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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 05/22/2025 |
| 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.

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| (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 - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45657</p> <p>Based on observation, record review and interview, the facility failed to implement its infection prevention and control measures for two of four sampled residents (Residents 2 and 4) by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Licensed Vocational Nurse (LVN) 1 and Restorative Nursing Assistance (RNA) 1 wore personal protective equipment (PPE-specialized clothing or equipment such as gloves and gown worn to minimize exposure to serious illness) while providing care to Residents 2 and 4, who was on Enhanced Barrier Precautions (EBP-an approach to the use of to reduce transmission of Multidrug-Resistant Organisms [MDRO- bacteria that are resistant to multiple antibiotics].) 2. Ensure clear signage was posted to inform staff of the EBP to be followed when providing care to Resident 4. <p>This deficient practice had the potential to result in potential transmission of a disease-causing organisms leading to illness and a delay in wound healing for Residents 2 and 4.</p> <p>Findings:</p> <p>During an observation on 5/22/2025 at 10:00 a.m. a signage for EPB and isolation cart was at the entrance of Resident 2's room. LVN 1 and RNA 1 was observed entering Resident 2's room without an isolation gown. LVN 1 proceeded with performing wound dressing change for the resident with RNA 1's assistance.</p> <p>During a review of Resident 2's Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on [DATE] and readmitted on [DATE]. The Admission Record indicated Resident's diagnoses included Pressure Ulcer stage 4 (full-thickness tissue loss with exposed bone, tendon, or muscle), quadriplegia (completely unable to move all four limbs), and unspecified lack of coordination (difficulty coordinating movements).</p> <p>During a review of Resident 2's History and Physical (H&P) dated 1/20/2025, the H&P indicated Resident 2 had fluctuating mental capacity to understand and make medical decisions.</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 - Some</p> | <p>During a review of Residents 2's Minimum Data Set (MDS-a resident assessment tool) dated 3/29/2025, the MDS indicated Resident 2 had moderate cognitive (ability to think and reason) impairment. The MDS indicated Resident 2 was dependent on staff for activities of daily living (ADLs) such as dressing, toilet use, personal hygiene, transfer (moving between surfaces to and from bed, chair, and wheelchair) and bed mobility (how resident moves from lying to turning side to side).</p> <p>During a review of Resident 2' Physicians Order dated 4/1/2025, the Order indicated to place Resident 2 on EBP due to open wounds.</p> <p>During a review of Resident 2' Physicians Order dated 5/17/2025, the Order indicated to cleanse Resident 2's sacrum pressure injury with normal saline (NS), pat dry, apply hydrogel (material to provide a moist wound environment) and cover with foam dressing daily for 30 days every day.</p> <p>During an observation on 5/22/2025 at 10:50 a.m. no EPB signage nor isolation cart was observed at the entrance of Resident 4's room. LVN 1 and RNA 1 was observed not wearing an isolation gown while performing wound dressing change for Resident 4.</p> <p>During a review of Resident 4's Admission Record, the Admission Record indicated Resident 4 was admitted to the facility on [DATE] and readmitted on [DATE]. The Admission Record indicated Resident 4's diagnoses included osteomyelitis (inflammation of bone or bone marrow, usually due to infection) of the left ankle and foot, hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (muscle weakness on one side of the body) following cerebral infarction (loss of blood flow to a part of the brain) and muscle weakness and Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and wound healing) .</p> <p>During a review of Resident 4's H&P dated 12/20/2024, the H&P indicated Resident 4 had fluctuating mental capacity to understand and make medical decisions.</p> <p>During a review of Residents 4's MDS dated [DATE], the MDS indicated Resident 4 had severe cognitive impairment. The MDS indicated Resident 4 was dependent on staff for ADLs such as dressing, toilet use, personal hygiene, transfer and bed mobility.</p> <p>During a review of Resident 4' Physicians Order dated 5/27/2025, the Order indicated to cleanse Resident 4's diabetic ulcer (open sore or wound) of the right great toe with NS, pat dry, swab with betadine (antiseptic used for skin disinfection) and cover with dry dressing daily.</p> <p>During an interview on 5/22/2025 at 11:07 a.m. with LVN 1, LVN 1 stated he forgot to use a gown. LVN 1 stated, nurses should wear PPE such as a gown and gloves when entering residents' rooms on and performing any procedures for residents on EBP. LVN 1 stated it was important to follow EBP to prevent the spread of any infection to other residents.</p> <p>During an interview on 5/22/2025 at 11:10 a.m. with RNA 1, RNA 1 stated she forgot to use a gown. RNA 1 stated staff needed to wear PPE when coming into direct contact with residents to prevent any transmission of infection from one patient to other.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During an interview on 5/22/2025 at 4:00 p.m. with The Director of Nursing (DON), the DON stated EBP precautions should be followed for residents with foley catheter and wounds to prevent transmission of MDRO. The DON stated nurses must wear an isolation gown with any contact with Residents in EBP precautions.</p> <p>During a review of the facility's policy and procedures (P&P) titled, Enhance Barrier Precautions , dated 8/2022, the P&P indicated EBPs are used as an infection prevention and control intervention to reduce the spread of multi-drug-resistant organisms (MDROs) to residents. EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include wound care (any skin opening requiring a dressing).</p> |