

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Briarcrest Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5648 East Gotham Street Bell Gardens, CA 90201	
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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45009</p> <p>Based on observation, interview, and record review that facility staff failed to ensure one resident out of 3 sampled residents (Resident 1) was served the correct therapeutic diet, per doctors ' order.</p> <p>1. The facility did not ensure Resident 1 received food that was prepared for a minced/moist diet (MM5, food that requires minimal chewing and food that is equal or less than 4 millimeters (mm) width and no longer than 15 mm in length). Resident 1 ' s food was not finely minced and a regular bread roll was served to resident.</p> <p>This deficient practice had the potential for Resident 1 to have problems chewing and swallowing. This deficient practice increased the risk for Resident 1 to choke while eating.</p> <p>Findings:</p> <p>During an observation on 8/20/2024 at 12:42 p.m., in the dining room, Resident 1 was eating lunch. Resident 1 ' s food tray contained slices of squash, full size spiral shaped pasta and a bread roll.</p> <p>During a review of Resident 1 ' s Admission Record, indicated Resident 1 was admitted to the facility on [DATE] with a diagnosis of depression (a common and serious medical illness that negatively affects how a person feels, thinks, and acts. It causes feelings of sadness and/or a loss of interest in activities they once enjoyed) and dementia (the loss of cognitive functioning, thinking, remembering, and reasoning, to such an extent that it interferes with a person's daily life and activities).</p> <p>A review of Resident 1 ' s History and Physical (H&P) dated 8/30/2023, the H&P indicated Resident 1 could make needs known but cannot make medical decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 5/27/2024, the MDS indicated that Resident 1 ' s cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision making was severely impaired. The MDS indicated Resident 1 needed moderate assistance (helper does less than half the effort) with eating, oral hygiene, and dressing. The MDS indicated Resident 1 was dependent on staff for toileting hygiene and showers/baths.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056220
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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s progress notes, dated 5/28/2024, the progress note indicated Resident 1 was noted to have trouble swallowing and Resident 1 was not chewing her food.</p> <p>During a review of Resident 1 ' s order summary report, dated 5/28/2024, the order summary report indicated Resident 1 was ordered to receive a minced and moist diet.</p> <p>During a review of Resident 1 ' s Dietary Profile/Preferences, dated 7/16/2024, the dietary profile indicated Residentv1 ' s diet order was minced and moist.</p> <p>During a review of Resident 1 ' s Nutrition Assessment, dated 8/15/2024, the assessment indicated Resident 1 ' s current diet was minced and moist.</p> <p>During a review of Resident 1 ' s food tray slip, dated 8/20/2024, the food tray slip indicated Resident 1 ' s diet was a minced and moist diet.</p> <p>During a review of facility ' s recipe titled Noodles, dated Week 4 Tuesday Noon Meal, the recipe indicated for a MM5 diet, the pasta had to be minced (4 mm, approximately 1/8th inches). The recipe indicated to use the slots between fork prongs to determine whether minced pieces were correct.</p> <p>During a review of facility ' s recipe titled Seas Zucchini, dated Week 4 Tuesday Noon Meal, the recipe indicated for a MM5 diet the zucchini had to be minced (4 mm, approximately 1/8th inches). The recipe indicated to use the slots between fork prongs to determine whether minced pieces were correct.</p> <p>During a review of facility ' s recipe titled Roll/[NAME], dated Week 4 Tuesday Noon Meal, the recipe indicated for a MM5 diet to serve pureed bread slice or gelled bread.</p> <p>During an interview on 8/20/2024 at 1:17 p.m. with Certified Nursing Assistant (CNA 1), CNA 1 stated Resident 1 needs help to eat and staff feed her. CNA 1 stated Resident 1 ' s food must be chopped up into small pieces because she has difficulty chewing and swallowing.</p> <p>During an interview on 8/20/2024 at 1:48 p.m. with Dietary Aide (DA), the DA stated a minced diet was food that had been chopped up into tiny pieces. The DA stated a moist diet was food that had been dipped in something to keep it moist like a gravy. The DA stated a bread roll was not acceptable to serve to a resident on a MM5 diet, the resident should have received bread in a blended consistency. The DA stated residents that have problems with chewing or swallowing get ordered a MM5 diet. The DA stated it was important to serve the correct diet to residents for their therapeutic needs, nutritional value and for resident preference. The DA stated if a resident did not receive a MM5 diet they would have a risk of choking and possibly die.</p> <p>During a concurrent interview and record review on 8/20/2024 at 2:04 p.m. with Licensed Vocational Nurse (LVN 1), Resident 1 ' s progress notes were reviewed. LVN 1 stated Resident 1 ' s diet was minced and moist due to resident having difficulty chewing and swallowing.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/20/2024 at 3:28 p.m. with the Director of Nursing (DON), the DON stated it was important to provide the correct therapeutic diets to the residents to prevent any health complications. The DON stated if a resident did not receive their minced/moist diet they had the risk of their food getting stuck in their throats, get shortness of breath and would create complications with swallowing. The DON stated the kitchen staff, licensed nurses, and the CNAs were all responsible to make sure residents received the correct therapeutic diet.</p> <p>During a review of facility ' s Policy and Procedure (P&P) titled Therapeutic Diets, dated 10/2017, the P&P indicated therapeutic diets are prescribed by the attending physician to support the resident ' s treatment and plan of care and in accordance with residents ' goals and preferences.</p> <p>During a review of facility ' s Policy and Procedure (P&P) titled Food and Nutrition Services, dated 10/2017, the P&P indicated food and nutrition services staff will inspect food trays to ensure that the correct meal was provided to the residents. The P&P indicated if an incorrect meal was provided to a resident, nursing staff would report it and ask for a new food tray.</p> <p>During a review of facility ' s diet manual titled Minced and Moist Diet IDDSI Level 5 -MM5 the manual indicated food can be scooped and shaped into a ball shape and the size of the lump be no greater than 4mm x 15mm. The Manual indicated biting was not required with this diet and only minimal chewing was needed. The manual indicated gravy could be used to hold food together. The Manual indicated no regular or dry bread should be given to residents.</p>		