CENTE	RS FOR MEDICAL	H AND HUMAN SERVICES E & MEDICAID SERVICES			PRINTED: 01 FORM API OMB NO. 09	ROVED
AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SU COMPLE	RVEY
		055956	B. WING		С	
NAME OF	PROVIDER OR SUPPLIE	Accepted Dolut		STREET ADDRESS, CITY, STATE, ZIP C	01/07/2	021
	VOOD POST ACUTE	6-22-21 Down GIFE	5	901 LEMON HILL AVE SACRAMENTO, CA 95824	2.28.21 Jan	let 10
(X4) ID PREFIX TAG	(EACH DEFICIENT	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	RECTION CO	(X5) PLETION DATE
F 000	NITIAL COMME	TS	F 000	F 000		
				Briarwood Post Acute sh	ares	
	California Donorte	ects the findings of the		the state's focus on the		
	abbreviated surve	ent of Public Health during ar for the investigation of	ן ר	health, safety and well-b		
	complaint #CA00	99329.		of facility residents. The		
	i i			statements made on this		
	Representing the	Department of Public Health:		plan of correction are no		
	nealth Facilities E	valuator Nurse, 38528		admission to and do not	1	
	The inspection wa	s limited to the specific		constitute an agreement		
	complaint investig	ted and does not represent		with the alleged deficien	cies	1
E 00-	the indings of a fu	Il inspection of the facility		herein. To remain in		
F 625	Notice of Bed Hold	Policy Before/Upon Trasfr	F 625	compliance with all fede		1
33-0	CFR(s): 483.15(d)	(1)(2)		and state regulations the		
	§483.15(d) Notice	of bed-hold policy and return-		facility has taken and wil		1
11				take actions set forth in t Plan of Correction. The R		
- 11	§483.15(d)(1) Note	e before transfer. Before a		of Correction constitutes		
	nursing facility tran	sfers a resident to a hospital o	or		tne	1
	nursing facility mus	n therapeutic leave, the		facility's allegation of compliance such that the		1
	the resident or resi	t provide written information to dent representative that	0	deficiencies cited have be		1
- 11	specifies-		1 1	corrected by the date	een	
11	(i) The duration of t	he state bed-hold policy, if		certain. Although the fac	1114.	
11	any, during which t	ne resident is permitted to		does not agree with som		
	facility;	residence in the nursing		the findings and conclusi		
	(ii) The reserve her	payment policy in the state		of the surveyors, we have		1 1
	plan, under § 447.4	0 of this chapter, if any;		implemented a plan of	f	1 1
11	(III) The nursing fac	lity's policies regarding		correction to demonstrat		
	bed-hold periods, w	hich must be consistent with		our continuing effort to		
	resident to return;	this section, permitting a		provide quality care to ou	ır İ	
	(iv) The information	specified in paragraph (e)(1)		residents as well as		
	of this section.			maintaining its cleanlines	s	
11.	S403 45(IVO) D			and infection control Hea		1
t	the time of transfer	old notice upon transfer. At of a resident for		Care Facility.		
