

PRINTED: 02/09/2021
FORM APPROVED
OMB NO. 0938-0391

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X5) DATE _____

[Signature] ESPENITO GARCAMBA JR. NHA ADMINISTRATOR 2/18/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

If continuation sheet Page 1 of 10

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055956	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2021
NAME OF PROVIDER OR SUPPLIER BRIARWOOD POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 5901 LEMON HILL AVE SACRAMENTO, CA 95824		
(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	
F 800	<p>Continued From page 1</p> <p>In 2019 with multiple diagnoses including alcohol abuse with anxiety disorder, bipolar disorder (a disorder causing unusual mood shifts) and generalized muscle weakness.</p> <p>A review of Resident 1's Minimum Data Set (MDS) (an assessment tool)- Section C-Cognitive Patterns dated 11/10/2020, indicated that Resident 1 had a Brief Interview for Mental Status (BIMS) (a tool to assess cognitive status) score of 15 out of 15 which indicated that he was cognitively intact.</p> <p>During a telephone interview on 12/11/2020 at 10:35 a.m. with Resident 1, he stated he was supposed to receive snacks two times a day, at 10:00 a.m. and 3:00 p.m. He stated prior to 12/2/2020 he was only getting a morning snack. Since 12/2/2020 he had not received any snacks. He stated he had talked to the Dietitian (RD) and the Kitchen Manager (KM) several times. The Certified Nursing Assistants (CNA) have told him that the snacks didn't come out from the kitchen, when he asked about a missing snack.</p> <p>During an interview on 12/11/2020 at 1:37 p.m. and a subsequent interview on 12/11/2020 at 2:40 p.m. with Licensed Nurse (LN) 1, he indicated that snacks were brought to the unit for the CNAs to distribute. Asked LN 1 how he knew which residents were to receive snacks. He stated the kitchen had a list but he did not receive a list of who received snacks. He stated that he was able to give extra snacks if a resident asked for a snack. LN 1 acknowledged that if a snack was not delivered, some residents may not know or be able to ask for a snack. He confirmed that the resident then would go without a snack.</p>	F 800	<p><u>How Potential Other Residents Were Identified and Corrective Action Taken</u></p> <p>Director of Nursing and DSD reviewed other residents who requested a snack. Snack list reviewed No other issue noted.</p> <p><u>Measures/Systemic Changes Initiated to Prevent Future Recurrence</u></p> <p>DNS an DSD provided education training on 1/6/2020 with certified nursing assistants and dietary aids regarding Facilities nutritional policy regarding snacks. Snack log was initiated. The snack log is signed by the Licensed nurse guaranteeing the snacks are being distributed. The Certified nursing staff and dietary who were not available to attend training will be in serviced prior to their first day back returning to work by. 01/20/2020.</p> <p>The DSD will conduct daily audit for first 30 days of initiating snack log. Then weekly ongoing. The result will be provided to the Administrator and DNS for appropriate corrective actions.</p>		

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F 800	<p>Continued From page 2</p> <p>During an interview on 12/11/2020 at 2:43 p.m. with Resident 1, he stated the RD told him to keep a list to keep track of snack delivery. Resident 1 indicated in his list he had received one snack a day before 12/2/2020 and had not received any snacks after 12/2/2020. He stated the CNAs distribute the snacks to the room.</p> <p>During an interview on 1/6/2021 at 11:30 a.m. with the Director of Nursing (DON), she stated she was aware that Resident 1 was not receiving requested snacks. She confirmed that there was not a list of residents who received snacks that was sent to the unit. Snacks were sent to the units and the CNAs were assigned to distribute to the residents. There was not a list for the CNA to check to see if the snack was provided by the kitchen. The DON confirmed the CNA may not know if a snack was missed. The DON acknowledged that some residents may not receive their snacks if a resident did not, or was not able, to ask for a missed snack.</p> <p>During a telephone interview on 1/6/2021 at 11:45 a.m. with the KM, she stated snacks were given at 9:30 a.m., 3:00 p.m., and 7:30 p.m. The snacks provided were based on the diet ordered. The snacks were labeled with the name of the resident and the type of diet. The snacks were transported to the unit front desk by the dietary aide. The CNAs distributed the snacks to the residents. The KM confirmed that the CNA did not know who was on the list to receive a snack. There were additional non-perishable snacks available. The KM confirmed that if a resident was not alert enough to ask for a snack it may be missed. Most snacks were given by request or ordered by the dietitian. The KM asked residents upon admission to the facility if they want snacks.</p>	F 800	<p><u>Monitoring Plans to Ensure Solutions are Achieved and Integrated into CQI System</u></p> <p>The DNS will provide a summary trend analysis of the MRD QA audit to the monthly CQI Steering Committee for further review and recommendations.</p> <p><u>Compliance Date:</u> By: 2/20/21</p>		

