

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

PRINTED: 05/24/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>056220</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C <b>05/15/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIARCREST NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5648 EAST GOTHAM STREET BELL GARDENS, CA 90201</b>		
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F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an investigation of one Complaint.  Complaint number: CA00840264.  Representing the Department of Public Health:  Health Facilities Evaluator Nurses:  46257, HFEN, RN 44055, HFEN, RN  The inspection was limited to a specific Complaint investigated and does not represent the findings of a full inspection of the facility.  Two deficiencies were written as a result of Complaint number CA00840264. See Tag F880 and F693.	F 000	F tag – 693 E  How corrective actions will be accomplished for those residents found to have been affected by the deficient practice;  On 5/31/23 residents 4, 5 and 7 were assessed by The ADON for change of condition due the deficient practice, No negative effects noted.  LVN 1 on 5/12/23 conducted a 1:1 education on the g-tube care and management including assuring the head of bed is elevated at/or above 30 degrees for resident on enteral feeding.  How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.  All residents on enteral feedings have the potential to be effected with this deficit practice.	6/14/23	
F 693 SS=E	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5)  §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-  §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and	F 693			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

6/2/23

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.

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F 693	Continued From page 1  §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure three of eleven sampled residents' (Resident 5, 4, and 7) head of bed (HOB) was elevated at or greater than 30 degrees while on continuous tube feedings (uninterrupted administration of enteral formula [delivery of nutrients through a feeding tube directly into the stomach or intestines]) as indicated in the facility's policy and procedure (P&P).  These deficient practices have the potential to result in aspiration (when food, liquid, or other material enters a person's airway and eventually the lungs by accident) which can cause serious health issues.  Findings:  a) During a record review of Resident 5's Admission Record (AR) dated 5/12/2023, the AR indicated Resident 5 was admitted to the facility on 11/9/2022 with the diagnoses including acute respiratory failure (disease or injury that affects breathing) and the AR indicated the resident had a gastrostomy tube ([GT]tube that is placed directly into the stomach through an abdominal wall incision for administration of food, fluids, and medications).	F 693	On 5/31/23 RN/ADON assessed 8 random residents for change of condition related to the deficient practice and found no other residents had been affected by the deficient practice.  What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.  On 5/26/23-6/1/23 the DON in-serviced all the licensed Nurses on g-tube care and management including the head of bed being elevated at/or above 30 degrees for residents on enteral feeding as per policy and procedure.  RN/Lic designee to continue with routine nursing rounds to make sure the head of bed is elevated at/or above 30 degrees for residents on enteral feeding.  ADON/lic. Designee will conduct at least 3 random residents observation 5x/week x 60 days to ensure the head of bed is elevated		

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F 693	<p>Continued From page 2</p> <p>During a review of Resident 5's Minimum Data Set (MDS), a standardized assessment and care screening tool, dated 4/17/2023, the MDS indicated Resident 5's cognitive skills for daily decisions making was severely impaired. The MDS also indicated that Resident 5 was totally dependent on staff for all activities of daily living ([ADLs] activities related to personal care)</p> <p>During a record review of Resident 5's Physician Orders as of 5/12/2023, the orders indicated the following Enteral feed orders:</p> <ol style="list-style-type: none"> <li>Starting on 11/9/2022, elevate head of bed 30 to 45 degrees during feeding</li> <li>Starting on 5/6/2023, administer Nutrient 2.0 (tube feeding formula) via GT, for a total of 1,000 cubic centimeters (cc)/ kilocalories (Kcal) at a rate of 50 cc per hour for 20 hours or until dose is met.</li> </ol> <p>During a record review of Resident 5's care plan titled, Resident requires tube feeding related to dysphagia (swallowing problem) initiated 1/1/2022, the care plan goal indicated Resident 5 will be free from aspiration. The care plan intervention indicated to elevate head of bed 30 to 45 degrees during feeding.</p> <p>During a record review of Resident 4's AR dated 5/12/2023, the AR indicated Resident 4 was admitted to the facility on 9/23/2020 with the diagnoses including acute respiratory failure.</p> <p>During a review of Resident 4's MDS, dated 4/23/2023, the MDS indicated Resident 4's cognitive skills for daily decisions making was</p>	F 693	<p>at/or above 30 degrees for enteral feeding.</p> <p>All the findings will be reported to the DON for further action/ recommendations.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>DON will report all audit findings on enteral tube feedings to the QA committee monthly meeting for further recommendations monthly for 3 months</p>		

