

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056220	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/01/2026
NAME OF PROVIDER OR SUPPLIER BRIARCREST NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5648 EAST GOTHAM STREET , BELL GARDENS, California, 90201	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of one Complaint and one Facility Reported Incident. Complaint Number: 2969397 Facility Reported Incident number: 2963803 The inspection was limited to the specific Complaint and Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility. No deficiencies were written for Complaint 2969397 One deficiency was written for Facility Reported Incident 2963803 (see Ftag 583).	F0000		04/17/2026
F0583 SS = D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right	F0583	This Plan of Correction is the facility's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth or facts alleged, or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. F0583 Personal Privacy/Confidentiality of Records How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Corrective actions were immediately implemented for Resident 1 and Resident 2 upon identification of the deficient practice. The facility initiated an investigation on 03/23/2026 and conducted	04/17/2026

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 reverse for further 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
---	-------	-----------

<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056220</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING</p>	<p>(X3) DATE SURVEY COMPLETED 04/01/2026</p>	
<p>NAME OF PROVIDER OR SUPPLIER BRIARCREST NURSING CENTER</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE 5648 EAST GOTHAM STREET , BELL GARDENS, California, 90201</p>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
<p>F0583 SS = D</p>	<p>Continued from page 1 to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(h)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>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.</p> <p>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.</p> <p>Findings:</p> <p>a. During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on 8/6/2025. 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).</p> <p>During a review of Resident 1's History and Physical</p>	<p>F0583</p>	<p>Continued from page 1 immediate interviews with staff and residents utilizing structured interview tools to assess scope, impact, and additional potential concerns. Interviews confirmed the incident was isolated and no additional residents reported privacy violations or concerns.</p> <p>The staff members involved were removed from duty immediately. Following completion of the investigation, both employees were terminated in accordance with facility policy due to violation of resident rights, HIPAA, and facility confidentiality policies.</p> <p>Both employees completed formal Declarations and Attestations of Deletion of Unauthorized Recordings, confirming removal of all recordings and non-distribution of content. Documentation includes:</p> <p>Ashley Zelaya, CNA – Declaration executed 03/30/2026 at 9:21 AM, attesting deletion of all recordings and acknowledgment of policy violation</p> <p>Leslie Bram Reyes, CNA – Declaration executed 03/26/2026 at 10:42 AM, attesting deletion of all recordings and acknowledgment of policy violation</p> <p>Residents and/or responsible parties were notified. Social Services completed assessments with no identified psychosocial harm. All corrective actions were completed by 03/26/2026.</p> <p>How the facility identifies other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>A facility-wide audit was initiated on 03/25/2026 using the Briarcrest Comprehensive Privacy, Recording, and Resident Rights Audit Tool. The audit included direct observation, staff interviews, and resident interviews to evaluate compliance with privacy practices, personal device use, and HIPAA requirements. Interviews were conducted using standardized staff and resident interview tools to ensure consistency and thoroughness in data collection. Findings from the audit confirmed that no additional residents were affected by the deficient practice and no additional incidents of unauthorized recording or disclosure were identified. Staff were immediately re-educated by Director and staff Development on HIPAA Privacy Rule requirements, the facility's prohibition on personal device recordings, and the appropriate use of the Stop and</p>	<p>04/17/2026</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056220	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/01/2026