RATORY	RECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DA	F
	The second	ESPOVITO CANS	MINITED A	To ADMILLOTO		
ving the da	ate of survey whether dr	n asterisk (*) denotes a deficiency whection to the patients. (See instruction not a plan of correction is provided. It is are made available to the facility.	nich the institution ns.) Except for nu	may be excused from correcting pro ursing homes, the findings stated abo	ve are disclosable 90 i	lavs
	1			an approved plan of correction	is requisite to continue	ed
CMS-2567	(02-99) Previous Versions (Obsolete Event ID: O22611	1 Facility	/ ID: CA030000091	ontinuation sheet Page	1 of 9
	1 2 11	n 31 18				

CENT STATEME	ERS FOR MEDICAL	AND HUMAN SERVICES E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	PRINTED: 01/ FORM APP OMB NO. 093
I AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	(X3) DATE SUF COMPLETI
NAME OF	EDDOLAGED OF OUR	055956	B. WING	01/07/20
BRIAR	PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZIP OF 5901 LEMON HILL AVE SACRAMENTO, CA 95824	CODE
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F 625	hospitalization or facility must provide resident represen specifies the dura described in paragrams REQUIREMEDY: Based on intervie	page 1 therapeutic leave, a nursing de to the resident and the tative written notice which tion of the bed-hold policy traph (d)(1) of this section. INT is not met as evidenced w and document review, the sure a written notice of	F 625 F625 – Notice of bed hand return Corrective Action Initi Resident/s Resident #1 was dischare 7/27/2020 with incomp	ated for
	bed-hold or notice one of three samp and/or the residen when Resident 1 v	of discharge was provided to led residents (Resident 1), its responsible party (RP), was transferred to the hospital, uted to Resident 1 being 19th to return to the facility.	hold notice. How Potential Other Res Were Identified and Cor Action Taken. Medical Records will comp	rective
	2020 and was disc with diagnoses wh impairment. A review of Reside (MDS, an assessn	rnitted to the facility in early larged in the middle of 2020 ich included memory late 1's Minimum Data Set lent tool), dated 6/28/20, I had moderate memory	audit of residents transfer outside hospital for timely complete bed hold notice. Bed Holds will be complet of Discharge /Transfer to hospital. DNS will assure of Social Services will follow notification of ombudsman resident is transferred or to outside hospital.	red to rand ed on time outside completion. up on n when a
	A review of Reside 7/27/20, indicated A review of Reside Transfer/Discharge	nt 1's Bed-Hold Notice, dated offication was not completed. nt 1's Notice of Proposed dated 7/27/20, indicated no sole party signatures, and no	Measure/Systemic Chan Initiated to Prevent Futu Recurrence. The DNS reviewed bed ho	tre
1	indicated reason for A review of Reside	the transfer or discharge. It 1's Physician's Orders, [20, indicated, "Resident [1]	with nursing staff regarding completion and communice responsible party regarding and bed hold policy.	ation to
		-Ven 13. 022611	racing in CAUSUUUU91 jf	continuation sheet Page

NAME OF PROVIDER OR SUPPLIER BRIARWOOD POST ACUTE STREET ADDRESS, CITY, STATE, ZIP CCDE 5901 LEMON HILL AVE SACRAMENTO, CA 95824 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES	CENTE	RTMENT OF HEALT ERS FOR MEDICAR NT OF DEFICIENCIES OF CORRECTION	H AND HUMAN SERVICES E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055956	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	PRINTED: 01/ 5/202 FORM APPROVE OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED
F625 Continued From page 2 has capacity to understand, sign consents and make health care decisions." It an interview on #/17/20 at 10:31 a.m., the Complainant indicated he evaluated Resident 1 at the hospital, and stated, "I wrote a dispharge orderI called the Jaility several times and they told me they cannot take care of him." In an interview on 8/17/20 at 11:21 a.m., when the Administrator (AD W) was asked how the facility discharge process was, the ADM stated, "We do put them on seven day bed-hold to make sure that they can come back should be filled out and given to residents or responsible party." In an interview on #/17/20 at 12:38 p.m., when the Director of Stat Development (DSD) was asked if she had found a bed-hold and notice of discharge for Resident 1, his resident's chart." In an interview on 8/20/20 at 10:23 a.m., when asked if the bed-hold notice or notification of discharge notice were given or malled to Resident 1, his RF br the