

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 10/28/2024
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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>43878</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 3) was treated with dignity and care in a manner that promotes maintenance or enhancement of their quality of life by failing to ensure Resident 3's urinary drainage bag (a device that collects urine from a urinary catheter [a hollow tube inserted into the bladder to drain or collect urine] that is inserted into the bladder) had a dignity bag (a special pouch or cover that discreetly hides the drainage bag from view, allowing someone using a catheter to maintain privacy).</p> <p>This deficient practice had the potential to negatively affect Resident 3 psychosocially (involving mental, emotional, social, and spiritual aspects of a person's life).</p> <p>Findings:</p> <p>A review of Resident 3's Admission Record indicated the facility admitted the resident on 2/28/2024 with diagnoses including quadriplegia (paralysis from the neck down, including legs, and arms, usually due to a spinal cord injury), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and muscle weakness (generalized).</p> <p>A review of Resident 3's Care plan developed on 3/8/2024 for Resident 3's use of indwelling foley catheter indicated interventions including to keep catheter off floor, provide privacy bag and to encourage resident to consume fluids on meal trays, between meals and nourishments provided.</p> <p>A review of Resident 3's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 8/22/2024, indicated Resident 3 had the ability to understand and be understood. The MDS indicated Resident 3 was dependent (helper does all the effort) on eating, oral hygiene, toileting, showering, upper and lower body dressing, putting on and taking off footwear and personal hygiene.</p> <p>A review of Resident 3's Physician Order, dated 6/28/2024, indicated to change indwelling catheter when occluded or leaking.</p> <p>A review of Resident 3's Physician Order, dated 9/29/2024, indicated:</p> <p>- foley catheter 18 French with 30 milliliter (ml- unit of measurement) balloon to bedside straight drainage as needed for neurogenic bladder (a condition that causes a loss of bladder control due to damage to the nervous system) replace if leaking, occluded or dislodged.</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 10/28/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Irrigate indwelling catheter with 60 ml of normal saline as needed for hematuria (blood in urine) or clogged.</p> <p>During a concurrent observation and interview on 10/28/2024 at 10:51 a.m. with Certified Nursing Assistant 1 (CNA 1) in Resident 3's room, CNA 1 stated there is no cover on the urinary bag and that it needs a dignity bag, CNA1 stated the dignity bag is to provide the resident with dignity.</p> <p>During an interview on 10/28/2024 at 4:08 p.m. with the Administrator (Adm) stated for dignity bag, foley bags should have a dignity bag when residents are up and out of bed and in communal areas and residents should be offered. The Adm stated not having a dignity bag can be a risk for resident's dignity not to be respected.</p> <p>A review of the facility's P&P titled, Resident Rights Under Federal Law, last revised on 2/1/2023 indicated 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 his or her self-esteem and self-worth.</p>

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 10/28/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>43878</p> <p>Based on interview and record review, the facility failed to ensure that one of three sampled residents (Resident 3) who was a quadriplegic (paralysis from the neck down, including legs, and arms, usually due to a spinal cord injury) and was dependent (helper does all the effort) on care received the necessary services to maintain grooming, and personal hygiene when on 10/28/2024 Certified Nursing Assistant 1 (CNA 1) described Resident 3's fingernails as long and curving in and toenails as long and needed to be cut.</p> <p>This deficient practice had the potential to cause Resident 3 to scratch or harm self.</p> <p>Findings:</p> <p>A review of Resident 3's Admission Record indicated the facility admitted the resident on 2/28/2024 with diagnoses including quadriplegia (paralysis from the neck down, including legs, and arms, usually due to a spinal cord injury), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and muscle weakness (generalized).</p> <p>A review of Resident 3's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 8/22/2024, indicated Resident 3 had the ability to understand and be understood. The MDS indicated Resident 3 was dependent (helper does all the effort) on eating, oral hygiene, toileting, showering, upper and lower body dressing, putting on and taking off footwear and personal hygiene.</p> <p>A review of Resident 3's Physician Order, dated 5/12/2024, indicated podiatry (the treatment of the feet), dental and ophthalmology (the branch of medicine concerned with the diagnosis and treatment of disorders of the eye) consult, and treatment as needed for patient health and comfort.</p> <p>A review of Resident 3's Situational Background Appearance and Review (SBAR), dated 10/14/2024, indicated Resident 3 had a right lower lateral leg abrasion. During wound care treatment nurse observed abrasion to right lower lateral leg.</p> <p>During a concurrent observation and interview on 10/28/2024 at 10:51 a.m. with Certified Nursing Assistant 1 (CNA 1) and Resident 3 in Resident 3's room, CNA 1 stated Resident 3's nails were long, CNA 1 stated nails were dark and were curving in, toe nails were long and needed to be cut. CNA 1 stated long nails can hurt Resident 3. Resident 3 stated nails needs to be cut. Resident 3 stated to look at resident's toes and nails that were long.</p> <p>During an interview on 10/28/2024 at 11 a.m., Resident 3 stated he got his nails cut about a month ago. Resident 3 stated he was never seen by a podiatrist (a person who treats the feet and their ailments).</p> <p>During an interview on 10/28/2024 at 3:25 p.m., the Treatment Nurse 1 (TN 1) stated that for nondiabetics, the CNAs, LVNs, and even the Treatment Nurses can do the nail trimming.</p> <p>(continued on next page)</p>		

