

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  08/07/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and record review, the facility failed to develop an individualized resident care plan for one of six sampled residents (Resident 1), who had a diagnosis of dementia (a progressive state of decline in mental abilities). This deficient practice had potential to result in the nurses not being able to provide quality care and could affect in maintaining the highest practicable physical, mental and psychosocial well-being of the resident. Findings: 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 unspecified dementia (a progressive state of decline in mental abilities,) epilepsy (a neurological disorder characterized by recurrent seizures, which are caused by abnormal electrical activity in the brain,) generalized anxiety disorder (excessive, ongoing anxiety and worry that are difficult to control and interfere with day-to-day activities.) During a review of Resident 1's History and Physical (H&amp;P) dated 6/27/2025, the H&amp;P indicated Resident 1 had fluctuating mental capacity to understand and make medical decisions. During a review of Residents 1's Minimum Data Set (MDS - a resident assessment tool), dated 6/16/2025, the MDS indicated Resident 1 was maximal assistance with staff with activities of daily living (ADL) 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). During a review of Resident 1's Psychiatric notes, dated 6/20/2025, the psychiatric notes indicated Resident 1's affect (an observable and outward expression of emotions) was blunt/constricted (a reduction in the range and intensity of emotions displayed) and judgement, concentration and attention span (length of time for which a person is able to concentrate mentally) was impairments. During an interview on 8/7/2025 at 12:10 p.m. with Licensed Vocational Nurses (LVN) 2, LVN 2 stated Resident 1 had periods of confusion and was moody (shift towards negative emotions like sadness, anger, or irritability). LVN 2 stated it was important for the facility to develop an individualized care plan for Resident 1's dementia diagnosis to provide nurses with the right interventions and to be able to provide proper care for Resident 1. During a concurrent interview and record review on 8/7/2025 at 3:02 p.m. with Registered nurses (RN) 1, Resident 1's care plan for dementia was to be reviewed. RN 1 stated there was no care plan created for Resident 1's dementia. RN 1 stated Resident 1 should have a care plan for dementia with interventions developed to guide nurses on how to provide proper care for Resident 1 to improve outcome. During a review of facility's Policies and Procedures (P&amp;P) titled, Care Plans, Comprehensive Person-Centered, dated 3/2022 the P&amp;P indicated a comprehensive, person-centered care plan should be developed and implemented for each resident and include measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs. The P&amp;P indicated care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment.</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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