STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056220	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarcrest Nursing Center	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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the protection of residents' privacy and confidentiality when Certified Nursing Assistant (CNA) 2 recorded and photographed two of two sampled residents (Resident 1 and Resident 2) without Residents 1 and 2's knowledge or consent on her cell phone. CNA 2 shared the recordings and photographs with CNA 1.This deficient practice resulted in a violation of Resident 1 and Resident 2's rights to privacy and confidentiality, and placed Resident 1 and Resident 2 at risk for unauthorized disclosure of protected health information, loss of dignity, and emotional distress.Findings:a. During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnoses included paraplegia (loss of movement and/or sensation, to some degree, of the legs), depression (a common but serious, treatable mental illness characterized by persistent sadness, loss of interest in activities, and low energy), muscle weakness, dorsalgia (pain in the back, typically affecting the mid-back, neck, or lower back regions) and polyneuropathy (a neurological condition resulting from widespread damage to peripheral nerves, often causing numbness, tingling, pain, and muscle weakness, typically starting in the feet or hands).During a review of Resident 1's History and Physical (H&P), dated 10/5/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions.During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 2/13/2026, the MDS indicated Resident 1's cognitive skills for daily decision making (the ability to think and process information) were intact. The MDS indicated Resident 1 was dependent on staff (helper does all the effort) for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).b. During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was admitted to the facility on [DATE]. Resident 2's diagnoses included seizures (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness), dysphagia (difficulty swallowing), acute kidney failure (a sudden, often reversible, loss of kidney function occurring within hours or days), and muscle weakness.During a review of Resident 2's H&P, dated 6/19/2025, the H&P indicated Resident 2 was able to make needs known but could not make medical decisions. During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2's cognitive skills for daily decision making were severely implored. The MDS indicated Resident 2 was dependent on staff for ADLs.During a telephone interview on 4/1/2026 at 12:57 p.m., with CNA 2, CNA 2 stated that on 2/17/2026, she recorded a video of Resident 1 and Resident 2. CNA 2 stated that she recorded the video because Resident 2 started an altercation with Resident 1. CNA 2 stated that she felt the need to record the altercation for evidence. CNA 2 stated she also recorded the incident to show CNA 1. CNA 2 stated that recording residents was not part of the facility policy and stated that she should have not recorded and taken photographs of Resident 1 and Resident 2.During a telephone interview on 4/1/2026 at 1:04 p.m., with CNA 1, CNA 1 stated that she received a video from CNA 2 via her personal cellular phone of Resident 1 and Resident 2. CNA 1 stated the recording was made for safety purposes due to a situation involving Resident 1 and Resident 2. CNA 1 stated it was perceived that the situation could escalate to physical aggression. (continued on next page)

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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