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| 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 02/06/2025 |
| 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 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>45657</p> <p>Based on observation, interview and record review, the facility failed to implement infection control practices designed to provide residents a safe, sanitary, and comfortable environment, by failing to follow the posted Novel (a newly identified respiratory pathogen that cause respiratory infections) Respiratory Precautions (NRP, a precaution to minimize spread of respiratory infection in caring for infected resident in a health care settings), indicating to wear a gown (a piece of protective clothing worn to prevent the spread of disease and contamination) on room entry, wear N-95 (a respiratory protective device designed to achieve a very close facial fit to form a seal around the nose and mouth to efficiently filter airborne particles) and face shield or goggles (protective covering for the eyes to reduce the spread of a transmissible disease) prior to entry of three COVID-19 [a highly contagious respiratory infection caused by a virus that can easily spread from person to person) isolation rooms, (Rooms A, B and C).</p> <p>This failure placed all the residents, staff, and the community at risk for cross contamination and increased spread of COVID-19 infection in the facility and the community.</p> <p>Findings:</p> <p>During an observation on 2/6/2025 at 9:35 a.m., outside Rooms A, B and C, an isolation sign was observed for NRP precautions, which indicated to wear a gown, N-95 and face shield or googles prior to room entry.</p> <p>During a concurrent observation and interview on 2/6/2025 at 9:54 a.m., with the Licensed Vocational Nurse (LVN) 1 LVN 1 was observed entered the COVID-19 isolation Room A without wearing an isolation gown. LVN 1 stated I did not wear the isolation gown when I entered Room A because it was only a COVID-19 exposed room and not COVID-19 positive. LVN 1 stated, regardless, the posted NRP sign recommendations should have been followed.</p> <p>During an observation on 2/6/2025 at 10:15 a.m., Restorative Nurse Assistant (RNA) 1 was observed entered COVID-19 isolation Room B, without wearing a face shield. RNA 1 stated I forgot to use the face shield before entering the isolation room.</p> <p>During an observation on 2/6/2025 at 11:38 a.m., LVN 2 was observed entered the COVID-19 isolation Room C without wearing a face shield.</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.

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| 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 an interview on 2/6/2025 at 11:13 a.m. with the RNA 1, the RNA 1 stated I went to Room C because a Certified Nurse Assistant (CNA) in Room C called for assistance to transfer the resident to the wheelchair. RNA 1 stated I put my gown on and forgot to put on the face shield. RNA 1 stated we need to use all the Personal Protective Equipment ([PPE] protective clothing, garments or equipment designed to protect the wearer or the resident from infections) to protect ourselves and the resident from being infected of COVID-19.</p> <p>During an interview on 2/6/2025 at 11:38 a.m. with LVN 2, LVN 2 stated all residents exposed to COVID-19 had signage posted by the door for all the staff to follow. LVN 2 stated the signs posted outside the door indicated we must use isolation gowns, mask, face shield, gloves prior to caring for exposed residents. LVN 2 stated that means I should have used all the PPE.</p> <p>During an interview on 2/6/2025 at 12:15 p.m. with LVN 1, LVN 1 stated staff should follow what is posted outside of rooms with NRP. LVN 2 stated all staff should wear an isolation gown, gloves, mask, and face shield before entering a resident room that is on isolation to protect themselves, for proper infection control and to stop the transmission of COVID-19 to the other residents and staffs.</p> <p>During an interview on 2/6/2025 at 1:10 p.m. with the Infection Preventionist (IP) nurse, the IP stated when nurses see a room with an isolation precautions sign, the nurses must wear mask, gloves, gown and face shield before entering the room. The IP stated the PPE is used to protect themselves and the residents from the transmission and infection of the COVID -19 virus.</p> <p>During an interview on 2/6/2025 at 4:26 p.m. with the Director of Nursing (DON), the DON stated nurses must follow the PPE sign posted outside of resident ' s room. The DON stated staff must use the recommended isolation gown, gloves, mask and face shield when taking care of residents regardless of, if COVID-19 positive or exposed to COVID-19.</p> <p>During a review of the facility ' s undated policy and procedure (P&P) titled, Coronavirus disease (COVID-19) - Using Personal Protective Equipment, the P&P indicated when caring for a resident with suspected or confirmed SARS-CoV-2 infection, the personnel who would enter the resident ' s room with suspected or confirmed SARS-CoV-2 infection, must adhere to standard precautions and use a National Institute for Occupational Safety and Health (NIOSH)- approved N-95 or equivalent or higher-level respirator, gown, gloves and eye protection.</p> | | |