

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 06/17/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46445</p> <p>Based on observation, interview, and record review the facility failed to provide a homelike environment for two of three sampled residents (Resident 1 and Resident 2) by failing to ensure the walls in the resident ' s room was in good condition and free from peeling paint and plaster debris.</p> <p>This deficient practice had the potential to cause injuries and altered comfort level.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated the facility admitted the resident on 4/16/2024 with diagnoses including dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), unsteadiness on feet, and essential hypertension (an abnormally high blood pressure that was not a result of a medical condition).</p> <p>A review of Resident 1 ' s History and Physical (H&P), dated 5/9/2024, indicated the resident did not have the capacity to understand and make decisions.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 4/23/2024, indicated the resident ' s cognitive (refers to conscious mental activities including thinking, reasoning, understanding, learning, and remembering) skills were moderately impaired.</p> <p>A review of Resident 2 ' s Admission Record indicated the facility admitted the resident on 4/16/2024 with diagnoses including chronic obstructive pulmonary disease (COPD - a lung disease characterized by long term poor airflow), unsteadiness on feet, and pressure ulcer (also called pressure injuries and decubitus ulcers - injuries to skin and underlying tissue resulting from prolonged pressure on the skin) of left hip.</p> <p>A review of Resident 2 ' s History and Physical (H&P), dated 11/30/2023, indicated the resident had the capacity to understand and make decisions.</p> <p>A review of Resident 2 ' s MDS, dated [DATE], indicated the resident ' s cognitive skills were intact. The MDS indicated Resident 2 was independent on the use of a manual wheelchair.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/17/2024 at 10:54 a.m., during a concurrent observation and interview with Licensed Vocational Nurse 1 (LVN 1), the wall inside Resident 1 and Resident 2 ' s room was observed to be peeling and cracked. Observed wall plaster debris on the floor. LVN 1 stated that it had the potential to not feel homelike for the residents.</p> <p>On 6/17/2024 at 11:06 a.m., during an interview, Resident 2 stated the facility was working on fixing the wall before, but they stopped. Resident 2 stated that the facility had to finish fixing the wall because it looked bad.</p> <p>On 6/17/2024 at 12:13 p.m., during a concurrent observation and interview with with the Director of Nursing (DON), Resident 1 and Resident 2 ' s wall inside the resident ' s room was observed to be peeling and cracked. The DON stated that the wall in Resident 1 and Resident 2 ' s room had the potential for the residents to not feel at home.</p> <p>A review of the facility ' s policy and procedure titled, Resident Rights Under Federal Law, dated 9/27/2023, indicated the purpose to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of the residents ' self-esteem and self-worth.</p>