

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER Brier Oak on Sunset		STREET ADDRESS, CITY, STATE, ZIP CODE 5154 Sunset Blvd Los Angeles, CA 90027	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42311</p> <p>Based on observation, interview, and record review, the facility failed to ensure the resident received care consistent with professional standards of practice to prevent pressure ulcer (a localized injury to the skin and or underlying tissue usually over a bone prominence as a result of pressure or pressure in combination with shear [occur between the internal body structures and skin tissues typically moving in opposite directions and may lead to deep tissue injury]) for one of three sampled residents (Resident 1) by:</p> <ol style="list-style-type: none"> 1. Failing to ensure the low air loss mattress (LALM- a mattress, composed of inflatable air cushions that is used to relieve pressure on the body parts) was turned on. 2. Failing to ensure only one sheet of linen was placed over the LALM mattress top cover as indicated in the manufacturer's guidelines. <p>These deficient practices had the potential for the development and worsening of pressure ulcers/injuries.</p> <p>Findings:</p> <p>A review of Resident 1 ' s, Admission Record, indicated the facility admitted the resident on 3/14/2024 with diagnoses that included acquired absence of left foot, diabetes mellitus (uncontrolled elevated blood sugar) and essential hypertension (occurs when you have abnormally high blood pressure that's not the result of a medical condition).</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and care screening tool) dated 3/21/2024, indicated resident ' s cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were moderately impaired. The MDS indicated Resident 1 required moderate assistance from staff for transfers. Resident 1 was frequently incontinent (unable to control) bladder functions and always incontinent for bowel. The MDS indicated the resident is at risk for pressure ulcer (a localized injury to the skin and or underlying tissue usually over a bone prominence as a result of pressure or pressure in combination with shear [occur between the internal body structures and skin tissues typically moving in opposite directions and may lead to deep tissue injury]) and Resident 1 was on pressure a reducing device for bed (air mattress- composed of inflatable air cushions that is used to relieve pressure on the body parts).</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1 ' s Physician Order dated 4/21/2024 indicated an order for low air loss (LAL) mattress to bed for wound management, setting at 120 and to check the settings and function every shift.</p> <p>A review of Resident 1 ' s Care Plan on stage 3 (pressure injuries extend through the skin into deeper tissue and fat) sacral (a large, triangular bone at the base of the spine) pressure ulcer dated 4/21/2024 indicated an intervention for LAL mattress for wound management, monitor proper setting and functioning every shift.</p> <p>A review of Resident 1 ' s, History and Physical Examination, dated 4/24/2024, indicated Resident 1 had capacity to understand and make decisions.</p> <p>During a concurrent observation and interview on 4/26/2024 at 9:40 a.m., with the Case Manager (CM), inside Resident 1 ' s room. Resident 1 was observed on LAL mattress with the control unit machine hanging on the foot of the bed. The LAL control unit did not have the light on. The LAL mattress power switch on the right side was powered on. The CM turned the power switch off and on; however, the light remained off on the control unit. The CM stated the control unit was off.</p> <p>During a concurrent observation and interview on 4/26/2024 at 9:45 a.m., with the Housekeeping Supervisor (HSKS), inside Resident 1 ' s room. The HSKS turn the LALM power switch on and off, then remove and reconnected the power cord to the control unit; however, there was still with no power noted. The HSKS stated the LALM control unit had no power. Observed HSKS remove the LAL mattress plug from the wall and plug it back causing the control unit to turn on and a green blinking light noted on the low-pressure indicator. The HSKS stated the LALM control unit is now working.</p> <p>During a concurrent observation and interview on 4/26/2024 at 9:47 a.m., with Certified Nursing Assistant 2 (CNA 2), inside Resident 1 ' s room. Observed CNA 2 count the layers between Resident 1 and the LAL mattress. CNA 2 stated there were a total of six layers of linen between the resident andthe LALM. CNA 2 stated there was one fitted sheet, one sheet folded in four making it into 4 layers and one chux (absorbent pads are intended to catch fluids from any situation and allow for easy cleanup). CNA 2 stated residents on LALM should only have one sheet in between the resident and LALM.</p> <p>During an interview on 4/26/2024 at 10:23 a.m., the Director of Staff Development (DSD) stated she had provided Inservice a month ago for the use of LALM and informed staff that there should only be one disposable chux in between the resident and the LALM to prevent skin breakdown and promote wound healing.</p> <p>During an interview on 4/26/2024 at 10:32 a.m., with Licensed Vocational Nurse 2 (LVN 2), LVN 2 stated residents on LAL mattress should only have one disposable chux to prevent pressure ulcer. LVN 2 stated Resident 1 had a pressure ulcer that is why the physician ordered the LALM.</p> <p>During an interview on 4/26/2024 at 10:48 a.m.with Treatment Nurse 1 (TN , TN 1 stated Resident 1 was readmitted to the facility on [DATE] with a stage 3 sacral pressure ulcer. TN 1 stated the physician was notified and ordered the LALM to distribute and relieve the pressure in the body and to prevent further skin breakdown or further damage to the skin. TN 1 stated residents on LALM should only have one sheet and having multiple layers defeats the purpose of the LALM and can delay wound healing.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility ' s air mattress user manual dated 2018, indicated, Installation Instructions- step 2: you may place a thin cotton sheet over the quilted mattress top cover.</p> <p>A review of facility ' s policy and procedure titled, Skin Integrity Management dated 5/26/2021 and revised on 9/27/2023, indicated, Develop comprehensive, interdisciplinary plan of care including prevention and wound treatments, as indicated,</p> <p>4.1 Implement pressure ulcer prevention for identified risk factors.</p> <p>4.2 Determine the need for support surface for bed and chair.</p>		