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F 800	<p>Continued From page 3</p> <p>The KM stated that after a resident had been in the facility, the residents let the CNAs know if they would like to receive snacks. The CNA then notified the KM of the request for snacks.</p> <p>During an interview on 1/6/2021 at 1:35 a.m. with CNA 1, she stated the CNAs distributed snacks to the residents. They were labeled with the resident's name. She stated there was not a list that indicated which residents were to receive snacks.</p> <p>During a telephone interview on 1/6/2021 at 3:45 p.m. with the RD, she reviewed Resident 1's request for snacks. She stated Resident 1 did not have an order for a therapeutic (controlled food intake) snack. He had the right to request snacks even if not ordered. She acknowledged that he had requested snacks. She had requested lists of snacks and dietary orders from the facility but had not received them. She stated, "There is some confusion about job duties there." The RD is an outsourced position and she was not in the facility in December due to COVID-19 restrictions.</p> <p>A review of Resident 1's "Nutrition Care Plan" with the reevaluation date of 8/18/2020, indicated Resident 1 was to receive snacks.</p> <p>Requested Resident 1's Food and Snack Intake record for November and December 2020 on 1/21/2021 from Medical Records. Notified by Medical Records on 1/21/2021 that snack intake is not recorded.</p> <p>A review of the facility policy "Nutritional Services" revised May 2007, did not provide a policy or procedure for honoring snack requests.</p>	F 800			

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F 921 SS=D	<p>Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(l)</p> <p>§483.90(l) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to maintain a safe, comfortable and functional environment for one (Resident 1) of three sampled residents when:</p> <p>1. The back fire exit door was propped open due to a broken door handle when used as the staff entrance to the COVID-19 positive unit.</p> <p>2. The lights outside the shower rooms did not light when the call light was activated from inside the shower room.</p> <p>These failures resulted in Resident 1 to experiencing discomfort and being in a potentially unsafe environment.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated, Resident 1 was admitted in 2019 with multiple diagnoses including alcohol abuse with anxiety disorder, bipolar disorder (a disorder that causes unusual mood shifts) and generalized muscle weakness.</p> <p>A review of Resident 1's Minimum Data Set (MDS) (an assessment tool)- Section C-Cognitive Patterns dated 11/10/2020, indicated Resident 1 had a Brief Interview for Mental Status (BIMS) (a tool to assess cognitive status) score of 15 out of</p>	F 921	<p><u>F-921 safe functional/sanitary/comfortabl e environment.</u></p> <p><u>Corrective Action Initiated For Resident/s</u></p> <p>1.Handle on back door was replaced on 12/3/2021 by maintenance. 2. Light outside Shower room was ordered and installed on 2/1/2021.</p> <p><u>How Potential Other Residents Were Identified and Corrective Action Taken</u></p> <p>Administrator and Maintenance supervisor inspected all other doors in the building for proper maintenance and good working order. All call lights were inspected for proper working order and proper use. No other door knobs or call lights required maintenance.</p>	

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F 921	<p>Continued From page 5</p> <p>15 which indicated he was cognitively intact.</p> <p>A review of Resident 1's MDS- Section G- Functional Status dated, 11/10/2020, indicated that Resident 1 required supervision, oversight help only, for bathing.</p> <p>During a telephone interview on 12/11/2020 at 10:35 a.m. with Resident 1, he stated that he has been in COVID-19 isolation since the beginning of December (2020). He stated on 12/2/2020 the door to the back entrance, a fire door, was propped open and the inner door handle was missing. His room was next to this door. He had a digital thermometer on his dresser. The temperature in his room on that day, according to his thermometer, was 61-63 degrees Fahrenheit. He notified the Director of Nursing (DON). She told him it wasn't cold and that other residents said it was too hot.</p> <p>During the same telephone interview on 12/11/2020 at 10:35 a.m. with Resident 1, he stated he showers independently. He uses the shower room in Hall 1. He stated there is a call switch in the shower room, but the light outside of the shower room in Hall 1 does not light up. He noticed this on 10/2/20. He waited fifteen minutes for assistance. He notified the Director of Staff Development (DSD). The DSD said they were waiting for a part. Resident 1 stated the call light also goes off at the nursing station. He said one week ago, he noticed that the shower room call light was on at the nursing station for three hours. He stated that today (12/11/2020) the light outside the shower room is still not working.</p> <p>During an interview on 12/11/2020 at 1:15 p.m. with Licensed Nurse (LN) 2, she stated that the</p>	F 921	<p><u>Measures/Systemic Changes</u> <u>Initiated to Prevent Future</u> <u>Recurrence</u></p> <p>Door knob in back hallway was replaced on 12/3/2020. Maintenance continues to maintain doorknob. Reviewing maintenance log daily and inspecting building functions daily. All call lights are in current working order. Call light was ordered and replaced on 2/10/2021. Call lights are part of an older call light system and a bid has been obtained for replacement of call light system and submitted to Meridian healthcare llc. For replacement.</p> <p>Maintenance supervisor will continue daily inspections of building for general maintenance of all door knobs and call lights in building.</p>		

