

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  02/06/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48142</b></p> <p>Based on observation, interview, and record review the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one of four sampled residents (Resident 1) by failing to:</p> <ol style="list-style-type: none"> <li>1. Implement Enhanced Barrier Precautions (EBP, an infection control intervention designed to reduce transmission of multidrug-resistant organisms [MDRO, microorganisms, mainly bacteria, that are resistant to one or more classes of antibiotics] that uses targeted gown and glove use during high contact resident care activities) when Certified Nursing Assistant 1 (CNA 1) did not don (put on) a gown while providing care to Resident 1.</li> <li>2. Perform hand washing after CNA 1 remove his gloves.</li> </ol> <p>These deficient practices had the potential to spread infections and illnesses among residents and staff.</p> <p>Findings:</p> <p>During a review of Resident 1's Record of Admission, the Record of Admission indicated the facility initially admitted the resident on 3/19/2020 and readmitted on [DATE] with a diagnosis of calculus of gallbladder with acute cholecystitis without obstruction (gallstones {hardened deposits of digestive fluid} in gallbladder {organ that stores and release bile} that are causing inflammation).</p> <p>During a review of Resident 1's History &amp; Physical (H&amp;P), dated 6/25/2024, the H&amp;P indicated that resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Order Summary, dated 4/5/2024, the summary indicated that resident was on enhanced barrier precaution due to Multi-drug-Resistant Organisms (MDROs - are bacteria and other microorganisms that have developed resistance to one or more classes of antimicrobial drugs) every shift.</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 0880</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 2/6/2025, at 9:44 a.m. with CNA 1, observed in Resident 1's room that CNA 1 was not wearing gown when replacing Resident 1's blanket (Resident 1 was in EBP) and grabbed a clean washcloth from the clean linen cart after removing gloves. CNA 1 stated that he forgot to wear his gown and must wear a gown when taking care of Resident 1. CNA 1 further stated that he also forgot to wash his hands after removing his gloves and before grabbing a clean washcloth. CNA 1 stated it was important to wash his hands and wear the proper protective equipment to protect himself and other residents.</p> <p>During an interview on 2/6/2025, on 11:27 a.m., Director of Nursing (DON) stated that staff must wash their hands before and after wearing gloves. And must wear gown during direct patient care if the resident has enhanced barrier precaution to prevent the spread of infection.</p> <p>During a review of the facility policy and procedure titled, Hand Hygiene, last reviewed date 1/31/2025, indicated to perform hand hygiene before patient care, before and aseptic procedure, after any contact with blood or other body fluid, after patient care, after contact with the patient's environment.</p> <p>During a review of the facility policy and procedure titled, Enhance Barrier Precautions, last reviewed date 1/31/2025, indicated in addition to Standard Precautions, Enhanced Barrier Precautions (EBP) will be used (when Contact Precautions do not otherwise apply) for novel or targeted multi-drug resistant organisms (MDROs).</p>		