Ombudsman, the Director of Nursing (DON) stated, "I'm not sure. I have to check." Not documented evidence indicated and confirmed the bed-hold notice or of discharge notice were switch or the notice of discharge notice were switch or indicated and confirmed the bed-hold notice or the notice of discharge notice were switched to the Resident 1. In an interview on \$20/20 at 10:23 a.m., the DON indicated and confirmed the bed-hold notice or the notice of discharge notice were switch to not provide as unmarry of the findings to the facility's monthly call committee for further review and recommendations. Compliance Date: 2/28/21	BRIARY	WOOD POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP C 5901 LEMON HILL AVE	01/07/2 021 DE
has capacity to understand, sign consents and make health care decisions." In an interview on 8/17/20 at 10:31 a.m., the Complainant indicated he evaluated Resident 1 at the hospital, and stated, "I wrote a dispharge order] called the facility several times and they tidd me they cannot take care of him." In an interview on 8/17/20 at 11:21 a.m., when the Administrator (ADM) was asked how the facility discharge process was, the ADM stated, "We do put them on seven day bed-hold to make sure that they can come backshould be filled out and given to residents or responsible party." In an interview on 8/17/20 at 12:38 p.m., when the Director of Staff Development (DSD) was asked if she had found a bed-hold and notice of discharge for Resizent 1, she stated, "I did not find a Bed-Hold Notice or a Notification for Transfer or Discharge in the residents chart." In an interview on 8/20/20 at 10:23 a.m., when asked if the bed-hold notice or motification of discharge notice were given or mailed to Resident 1, his RF Director of Nursing (DON) stated, "I'm not sure. I have to check," No documented evidence indicated the bed-hold notice or the notice of discharge notice was malled to the Resident 1. In an interview on 3/20/20 at 10:43 a.m., the DON indicated and confirmed the bed-hold notice and the notice of transfer and discharge proyided by the facility was signed by the nurse, and there was an indicated to the notices were mailed to the experiment to the notice of the notice of the notice of the notice was signed by the nurse, and there was an indicated to the notice was signed by the nurse, and there was an indicated to the notice was signed by the nurse, and there was an indicated to the notice was signed by the nurse, and there	PREFIX		IY MUST BE PRECEDED BY FULL	PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE	SHOULD BE COMPLETION
M CMS-2567(02-99) Previous Versions Obsolete Event ID: O22611 Facility ID: CA030000091 If continuation sheet P		has capacity to unmake health care of make health care of Complainant indicate hospital, and storder! called the told me they cannobecause they can come given to residents of the Director of Staff asked if she had for discharge for Resident 1, his RP Director of Nursing have to check." No indicated the bed-hodischarge notice was a mainterview on 8 indicated and confirm the notice of transfethe facility was signed was no indication the Resident 1 or the O	derstand, sign consents and ecisions." //17/20 at 10:31 a.m., the ted he evaluated Resident 1 at ated, "I wrote a discharge facility several times and they te-admit the resident of take care of him." //17/20 at 11:21 a.m., when the limit was, the ADM stated was, the ADM stated was, the ADM stated responsible party." //17/20 at 12:38 p.m., when Development (DSD) was und a bed-hold and notice of ent 1, she stated, "I did not ice or a Notification for ge in the resident's chart." //20/20 at 10:23 a.m., when d notice or mailed to be or the Ombudsman, the (DON) stated, "I'm not sure. I documented evidence of s mailed to the Resident 1. //20/20 at 10:43 a.m., the DON med the bed-hold notice and r and discharge provided by the nurse, and there e notices were mailed to mbudsman.	Integrated into CQI Systes The MRD will conduct daily bed hold notifications and communication to response Findings will be reported to Administrator and DNS for appropriate corrective actions. MRD will conduct daily distaudits to review notification Ombudsman to ensure notion ombudsman of transfer/districtions within 24 hours of transfer. Findings will be reported to Administrator and DNS for appropriate corrective actions. The SSD will provide a summathe findings to the facility's accommendations. Compliance Date: 2/28/21	y audits of ible party of the ons. Charge of fication of scharge discharge of the ons.