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F 921	<p>Continued From page 6</p> <p>light outside of the shower room in Hall 1 was fixed two or three weeks ago. There are two shower rooms in the facility. She stated the light goes on at the nursing station when the call switch is activated in the shower room. She said it also makes a ticking sound.</p> <p>LN 2 stated Resident 1 is accompanied to the shower and provided with supplies. He was independent with bathing. She states they checked on him once in a while.</p> <p>During an observation 12/11/2020 at 1:50 p.m. with Certified Nursing Assistant (CNA) 2 of the shower room in Hall 1, CNA 2 demonstrated activating the call switch inside the shower room. Observed the light outside of the shower room did not light. CNA 2 notified the Maintenance Supervisor (MS) that the light outside the shower room did not light when activated.</p> <p>During a concurrent observation and interview on 12/11/2020 at 1:55 p.m. with the MS, he removed the cover of the light outside the shower room in Hall 1. He stated that the light bulb was out and needed to be replaced.</p> <p>During a concurrent observation and interview on 12/11/2020 at 2:25 p.m. with the MS, he was asked about the door handle at the back entrance of Hall 1. He said it came off a few days ago- last weekend [12/5/2020 or 12/6/2020]. He stated he fixed it Monday or Tuesday [12/7/2020 or 12/8/2020]. Observed the door handle was intact and working. Asked the MS how he was notified of needed repairs in the building. He stated the staff placed requests in the Maintenance Log book kept at the front nursing station. He stated the staff would also notify him in person.</p>	F 921	<p><u>Monitoring Plans to Ensure Solutions are Achieved and Integrated into CQI System</u></p> <p>The Maintenance supervisor will provide a summary trend analysis of the review findings to the Monthly CQI Steering Committee for further review and recommendations.</p> <p><u>Compliance Date:</u>By: 2/28/2021</p>		

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F 921	<p>Continued From page 7</p> <p>During a subsequent interview on 12/11/2020 at 2:43 p.m. with Resident 1, he stated that the shower room light not working was known to the MS prior to today, 12/11/2020.</p> <p>During a concurrent interview and record review on 12/11/2020 at 3:30 p.m. with the Administrator (ADM) 1, he confirmed that the door handle repair was not recorded in the Maintenance Log. The ADM 1 stated the back entrance fire doors were the access doors to the COVID-19 red zone (area of isolation for COVID-19 positive residents). He stated he was not aware that the door had been propped open.</p> <p>During an interview on 1/6/2021 at 11:30 a.m. with the DON, she stated that prior to COVID-19 and use of the red zone, the back fire doors automatically locked. She said when Hall 1 was needed as a red zone, staff entered through the back entrance fire door. A towel was wedged in the corner of the door to keep it open. DON stated she thought this occurred on 12/1/2020. She stated the door handle was fixed the next day, 12/2/2020. DON confirmed that it was cold in Resident 1's room that day, 12/1/2020.</p> <p>During a concurrent observation and interview on 1/6/21 at 12:20 p.m. with the Director of Nursing (DON) and the MS, observed the light outside of the shower room in Hall 1 was still out. The DON activated the call switch in the shower room in Hall 1. The DON confirmed that the light outside the shower room did not light when activated. Observed with the DON that the light outside of the shower room in Hall 2 also did not light when activated by the call switch. The DON stated there were two residents in the facility that bathed independently. Resident 1 used the shower room</p>	F 921			

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F 921	<p>Continued From page 8</p> <p>in Hall 1. Resident 2 bathed by himself in his room. The DON acknowledged this could place Resident 1 at risk for harm if he needs assistance while showering. The DON notified the MS that the shower room light in Hall 2 was also out. The MS removed the covers from both shower room lights and he stated both bulbs had not been replaced.</p> <p>During an interview on 1/6/2020 at 12:35 p.m. with the MS, he was asked about the bulb replacement for the shower room lights. He stated the prior ADM (ADM 1) ordered the bulbs.</p> <p>During an interview on 1/13/2021 at 3:28 p.m. with the MS, he was asked for the "Building Maintenance Policy" and "Call System Maintenance Policy." MS stated that there was not a written "Building Maintenance Policy" or "Call Light Maintenance Policy." The Maintenance Log was used to record what was broken and what had been repaired. He stated he told the staff, "If it's broken, put it in the log book." The Maintenance Log was checked three to four times a day by himself or the Maintenance Worker (MW). Reviewed with the MS the Maintenance Log entry dated 12/11/2020 "Replace light bulb in shower room." The MS confirmed that it had not been signed off. He stated if it had not been signed off it hadn't been done. ADM 1 contacted the MS regarding the shower bulb delivery. Observed a text message from ADM 1 to MS, "[Vendor] says they were delivered 1/11/21." Asked the MS how staff were instructed to use the Maintenance Log to request repairs. MS stated that staff are notified to use the Maintenance Log in new employee orientation and in meetings.</p>	F 921			

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F 921	<p>Continued From page 9</p> <p>During a telephone interview on 1/13/2021 at 3:37 p.m. with the Maintenance Worker (MW), he stated he checks the Maintenance Log in the morning and before he leaves work in the afternoon. He asks the staff to put repair requests in the Maintenance Log so it is documented and recorded. He stated if it was not initialed he had not done it.</p> <p>During a review of the policy "Call Light, Answering" (not dated) it indicated "Purpose- The purpose of this procedure is to respond to the resident's requests and needs..." Report all defective call lights to the staff/charge nurse promptly. Answer the resident's call as soon as possible."</p>	F 921			