</p> <p>Based on interview and record review, the facility failed to ensure one of three residents' (Resident 1) itchy area was assessed, location/ site identified and ensure the physician's order contained the site of treatment order administration.</p> <p>This failure had the potential for Resident 1's skin itchiness not resolved.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated, Resident 1 was initially admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses including primary generalized (osteo) arthritis (a disease that worsens over time, caused by the breakdown of cartilage, a rubbery material that eases the friction in joints), other seizures (a sudden, uncontrolled burst of electrical activity in the brain), and acute (severe and sudden) kidney failure (a condition in which the kidneys stop working and are not able to remove waste and extra water from the blood or keep body chemicals in balance).</p> <p>During a review of Resident 1's Minimum Data Set (Minimum Data Set [MDS] a standardized assessment and care screening tool), dated 6/18/2024, the MDS indicated Resident 1 had severe (intense) cognitive (the ability to think and reason) impairment (loss of part or all a physical or mental ability). Resident 1's MDS indicated Resident 1 required set up or clean-up assistance (staff sets up or cleans up prior to or following the activity) for Activities of Daily Living (ADLs) such as upper body dressing (ability to dress and undress about the waist) and personal hygiene (ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face, and hands).</p> <p>During a review of Resident 1's Medication Administration Record (MAR), dated May 2024, the MAR indicated Resident 1 had a physician's order of Triamnicolone Acetonide Ointment 0.1%, apply to area of itching topically two times a day for itching for 14 days. Apply 6 grams (a metric unit of mass equal to one thousandth of a kilogram) to all areas of itching x BID (two times a day).</p> <p>During a review of Resident 1's progress notes dated 6/1/2024, the progress notes did not indicate Resident 1's location of itching under the integumentary system (the system of the body that includes skin, hair, and fingernails) assessment.</p> <p>(continued on next page)</p>

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/30/2024 at 1:40 p.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated they should have assessed Resident 1's skin or any resident who would report itching and would inform the doctor to ensure the resident is being monitored.</p> <p>During an interview on 7/30/2024 at 2:41 p.m., with Registered Nurse (RN) 1, RN1 stated RN 1 stated they were not sure why Resident 1 was itching.</p> <p>During an interview on 8/1/2024 at 2:29 p.m., with Director of Nursing (DON), the DON stated when receiving orders from a physician., the route, site, dosage, frequency and duration should be part of the physician's order. The DON stated, the MAR indicating to apply Triamnicolone Acetonide Ointment 0.1%, to area of itching is not complete. The DON stated the areas of itching, was not specific because it could not always be the same area and should have been further investigated or assessed. Without orders specific to area of itching, there was a chance that the medication could not be given correctly.</p>		