NAME OF PROVIDER OR SUPPLIER BRIARCREST NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5648 EAST GOTHAM STREET , BELL GARDENS, California, 90201	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0583 SS = D	<p>Continued from page 2 (H&P), dated 10/5/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>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).</p> <p>b. During a review of Resident 2's Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on 8/23/2024. 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.</p> <p>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.</p> <p>During a review of Resident 2's MDS, dated 2/28/2026, 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.</p> <p>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.</p> <p>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</p>	F0583	<p>Continued from page 2 Watch process for reporting changes in resident conditions. This corrective action was completed by 03/27/2026.</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.</p> <p>The facility implemented systemic changes to prevent recurrence of the deficient practice by reinforcing a zero-tolerance policy for unauthorized recordings and strengthening staff accountability related to resident privacy and confidentiality. Staff completed mandatory re-training by the Director of Staff Development on Resident Rights, HIPAA, and Privacy/Confidentiality requirements. Staff were required to re-acknowledge facility policies related to confidentiality and personal device use. The facility implemented routine supervisory rounding to monitor compliance with personal device restrictions. In addition, the facility installed visible signage at the receptionist area clearly articulates that video recording is strictly prohibited inside resident rooms and in any facility areas where residents are present.</p> <p>The facility also posted signage throughout the entire facility, in both English and Spanish, indicating that video recording is not allowed to ensure clear communication to staff, visitors, and all individuals entering the facility. Privacy and HIPAA compliance were further integrated into new employee orientation, annual competencies, and ongoing in-service education. The Director of Staff Development completed initial re-education by 03/27/2026, and staff completed required training by 04/05/2026.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>To ensure sustained compliance, the facility incorporated privacy and confidentiality monitoring into its Quality Assurance and Performance Improvement (QAPI) program.</p> <p>The facility implemented an ongoing monitoring system beginning on 03/25/2026 utilizing the established audit tool, which confirmed that no additional residents were affected, and no further incidents occurred during the initial audit period. The facility will continue monitoring through weekly audits for four consecutive weeks, followed by monthly audits for three months. These audits will</p>	04/17/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056220	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/01/2026
NAME OF PROVIDER OR SUPPLIER BRIARCREST NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5648 EAST GOTHAM STREET , BELL GARDENS, California, 90201	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0583 SS = D	<p>Continued from page 3</p> <p>escalate to physical aggression. CNA 1 stated she did not share or post the video on social media or distribute the video to others. CNA 1 stated her phone had been taken without her permission by a family member, who accessed the contents of the phone, and subsequently sent the video and pictures of Resident 1 and Resident 2 to the facility. CNA 1 stated she notified the facility on 3/23/2026 that her phone had been taken. CNA 1 stated that she did not disclose at that time that the phone contained videos or photographs of Resident 1 and Resident 2 as she was unaware that her family member accessed or distributed the contents of the phone.</p> <p>During an interview on 4/1/2026 at 1:20 p.m. with Licensed Vocational Nurse (LVN) 2, LVN 2 stated that the facility follows a "Stop and Watch" process, in which staff were expected to observe residents for any changes in condition or altercations, intervene as necessary, and promptly report concerns to the nursing supervisor for further assessment and appropriate notification or evaluation. LVN 2 stated that staff were required to follow all Health Insurance Portability and Accountability Act of 1996 (HIPAA- a United States Federal Law designated to protect sensitive patient health information from being disclosed without consent) regulations to ensure the protection of residents' privacy and confidentiality. LVN 2 stated that any photographs of residents were only permitted with the resident's consent and must be for medical purposes and were part of the residents' medical chart. LVN 2 stated that recording residents without their knowledge or consent was not an acceptable practice and was not consistent with facility policy or regulatory requirements. LVN 2 stated that such actions would be considered a violation of residents' rights, confidentiality, and HIPPA. LVN 2 stated that, in situations involving combative or aggressive behaviors, staff were expected to follow facility protocols, including de-escalation techniques, ensuring resident and staff safety, and notifying the nurse immediately, rather than recording the incident on a personal device.