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 10/28/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 10/28/2024 at 3:45 p.m., TN 1 stated Resident 3's toenails were long and thick needing to be referred to a podiatrist due to how thick Resident 3's nails are. TN 1 stated a risk for having long toenails and fingernails can be a risk for them to get caught in the sheets and or scratch themselves and it is poor hygiene.</p> <p>During an interview on 10/28/2024 at 4:08 p.m., the Administrator (Adm) stated cannot verify when the last nail trimming was done for Resident 3. The Adm stated Resident 3 nails were slightly longer than Adm would recommend that was why we offer nail intervention and care today. The Adm stated a risk for long nails can be for Resident 3 to scratch himself.</p> <p>A review of the facility's P&P titled, Activities of Daily Living (ADLs), last reviewed on 5/1/2023, indicated based on the comprehensive assessment of a patient and consistent with the patient's needs and choices the center must provide the necessary care and services to ensure that a patient's ADL abilities are maintained or improved and do not diminish unless circumstances of the patient's clinical condition demonstrate that a change was unavoidable.</p> <p>ADLs include:</p> <p>- Hygiene-bathing, dressing, grooming and oral care.</p>		

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 10/28/2024
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>43878</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 3) had a call light (a device that patients use to request assistance from nursing staff in a healthcare facility) that was within Resident 3's reach.</p> <p>This deficient practice had the potential to result in a delay in meeting Resident 3's need for assistance.</p> <p>Findings:</p> <p>A review of Resident 3's Admission Record indicated the facility admitted the resident on 2/28/2024 with diagnoses including quadriplegia (paralysis from the neck down, including legs, and arms, usually due to a spinal cord injury), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and muscle weakness (generalized).</p> <p>A review of Resident 3's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 8/22/2024, indicated Resident 3 had the ability to understand and be understood. The MDS indicated Resident 3 was dependent (helper does all the effort) on eating, oral hygiene, toileting, showering, upper and lower body dressing, putting on and taking off footwear and personal hygiene.</p> <p>During a concurrent observation and interview on 10/28/2024 at 10:51 a.m. with Certified Nursing Assistant 1 (CNA 1) and Resident 3 in Resident 3's room, CNA 1 stated Resident 3's call light was behind Resident 3's bed and Resident 3 would not be able to reach the call light to call for assistance. CNA 1 stated this is a risk for fall or for Resident 3 to be unable to get help if needed.</p> <p>During an interview on 10/28/2024 at 11 a.m., Resident 3 stated he is disabled but can use the call light with left hand. Resident 3 stated but will have difficulty when he does not have the call light within reach. Resident 3 stated he must ask for a call light.</p> <p>During an interview on 10/28/2024 at 4:08 p.m., the Administrator (Adm) stated residents need to have call light within reach to make needs known and attend to resident's needs. The Adm stated there is a potential for delay in receiving care.</p> <p>A review of the facility's P&P titled, Call Lights, last reviewed on 2/1/2023, indicated all patients will have a call light or alternative communication device within their reach at all times when unattended. To ensure safety and communication between staff and patients.</p>		