

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 12/11/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1), received treatment and care in accordance with the comprehensive person-centered care plan.</p> <p>This failure resulted in Resident 1 sustaining Moisture-Associated Skin Damage ([MASD] damage in the skin in response to prolonged skin exposure to moisture) to the sacrococcyx area and bilateral groin.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated, Resident 1 was originally admitted to the facility on [DATE] with diagnoses including acute (sudden) respiratory failure (a serious condition that makes it difficult to breathe on your own) unspecified whether with hypoxia (inadequate supply of oxygen to the tissues) or hypercapnia (too much carbon dioxide [CO2] in the blood due to the lungs being unable to remove CO2 or when the body produces too much).</p> <p>During a review of Resident 1 ' s care plan titled The resident has total bladder incontinence, dated 1/25/2024, the goal indicated the resident will remain free from skin breakdown. One of the interventions indicated to check the resident as required for incontinence, wash, rinse, and dry perineum and change clothing as needed after incontinent episodes.</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS], a resident assessment tool), dated 7/25/2024, the MDS indicated Resident 1 had moderate (not extreme or excessive) cognitive (the ability to think and reason) impairment. The MDS indicated Resident 1 was dependent (helper does all the effort) withActivities of Daily Living (ADL) such as showering/bathing oneself, personal and toileting hygiene. The MDS indicated Resident 1 was always incontinent of urine.</p> <p>During a review of Resident 1 ' s care plan dated 10/17/2024, the care plan indicated Resident 1 had sacrococcyx MASD. The interventions indicated to keep affected area clean and dry, monitor for signs and symptoms of infection, pain and/ or discomforts, notify the physician for any changes and apply zinc oxide (topical ointment).</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 0684</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 Change of Condition ([COC] a document used to assess and communicate any new issues or problems that occur with each resident after admission) documentation dated 12/10/2024, the COC indicated Resident 1 had bilateral (both side) groin (the area where the thigh meets the abdomen) MASD, moist and scattered with small open skin.</p> <p>During an interview on 12/11/2024 at 1:21 p.m., Certified Nursing Assistant (CNA) 1 stated it was not good for Resident 1 or other residents to be left wet or soiled because it could cause skin breakdown or infection. The CNA 1 stated incontinent residents should be checked by staffs at least every two hours to see if the resident is soaked with urine or bowel or needs to be changed to prevent further skin breakdown.</p> <p>During a concurrent interview and record review on 12/12/2024 at 12:23 p.m. with LVN 2, Resident 1 ' s COC, dated 10/17/2024 and Resident 1 ' s care plan titled, The resident has total bladder incontinence, dated 1/25/2024, were reviewed. LVN 2 stated Resident 1 had sacrococcyx MASD on 10/17/2024 and sustained the bilateral groin MASD on 12/10/2024. LVN 2 stated the cause of MASD was the incontinence (of bladder). LVN 2 stated Resident 1 ' s sacrococcyx MASD was preventable (something that could have been stopped or avoided from happening) and the facility did not ensure Resident 1 did not develop further MASD in the bilateral groin area by not implementing Resident 1 ' s plan of care. LVN 2 stated the facility did not ensure Resident 1 ' s diaper was not too tight or wet or was checked more frequently after Resident 1 had the MASD at the sacrococcyx area.</p> <p>During a concurrent interview and record review on 12/16/2024 at 9:42 a.m. with Director of Nursing (DON), Resident 1 ' s COC dated 12/10/2024 was reviewed. The DON stated, to address MASD, interventions should include keeping the patient dry and changing them on time, as indicated in Resident 1 ' s care plan. The DON stated, with MASD, we have to make sure it is resolved to prevent MASD from going to other areas. The DON stated, Resident 1 ' s MASD had declined because a new area (bilateral groin) had developed.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe administration of gastric tube feeding (the administration of milk/nutrition via gastric tube [a surgical opening in the abdomen into the stomach] to one of three residents (Resident 1), by failing to ensure:</p> <ol style="list-style-type: none"> 1. The gastric tube feeding was paused (on hold), while the staff was lowering the head of bed (HOB) prior to performing nursing care. 2. Licensed personnel paused Resident 1's tube feeding pump. <p>These failures had the potential to cause Resident 1 to aspirate (inhale a substance into the lungs) and placed Resident 1 at risk for complications such as pneumonia (lung infection) and hospitalization .</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated, Resident 1 was originally admitted to the facility on [DATE] with diagnoses that included acute (sudden) respiratory failure (a serious condition that makes it difficult to breathe on your own) unspecified whether with hypoxia (a condition in which there is an inadequate supply of oxygen to the tissues) or hypercapnia (a condition in which there is too much carbon dioxide [CO2] in the blood due to the lungs being unable to remove CO2 or when the body produces too much).</p> <p>During a review of Resident 1's Minimum Data Set ([MDS], a resident assessment tool), dated 7/25/2024, the MDS indicated Resident 1 had moderate (not extreme or excessive) cognitive (the ability to think and reason) impairment. The MDS indicated Resident 1 was dependent (helper does all the effort) with Activities of Daily Living (ADL) such as showering/bathing oneself, personal and toileting hygiene.</p> <p>During a review of Resident 1's order summary report dated 5/31/2024, Resident 1's physician's order indicated the following:</p> <ol style="list-style-type: none"> 1. Nothing by mouth (NPO) 2. Elevate head of bed to 30 to 45 degrees during feeding. <p>During a concurrent observation and interview on 12/11/2024 at 1:37 p.m. at Resident 1's bedside, Resident 1's tube feeding pump (machine used to administer milk/nutrition via gastric tube) was on going. Certified Nursing Assistant (CNA) 2 was observed lowering Resident 1's head of bed (HOB) prior to performing incontinence care while Resident 1's tube feeding pump was administering tube feeding. CNA 2 stated that Resident 1's feeding pump was on. CNA 2 was observed pressed to pause Resident 1's tube feeding pump.</p> <p>(continued on next page)</p>		

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<p>F 0693</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 12/11/2024 at 1:40 p.m. at Resident 1's bedside, Licensed Vocational Nurse (LVN) 1 arrived and observed Resident 1's feeding pump was paused. LVN 1 stated that CNAs were not allowed to touch or operate the feeding pump because they are not licensed to do so. LVN 1 stated, residents could aspirate if the tube feeding pump is running and the resident's HOB is flat.</p> <p>During an interview on 12/11/2024 at 1:58 p.m., CNA 2 stated prior to changing a resident, tube feeding pump should be paused by a licensed nurse. CNA 2 stated, after the nursing care is finished, the licensed nurse will turn the tube feeding back on.</p> <p>During an interview on 12/16/2024 at 9:42 a.m., the Director of Nursing (DON) stated CNAs are not allowed to touch the tube feeding pump because it is not within their scope of practice. CNAs should call and notify the charge nurse whenever the feeding pump needs to be paused and turned back on.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Enteral Tube Feeding via Continuous Pump, dated 11/2018, P&P indicated resident's head of the bed should be positioned at 30-45 degrees for feeding, unless medically contraindicated.</p>