</p> <p>During an interview on 4/1/2026 at 1:37 p.m., with the Director of Staff Development (DSD), the DSD stated that he received a text message from an unknown phone number which contained approximately two videos and an undetermined number of photographs of Resident 1 and Resident 2. The DSD stated that upon receiving the videos and pictures, he immediately notified the Administrator. The DSD stated that the facility attempted to contact the sender of the videos and photographs. The DSD stated that a female individual answered the call but refused to identify</p>	F0583	<p>Continued from page 3</p> <p>include direct observation of staff practices, verification of compliance with personal device policies, and evaluation of adherence to HIPAA and privacy requirements. Audit findings will be documented using standardized tools and reviewed by the Director of Nursing, with results reported to the Quality Assurance and Performance Improvement (QAPI) Committee for analysis and trending. If any issues are identified, immediate corrective action will be implemented, including re-education and progressive discipline as appropriate. If no trends or repeat deficiencies are identified after the monitoring period, the facility will discontinue routine auditing and remove the issue from active QAPI monitoring.</p> <p>Dates when corrective action will be completed.</p> <p>4/17/2026</p>	04/17/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056220	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/01/2026
NAME OF PROVIDER OR SUPPLIER BRIARCREST NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5648 EAST GOTHAM STREET , BELL GARDENS, California, 90201	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0583 SS = D	<p>Continued from page 4</p> <p>herself. The DSD stated he and the administrator requested that the individual delete the videos and photographs, to which she responded, "okay, bye," before ending the call. The DSD stated that the phone number was not recognized by the facility. The DSD stated that the text message contained the names of CNA 1 and CNA 2. The DSD stated that the staff should not record or possess any videos or photographs of residents on their personal devices. The DSD stated that this practice was not permitted and was a violation of residents' privacy and confidentiality rights. The DSD stated that HIPAA training was provided to staff during orientation, annually, and as needed, and was reinforced during routine staff huddles. The DSD stated that the "Stop and Watch" process required CNAs to observe residents for changes in condition, including skin issues or behavioral concerns, and report the findings immediately to the charge nurse for appropriate follow-up. The DSD stated that the Stop and watch process did not include the filming of residents. The DSD stated the videos did not show an altercation between Resident 1 and Resident 2.</p> <p>During an interview on 4/1/2026 at 2:56 p.m., with the Administrator (ADM), the ADM stated that the facility was made aware of the unauthorized videos and photographs involving Resident 1 and Resident 2, when the DSD notified him. The ADM stated that the videos and photographs appeared to have been recorded by facility staff without the residents' knowledge or consent. The ADM stated that recording residents on a personal device was strictly prohibited and a violation of facility policy, residents' rights, and HIPAA. The ADM stated that residents have the right to privacy, dignity, and confidentiality, and that any recording required prior consent and must be for authorized medical or facility purposes only. The ADM stated that staff received HIPAA and residents' rights training during orientation, annually, and as needed. The ADM stated that staff were expected to follow established protocols, such as the "Stop and Watch" process, to report changes in resident condition or behaviors, rather than recording residents. The ADM stated that failure to follow these protocols was not consistent with facility expectations or regulatory requirements. The ADM stated that this incident reflected a breakdown in staff adherence to facility policies.</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Confidentiality of Information and Personal Privacy", undated, the P&P indicated "Our facility will protect and safeguard resident confidentiality and personal privacy. Release of resident information, including video, audio, or</p>	F0583		04/17/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056220	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/01/2026
NAME OF PROVIDER OR SUPPLIER BRIARCREST NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5648 EAST GOTHAM STREET , BELL GARDENS, California, 90201	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0583 SS = D	<p>Continued from page 5 computer stored information, will be handled in accordance with resident rights and privacy policies."</p> <p>During a review of the facility's P&P titled, "Residents Rights", dated 2/2021, the P&P indicated "The unauthorized release, access, or disclosure of resident information is prohibited. All release, access, or disclosure of resident information must be in accordance with current laws governing privacy of information issues. All inquiries concerning the release of resident information should be directed to the HIPAA compliance officer. Employees shall treat all residents with kindness, respect, and dignity."</p> <p>During a review of the facility's P&P titled, "Dignity", dated 2/2021, the P&P indicated "Residents are treated with dignity and respect at all times. Staff promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures. Staff are expected to treat cognitively impaired residents with dignity and sensitivity."</p>	F0583		04/17/2026