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AND PLA	ΝC	×F C	ORRECTION	(X1) PROVIDER/SUP IDENTIFICATION	PLI NI	ER/CLIA JMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SU COMPLET			RVEY ED
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F 62	5	Co	ntinued From	age 3		3	F6	2	5				
		asi	ked if there we	8/20/20 at 2:20 p.n e available beds fo here were availab	² F	Resident 1							
		On No	Դbudsman stat	8/27/20 at 2:24 p.n d, "I have not rece sfer or Discharge	ve	ed anv			<u> </u>				
		"B∈ trar res	d Holds," revis sfers and ther ident represent	ility policy and proced 2/17, indicated "apeutic leaves, resitatives will be informated and return poli	Pr de	ior to							
		"Re 200 hos bed read of a	admission to the indicated, "A pitalization or the indicated or the indicated to the indicated in a semi-	s Policy and Proced e Facility", dated D Medicaid resident lerapeutic leave ex owed by the state v acility upon the first private room if the ces provided by the	ec W ce /ill a fa	ember nose nose beds the be vailability sident: a)							
F 62€ SS≖E	5 F	Not Per	tice of a Transf	d for any reason ot er and/or Discharge ts to Return to Fac 1)(2)	'n	olicy"	F 62	26					
	. §	48 acil	3.15(e)(1) Per ity.	nitting residents to	et	urn to							
1	a	on p afte	ermitting resid	olish and follow a wents to return to the talized or placed or he policy must pro	fŧ	cility							
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F 62	leave exceeds the State plan, returns room if available of availability of a bed resident— (A) Requires the stand (B) Is eligible for Metrices or Medicanursing facility sending facility the who was transferred returning to the facility, the facility frequirements of particular particular is a compost 483.5), the resident of an available bed composite distinct previously. If a bed at the time of return availability of a bed This REQUIREMENT by: Based on interview facility failed to per residents (Resident hospital discharge.	bed-hold period under the to the facility to their previous immediately upon the first in a semi-private room if the ervices provided by the facility; edicare skilled nursing facility dices. I determines that a resident d with an expectation of lity, cannot return to the nust comply with the ragraph (c) as they apply to mission to a composite the facility to which a resident site distinct part (as defined in an the particular location of the part in which he or she resided is not available in that location, the resident must be given to that location upon the first	F 626- Resident to returbacility The Facility was in care of tresident when he became vagitated and aggressive. Restates he was going to attenhis life and called his daugh good bye. Nursing staff place q15 minute checks. During a 15 minutes' resident took a paperclip and attempted to wrist. First aid was provided resident was sent to Acute. I was to be sent to Methodist records state his medical his Resident re-directed transport medical center where his his current behaviors and cognistatus were documented. Re was not safe to come back to facility as he had made multistatements and attempts to I ultimately to end his life. VA ultimately gave him his capadeemed him self-responsible him to discharge home in a tax	he ery sident opt to take ter to say ed him on operiod of razor and cut his I and Residents where his tory, ort to VA etory of tive sident the ple eave and allowing
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F 626	1 1	inued From p	I-		F 6	326					
	Resi	dent 1 was ad	nitted to the facility	in early					ĺ		
	2020	and discharge	d the middle of 20	20) with'							
 	i ulayi	joses which in	cluded memory imp	pairment,			·				
	Alrev	i lew of Resider	t 1's Care Plan, da	ted							
ľ	6/12/	20. indicated	At risk for self-care	deficit due					i		
	to me	ėmory loss."				ŀ					
			_								
	Arev	iew of Resider	t 1's Minimum Dat	a Set		ļ					
<u> </u>	india	o, an assessm	ent tool), dated 6/2	3/20,		i					
ĺ	impa	irment mood	had moderate me and anxiety probler	emory							
ŀ	reaui	red supervisio	with activities of d	is, and							
ļ	(ADL	s).	Will dolly lies of d	any name							
ľ	`										
	Arev	iew of Resider	t 1's Physician's O	ders,							
ŀ	dated	7/31/20, indit	ated "Resident [1]	nas							
	i boolt	city to underst h care decisidi	nd, sign consents	and make					-		
1	IICall	i care decisio	15.			İ					
	In int	erview on 8/17	/20 at 10:11 a.m., t	ne l							
];	Com	plainant indica	ed he evaluated Re	esident 1 at					-		
ļ:	the h	ospital, and sta	ted, "I wrote a disc	harge							
	order	l called the	acility several times	and they							
1	told n	ne they cannot	re-admit the reside	ent							
ŀ	peca	use they canno	t take care of him.	explained							
	but th	in the residem	is safe to go back facility will not take	to facility							
-	back	He is living a	one and he is not s	ate alono		ļ			:		
Ţ	in his	house. I want	d the facility to tak	a him back		•					
ŀ	for hi	s safety but the	y do not want to ta	ke him							
	back.	1)			•				İ		
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li	Injan Admi	interview on 8	17/20 at 11:21 a.m	., when the		İ					
1	disch	IISTIATOT (ADIVI	was asked the faction was asked the faction was asked the faction was asked with the faction was asked to be a	ility							
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1			should be filled o						!		
