

| | | | |
|---|--|--|--|
| 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 09/06/2024 |
| 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>43878</p> <p>Based on observation, interview, and record review, the facility failed to provide one of five sampled residents (Resident 1) a safe, clean, comfortable, and homelike environment when on 9/6/2024 at 1:39 p.m. the Maintenance Supervisor (MS) measured the temperature of Resident 1 room with a laser thermometer (measures the temperature of an object from a distance by using a laser to target the object and measuring the infrared radiation [a type of energy that is invisible to the human eye but can be felt as heat] it emits) measuring 88 degrees Fahrenheit (F- a scale for measuring temperature, in which water freezes at 32 degrees and boils at 212 degrees).</p> <p>This deficient practice resulted in Resident 1 being uncomfortable with the temperature of his room.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the facility admitted the resident on 1/14/2013 and readmitted the resident on 5/26/2023 with diagnoses including type 2 diabetes mellitus (disease in which glucose [a type of sugar] levels in the blood are higher than normal because the body does not make enough insulin [a hormone that lowers the level of glucose in the blood] or use it the way it should), obstructive sleep apnea (a condition that causes breathing to stop or become interrupted during sleep due to a narrowed or blocked airway), dysphagia (swallowing difficulties) and muscle weakness (generalized).</p> <p>A review of Resident 1's Care plan, developed on 2/12/2020, indicated the resident's risk for decreased ability to perform Activities of Daily Living (ADL) in bathing, grooming, personal hygiene, eating, bed mobility, transfer, locomotion, and toileting related to muscle weakness. The care plan indicated Resident 1 required 1 person assist with dressing, showering, toileting, and to monitor for decline in ADL function.</p> <p>A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 6/27/2024, indicated Resident 1 had the ability to understand and be understood. The MDS indicated Resident 1 required substantial assistance (helper does more than half the effort) with lower body dressing and required partial assistance (helper does less than half the effort) upper body dressing, showering.</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 |
|---|-------|-----------|

| | | | |
|---|--|--|--|
| 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 09/06/2024 |
| 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>During an interview on 9/6/2024 at 11:44 a.m., Resident 1 stated the room is hot, needs to have the screen door opened because that is the only form of air he gets. Resident 1 stated the vent in his room is not working. Resident 1 stated refuses to close the screen door because he will not be able to breathe if it is closed, it is too hot.</p> <p>During a concurrent interview and observation on 9/6/2024 at 1:39 p.m., MS stated the only temperature he tracks is the morning temperature does not track the afternoon, will check the temperature around 8-8:30a. m. The MS went to Resident 1's room with the laser thermometer and pointed the laser thermometer at Resident 1's vent, the MS stated reading was 88 F. The MS stated temperature of 88 F is not normal.</p> <p>During an interview on 9/6/2024 at 2:40 p.m., the MS stated checked the air conditioner unit and it is low on pressure will need freon (stable, nonflammable, low toxicity gases or liquids which have generally been used as refrigerants [a working fluid used in the refrigeration cycle of air conditioning systems and heat pumps]). The MS stated not sure how long it has been low on freon.</p> <p>During an interview on 9/6/2024 at 3:22 p.m., the MS stated the risk for temperatures not being within range can be like this we got a complaint about the temperature and we were not aware of it, can be a delay in fixing the air condition making the residents uncomfortable with the temperature. The MS stated temperature must be within 71 to 81 and Resident 1's vent was blowing out 88 which was not within range.</p> <p>During an interview on 9/6/2024 at 3:39 p.m., the Director of Nursing (DON) stated if the MS is just checking temp in the morning it will not be accurate of the temperature in the evening when it is higher and would not catch it later in the day. The DON stated the temperature needs to be between 71 to 81 and if not within range can affect the residents. The DON stated it can also affect the residents' home like environment and it would not be comfortable.</p> <p>A review of the current facility-provided policy and procedure titled, Accommodation of Needs, with last revised date of 2/1/23, indicated the resident has the right to a safe, clean, comfortable, and homelike environment. Comfortable and safe temperature levels, must maintain a temperature range of 71 to 81 F.</p> |