

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  12/06/2021
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30840</p> <p>Based on observation, interview, and record review the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure two of three sampled smoking residents (Resident 2 and Resident 3) were supervised for safety while smoking cigarettes on the patio and sharing a cigarette lighter.</li> <li>2. Ensure Residents 2, 3 and 4, who smoked cigarettes, were assessed, evaluated and care planned for smoking privileges based on ability to smoke safely, physically, and cognitively in accordance with the facility's policy and procedure on 'Smoking Policy-Residents'.</li> </ol> <p>These deficient practices placed residents and staff in the facility at risk for possible fire and associated injury. The facility census was 121 residents.</p> <p>Resident 2 and Resident 3 was on the patio smoking for about 30 minutes sitting in their WCs smoking without supervision</p> <p>On 11/16/2021 at 2:15 p.m., the facility's Administrator (ADM) was notified that an Immediate Jeopardy [(IJ) a situation in which the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause serious injury, harm, impairment, or death to a resident(s)] was identified due to the facility's failure to assess the residents for smoking privileges based on their ability to smoke safely, physically, and cognitively, failure to supervise the residents during smoking breaks to ensure safety and prevent possible cause for fire, and failure to ensure the residents did not have lighters and cigarettes in their possession. The facility's ADM was notified of the immediacy and seriousness of the fire hazard and physical danger to other residents and facility staff.</p> <p>On 11/18/2021 at 8:00 a.m., the facility submitted an immediate Plan of Action (POA). After review and validation of POA implementation on site the POA was accepted on 11/18/2021 and 9:00 a.m.</p> <p>Findings:</p> <p>On 11/5/2021 at 12:30 p.m., Resident 2 and Resident 3 were observed on the patio area. Resident 2 was observed lighting his cigarette and then lighting Resident 3's cigarette. Resident 2 and Resident 3 were observed on wheelchairs smoking for 30 minutes without staff presence to supervise both residents smoking.</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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 11/5/21 at 1:15 p.m., Residents 2 and 3 were observed on the patio smoking. Resident 3's was holding the cigarette in right hand. His hand was observed trembling while Resident 2 was lighting his cigarette. Resident 3 was not wearing fire-retardant (material that prevents fire from spreading on the wearer) wear.</p> <p>A review of Resident 2's admission record indicated the resident was last admitted to the facility on [DATE], with diagnoses including essential hypertension (high blood pressure, without a known secondary cause), heart failure (an ongoing condition where the heart cannot pump enough blood to meet the bodies need for nutrients) and peripheral vascular disease (reduced blood flow to upper and lower limbs).</p> <p>A review of Resident 2's Minimum Data Set (MDS-a standardized assessment and care screening tool) dated 8/11/21, indicated the resident had an intact cognitive (ability to make decisions of daily living) skills for daily decision making and required one-person physical assistance with transferring from bed to a wheelchair, toileting and getting dressed.</p> <p>During a concurrent review of Resident 2's medical record and interview with the Licensed Vocational Nurse 1 (LVN 1), LVN 1 confirmed Resident 2 did not have a care plan for smoking and assessment for smoking safety and need for supervision. LVN 1 stated assessing a resident for smoking safety and having a care plan for smoking would ensure the resident was safe from potential smoking hazards. LVN 1 acknowledged, Resident 2 smoked without supervision and safety precautions, which was a safety hazard to Resident 2 and other residents and staff in the facility.</p> <p>During an interview with Resident 2, on 11/5/21 at 1:15 p.m. Resident 2 stated he has always kept his cigarettes and his cigarette lighter in his possession. Resident 2 confirmed he took smoking breaks whenever he wanted to, and there were no facility staff present during smoking breaks.</p> <p>During an interview on 11/5/2021 at 1:30 p.m., with Resident 2 and Resident 3, Resident 2 confirmed he always kept his cigarettes and lighter with him. Resident 2 confirmed he shared, his cigarettes and a lighter with other residents in the facility. Resident 2 and Resident 3 confirmed they smoked when they wanted to, and facility staff did not supervise their smoking breaks.</p> <p>A review of Resident 3's admission record indicated Resident 3 was last admitted to the facility on [DATE] with diagnoses including lack of coordination, (movement that may affect walking, speech, ability to swallow, eye movements, and other usually voluntary movements), muscle weakness, and Alzheimer's Disease (a brain disorder that causes problems with memory, thinking and behavior).</p> <p>A review of Resident 3's MDS dated [DATE] indicated the resident had severely impaired cognitive skills for daily decisions making and required one-person physical assistance for activities of daily living including getting dressed, toileting and personal hygiene.</p> <p>A review of Resident 3's care plan for Smoking, dated 10/6/17 indicated Resident 3 required supervision during smoking to ensure safety.</p> <p>During an interview on 11/5/2021 at 2:00 p.m., LVN 1 stated Resident 2 and Resident 3 often shared cigarettes and cigarette lighter. LVN 1 stated the residents should not have cigarettes and lighters in their possession and should not smoke without facility staff supervision during smoking to ensure safety.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>A review of Resident 4's admission record indicated the resident was admitted to the facility on [DATE] with diagnoses including unspecified psychosis (a mental illness that causes a disconnect with reality), abnormality of gait and mobility, unspecified convulsions (uncontrollable repetitive muscle contractions), and muscle atrophy (loss, shrinking and weakening of muscles in the body).</p> <p>A review of Resident 4's MDS dated [DATE], indicted Resident 4 had moderately impaired cognitive skills for daily decision making and required physical assistance of one person for activities of daily living.</p> <p>On 11/5/21 at 3:45 p.m., during a concurrent review of Resident 4's medical record and interview LVN 1 stated, Resident 4 was a smoker and had a history of aggression towards others without provocation. LVN 1 confirmed there was no care plan for Resident 4 smoking. LVN 1 stated Resident 4 should have been always supervised during smoking. LVN1 stated residents' supervision during smoke breaks was not implemented in the facility.</p> <p>During an interview on 11/5/2021 at 3:00 p.m. the Director of Nursing (DON) stated that the residents, who smoke, were not assessed for safety during smoking. DON stated all residents who smoke should have been assessed for independent smoking and smoking safety. DON acknowledged residents keeping their lighters at all time creates a safety issue. DON confirmed residents in the facility were not supervised during smoking breaks on the patio. DON stated due to residents physical and psychological diagnoses unsupervised smoking was a safety issue.</p> <p>During an interview on 11/5/2021 at 3:15 p.m. the administrator confirmed residents keeping lighters in their possessions placed them, other residents, and staff at risk for accident hazard, possible fire, and injuries. ADM verbalized lack of knowledge on implementing a smoking assessment and safety program.</p> <p>A review of the facility's policy and procedure titled, Smoking Policy - Residents, revised 7/17, indicated the facility shall establish and maintain safe resident smoking practices. The staff shall consult with the attending physician and the DON to determine if safety restrictions need to be placed on a resident needed to be placed on a resident's smoking privileges based on the safe smoking evaluation. Residents must have the ability to smoke safely physically and cognitively, and re-evaluated quarterly (every three months). Residents without independent smoking privileges may not have or keep any smoking articles including cigarettes, except when under direct supervision. The facility may impose smoking restrictions on a resident at any time if it is determined that the resident cannot smoke safely with the available levels of support and supervision.</p>		