

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 04/21/2025
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 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** 50379</p> <p>Based on interview and record review, the facility failed to assess and notify Resident 1 ' s Medical Doctor (MD) when one of three residents (Resident 1), had tachycardia (heart rate faster than normal) and tachypnea (rapid breathing) on 2/17/2025.</p> <p>This failure resulted in delayed treatment and the resident's transfer to a general acute care hospital (GACH) for evaluation.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE]. The Admission Record indicated Resident 1 had a history of chronic respiratory failure (chronic lung disease causing difficulty breathing), tracheostomy (a surgically placed breathing tube) status, pneumonia (an infection/inflammation in the lungs), and sepsis (a life-threatening blood infection).</p> <p>During a review of Resident 1 ' s History and Physical (H&P), dated 2/13/2025, the H&P indicated Resident 1 was not able to make medical decisions.</p> <p>During a review of Resident 1 ' s Physician progress notes, dated 2/15/2025, the progress notes indicated Resident 1 ' s mental status was altered. The progress notes indicated Resident 1 had no purposeful movement, and was awake, unable to follow commands or track.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - resident assessment tool), dated 2/17/2025, the MDS indicated Resident 1 ' s decision making was severely impaired.</p> <p>During a review of Resident 1 ' s Respiratory Rate flowsheet, dated 2/17/2025, the flowsheet indicate Resident 1 ' s respiratory rate was 30 breaths per minute or above (normal rate is 12-20 breaths per minute) , from 9:49 a.m. to 3:30 p.m</p> <p>During a review of Resident 1 ' s Pulse (heart rate) flowsheet, dated 2/17/2025, the flowsheet indicated Resident 1 ' s heart rate was over 100 beats per minute (normal rate is 80-100 beats per minute), from 6:56 a.m. to 3:25 p.m</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 progress notes, dated 2/17/2025, the progress notes indicated Resident 1 had tachypnea throughout the shift. The tachypnea did not indicate Resident 1 ' s MD was notified.</p> <p>During a review of Resident 1 ' s eInteract SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among the residents) Form, dated 2/17/2025, the SBAR indicated Resident 1 was tachycardic and tachypneic with coffee brown gastric residual and was transferred to a GACH for evaluation.</p> <p>During a review of Resident 1 ' s progress notes, dated 2/17/2025, the progress notes indicated Resident 1 was transferred to GACH 1 at 4:00 p.m. with a pulse of 120 beats per minute and respiratory rate of 34 breaths per minute.</p> <p>During a concurrent interview and record review on 4/21/2024 at 1:30 p.m. with Registered Nurse (RN 1), Resident 1 ' s progress notes dated 2/17/2025, Assessments dated 2/17/2025, Respiratory Rate flowsheet dated 2/17/2025, and Pulse flowsheet dated 2/17/2025, were reviewed. RN 1 stated the flowsheets indicated Resident 1 was tachycardic and tachypneic since 6:56 a.m. on 2/17/2025. RN 1 stated LVN 1 informed her about Resident 1 ' s elevated pulse and respiratory rate at approximately 11:47 a.m. on 2/17/2025. RN 1 stated she was concerned about Resident 1 ' s high pulse and respiratory rate but was too busy to address the situation until 3:00 p.m RN 1 stated she called Resident 1 ' s MD at 3:00 p.m. to notify the MD about Resident 1 ' s high pulse and respiratory rate. RN 1 stated LVN 1 did not call Resident 1 ' s MD earlier.</p> <p>During a concurrent interview and record review on 4/21/2025 at 4:00 p.m. with the Director of Nursing (DON), Resident 1 ' s Progress Notes dated 2/17/2025, Respiratory Rate flowsheet dated 2/17/2025, and Pulse flowsheet dated 2/17/2025, were reviewed. The DON stated Resident 1 ' s vital signs were abnormal and were monitored from 6:56 a.m. until Resident 1 was transferred to the hospital at 3:30 p.m The DON stated the nursing staff should have notified the Resident 1 ' s MD earlier in the morning of 2/17/2025, after Resident 1 ' s tachycardia and tachypnea was sustained.</p> <p>During a concurrent interview and record review on 4/21/2025 at 4:45 p.m. with RN 1, the facility ' s P&P titled Acute Clinical Changes- Clinical Protocol, dated 3/2018, was reviewed. RN 1 stated the policy indicated the LVN 1 gather pertinent data from the resident ' s chart and assess Resident 1 to notify the MD. RN 1 stated the MD should have been called within minutes of tachycardia and tachypnea onset. RN 1 stated the P&P was not followed because Resident 1 ' s nurse did not call the MD and discuss possible causes of the change of condition when it occurred in the morning of 2/17/2025. RN 1 stated, as a result, the MD was unable to provide orders and instructions to manage Resident 1 ' s condition because the MD was not notified.</p> <p>(continued on next page)</p>

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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 concurrent interview and record review on 4/22/2025 at 2:40 p.m. with LVN 2, Resident 1 ' s Respiratory Rate flowsheet, dated 2/17/2025, and Pulse flowsheet, dated 2/17/2025, and the facility ' s P&P titled Resident Examination and assessment dated ,d+[DATE], were reviewed. LVN 2 stated the Pulse flowsheet indicated Resident 1 ' s pulse was over 100 beats per minute. LVN 2 stated the high pulse rate should have prompted the LVN or RN to immediately perform a head-to-toe assessment on Resident 1 and notify the MD. LVN 1 stated Resident 1 ' s elevated pulse and respiratory rate were signs of respiratory distress. LVN 1 stated the nurses should have been more vigilant in calling Resident 1 ' s MD due to Resident 1 ' s tracheostomy dependence and history of respiratory failure and sepsis. LVN 1 stated delayed assessment and MD notification could lead to worsening health status, complications, and hospitalization .</p> <p>During a review of the facility ' s P&P titled, Resident Examination and Assessment, dated 2/2014, the P&P indicated resident examinations and assessment for abnormalities in health status will provide the basis for the care plan. The P&P indicated pulse, respiration rate, cardiovascular status, and respiratory status are part of resident assessment. The P&P indicated the physician must be notified of any abnormalities such as abnormal vital signs.</p> <p>During a review of the facility ' s P&P titled, Acute Clinical Changes- Clinical Protocol, dated 3/2018, the P&P indicated nursing staff should have collected pertinent details from the resident ' s current symptoms/status and medical chart after a change in condition. The P&P indicated the MD and nursing staff should discuss possible causes of the condition change, and the MD will identify and authorize appropriate treatments.</p>		