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F 693	<p>Continued From page 3</p> <p>severely impaired. The MDS also indicated that Resident 4 was totally dependent on staff for all ADLs.</p> <p>During a record review of Resident 4's Physician Orders as of 5/12/2023, the orders indicated the following Enteral feed orders:</p> <ol style="list-style-type: none"> <li>Starting on 9/23/2020, elevated head of bed 30 to 45 degrees during feeding.</li> <li>Starting on 3/15/2023, administer Diabetisource Advanced Control 1.2 (tube feeding formula) via GT, for a total of 1100 cc/ 1320 kcal at a rate of 55 cc per hour for 20 hours or until dose is met.</li> </ol> <p>During a record review of Resident 4's care plan titled, "Resident requires tube feeding related to dysphagia" initiated 5/17/2018, the care plan goal indicated Resident 4 will be free from aspiration. The care plan intervention indicated to elevate head of bed 30 to 45 degrees during feeding.</p> <p>During a record review of Resident 7's AR dated 5/12/2023, the AR indicated Resident 7 was admitted to the facility on 3/1/2021 with the diagnoses including acute respiratory failure and the AR indicated the resident had a gastrostomy tube.</p> <p>During a review of Resident 7's MDS, dated 5/8/2023, the MDS indicated Resident 7's cognitive skills for daily decisions making was severely impaired. The MDS also indicated that Resident 7 was totally dependent on staff for all ADLs.</p> <p>During a record review of Resident 7's Physician Orders as of 5/12/2023, the orders indicated the</p>		F 693		

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F 693	Continued From page 4 following Enteral feed orders:  1. Starting on 3/1/2021, elevated head of bed 30 to 45 degrees during feeding. 2. Starting on 3/15/2023, administer Diabetisource Advanced Control via GT, for a total 1500 cc/1800 kcal, at a rate of 75 cc per hour for 20 hours or until dose is met.  During a record review of Resident 7's care plan titled, "Resident requires tube feeding related to dysphagia", initiated 3/1/2021, the care plan goal indicated Resident 7 will be free from aspiration. The care plan intervention indicated to elevate head of bed 30 to 45 degrees during feeding.  During a concurrent observation of Resident 4 and interview with Licensed Vocational Nurse 1(LVN 1) on 5/12/2023 at 12:52 p.m., Resident 4's tube feeding was observed to be infusing at 55 cc/ hour. Resident 4's HOB was noted at a 25 degrees angle. LVN 1 stated Resident 4's HOB should be at least 30 degrees and LVN 1 proceeded to increase the residents HOB with the bed control.  During a concurrent observation of Resident 7 and interview with LVN 1 on 5/12/2023 at 12:59 p.m., Resident 7's tube feeding was observed to be infusing at 75 cc/ hour. Resident 7's HOB was noted at a 25 degrees angle. LVN 1 stated Resident 7's HOB should be at least 30 degrees and LVN 1 proceeded to increase the residents HOB with the bed control.  During a concurrent observation of Resident 5 and interview with LVN 1 on 5/12/2023 at 1:05 p.m., Resident 5's tube feeding was observed to be infusing at 50 cc/ hour. Resident 5's HOB was	F 693			

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F 693	Continued From page 5 noted at a 25 degrees angle. LVN 1 stated Resident 5's HOB should be at least 30 degrees and LVN 1 proceeded to increase the residents HOB with the bed control. LVN 1 stated the HOB needs to be greater than 30 degrees to prevent residents from aspirating.  During a record review of the facility's Policy and Procedures (P&P) titled, "Enteral Feedings- Safety Precautions," (revised 11/2018), the P&P indicated to prevent aspiration need to elevate the head of the bed (HOB) at least 30° during tube feeding and at least 1 hour after feeding.	F 693			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;	F 880	F tag – 880 D  How corrective actions will be accomplished for those residents found to have been affected by the deficient practice;  On 5/31/23 Resident # 2 and Resident # 3 were assessed by ADON for any change of condition due to deficient practice, based on assessment there were no negative effects noted.  On 5/12/23 the DON gave LVN 2 a 1:1 education on the infection control prevention policy with emphasis on knowledge and competency on hand hygiene and proper cleaning.  How the facility will identify other residents having the potential to be affected by the same deficient	6/17/23	

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F 880	Continued From page 6  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.  §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.  §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880	practice and what corrective action will be taken.  All residents have the potential to be affected with the deficient practice.  On 5/31/23 RN/ADON assessed the 8 residents assigned to LVN 2 for change of condition. None of the residents had been affected by this deficient practice.  On 5/26/23 and ongoing, the DON /IP in-serviced all staff on Infection Control Prevention. Emphasis was placed on knowledge of hand hygiene and licensed nurses competency on proper cleaning and disinfection or resident care items and equipment.  What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.  On 5/26/23 and ongoing with completion by 6/14/23, The Director of Nursing, Asst. Director of Nursing, Infection Preventionist and Director of Staff Development shall		

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F 880	<p>Continued From page 7</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to implement interventions to prevent and control the spread of the infectious diseases by:</p> <p>a) Failing to ensure Licensed vocational nurse 2 (LVN 2) disinfected the blood pressure (BP) machine (machine that measures the blood pressure [force it takes for heart to pump blood in the body]) after using it with Resident 3 and before using it with Resident 2.</p> <p>b) Failing to ensure Certified Nurse Assistant 1 (CNA 1) used hand hygiene prior to entering Resident 3's room.</p> <p>These deficient practices placed residents , staff, and the community at higher risk spread of infection.</p> <p>Findings:</p> <p>a. During a record review of Resident 3's Admission Record (AR) dated 5/12/2023, the AR indicated Resident 3 was admitted to the facility on 1/21/2022 with the diagnoses including acute and chronic respiratory failure (disease or injury that affects breathing) and the AR indicated the resident had a gastrostomy tube ([GT]tube that is placed directly into the stomach through an abdominal wall incision for administration of food, fluids, and medications).</p> <p>During a review of Resident 3 ' s Minimum Data</p>		<p>F 880 continue education of all facility staff on the Infection Prevention and Control policy to include the following topics:</p> <ul style="list-style-type: none"> <li>➤ Lic. Staff knowledge/ competency skills conducted, disinfecting the device</li> <li>➤ Sparkling surfaces video</li> <li>➤ Training on Standard Precautions and Transmission Based Precautions</li> <li>➤ CDC guidance: <a href="https://cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></li> </ul> <p>IP/designee shall conduct a weekly adherence monitoring and observation of 3 staff 5x/wk x 60 days on hand hygiene, disinfecting the BP apparatus. Any negative findings will be reported to DON/ADON for action/follow up.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>IP will report all audit findings to the QA committee monthly meeting</p>		



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F 880	<p>Continued From page 8</p> <p>Set (MDS), a standardized assessment and care screening tool, dated 4/28/2023, the MDS indicated Resident 3 ' s cognitive skills for daily decisions making was severely impaired. The MDS also indicated that Resident 3 was totally dependent on staff for all activities of daily living ([ADLs] activities related to personal care).</p> <p>During a record review of Resident 2's Admission Record (AR) dated 5/12/2023, the AR indicated Resident 2 was initially admitted to the facility on 1/5/2023 with the diagnoses including acute and chronic respiratory failure, quadriplegia (paralysis [inability to move] of all 4 limbs), and muscle weakness.</p> <p>During a review of Resident 2 ' s MDS, dated 4/11/2023, the MDS indicated Resident 2 ' s cognitive skills for daily decisions making was severely impaired. The MDS also indicated that Resident 2 was totally dependent on staff for all ADLs.</p> <p>During an observation on 5/12/2023 at 8:25 a.m. LVN 2 was observed using the blood pressure machine on Resident 3 without disinfecting the BP machine before and after the procedure.</p> <p>During an observation on 5/12/2023 at 8:38 a.m. LVN 2 was observed using the BP machine without disinfecting the machine before using it on Resident 2.</p> <p>During an interview with LVN 2 on 5/12/2023 at 11:00 a.m., LVN 2 stated she did not disinfect the BP machine before and after use with Resident 2 and 3. LVN 2 stated that at the time of the procedure she ran out of disinfectant wipes. LVN 2 stated she should have used the wipes</p>			F 880 , for further recommendations for 3 months.	

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F 880	Continued From page 9  because that ' s facility process and it helps prevent the spread of infection.  During a record review of the facility's policy and procedure (P&P) titled, "Policies and Practices-Infection Control," (revised 10/2018), the P&P indicated the P&P was intended to facilitate maintaining a safe and sanitary environment to help prevent and manage transmission of diseases and infections. The P&P indicated there would be guidelines for the safe cleaning and reprocessing of reusable resident-care equipment.  During a record review of the facility's P&P titled, "Cleaning and Disinfection of Resident-Care Items and Equipment," (revised 10/2018), the P&P indicated resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current Centers for Disease Control and Prevention (CDC) recommendations for disinfection. Non-critical items are those that come in contact with intact skin but not mucous membranes including blood pressure cuffs. The P&P indicated most non-critical reusable items can be decontaminated where they are used (as opposed to being transported to a central processing location).Durable medical equipment (DME) must be cleaned and disinfected before reuse by another resident.	F 880			