j _i	given	to residents o	responsible party.	Refusal					į		
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	In	an	interview on 8	17/20 at 12:58 p.m	n., CNA 1						1
	St	atec	l, "[Resident	was a bit of confu yone. He was very	sed He		ĺ				
	do	es	not bother anybo	dy, staff or other re	sidents If						
	th	e re	sident came t	ack to the facility,	e is okay						
	to	tak tens	e care of and	very manageable b	ecause he						
	115	tens	i,		į						
				19/20 at 9:30 a.m.	the						
	C	mp	lainant indica	ed Resident 1 was							
	al:	sch	arged from the	hospital, and state	d "We						
	re	-adi	nit him after s	hargeThe facility o many callsI'm v	rerused to						
	l hi	કે કહ્યું	fety. He lives	alone and his sister	s are out 🥼						
	of	stat	eHe is not	afe living alone bed	bause of						ľ
	r iik	s ae	mentia."								
	In	anļi	nterview on 8	20/20 at 10:48 a.m	., when						
	as	ked	if there was a	ny attempt to asse	ss					: '	
	K	side atod	ent 1 when he "Nobody from	was ready to return the facility went to	n, the DON					•	
	1 i	K.		s safe to come bac	1 1		i				
		- !								'	1
	In	an i	nterview on 8	20/20 at 2:20 p.m. available beds for F	when		i				1
	th	λeμ ∋ DΩ	ON stated. "Til	ere were available	tesident 1, p				İ		
	th	e ręk	sident."								1
	ا		va of the facil	halm Dallan and Dar							
i	titi	ed.	'Bed-Holds a	ty's Policy and Prod d Returns," dated	seaure 3/17						
	in¢	licat	ed "The resid	ent will be permitted	d to return						
	to	an a	vailable bed	n the location of the	acility						
ĺ	tna an	at ne ava	or sne previo	usly resided. If the hat part, the reside	re is not						
İ	giv	en[1	the option to t	ake an available be	dlin l			,			
	aŋ	othe	er distinct part	of the facility and re	eturn to						
	the	e pre	evious distind ple."	part when a bed be	ecomes						
ORM CMS-2			Previous Versions	Theoloto	Super ID: Opposed	· ,,,		ID O DO DO DO DO DO DO DO DO DO DO DO DO			
- i wai OniO-Zi	(u		· AE(2)() 2	onaviete E	vent ID: 022611		racility	(ID: CA030000091 If c	pntinuati	on sheet Page	8 of 9
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DEPA	RT	MENT OF HEAL S FOR MEDICA	THAND HUMAN SERV	/ICES				NTED: 01/ FORM APP	ROVED
I STATEM	ŒΝΤ:	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	RICHA		TIPLE CONSTRUCTION NG		B NO. 093 X3) DATE SUF COMPLET	VEY
744.5			055956		B. WING			C 01/07/2	124
I	1	ROVIDER OR SUPPLI	11			STREET ADDRESS, CITY, STATE, ZIP CO	DE	01/01/2	J21
ļ		OD POST ACUTE	<u> </u>			5901 LEMON HILL AVE SACRAMENTO, CA 95824			
(X4) II PREFI TAG		I KEACH DEFICIEN	TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	CINI	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	BHOULD B	E COM	(X5) PLETION PATE
F 62		hat we can't han	would be if they have so the, care issues, menta	1	F 62	26			
		n an interview or Pirector of Marke was sent to the hariented! got a	B/17/20 at 11:33 a.m., B/17/20 at 11:33 a.m., ing (DM) stated, "[Res spital. He is alert and all from the hospital ph arged and was ready to	the ident 1]		-			
		nack." n an interview on tated, "We have When he was ale imself, we did no was appropriate	8/17/20 at 12:01 p.m., tried to place [Resident and verbalized a plant execute anyI didn't to come back here. I alled back days later te	the ADM t 1]. to harm think that					
	L - [1	censed Nurse 1	8/17/20 at 12:19 p.m., (LN 1) "I have taken ca admissionWe had to alm"	are of send					
	s m a d w h	tated, "There were he didn't have hy other resident epressedIf he could be able to take." I don't have a	8/17/20 at 12:24 p.m., ie times when he come dementiaHe does no s or staff. He is just cornes back to the faciliake care of him and many problem with him] bspital] had been calling	s to tell t hurt ty, I inage The			·		
	N W pl g¢	ursing Assistant as upset after tal none, and stated o to the hospital	8/17/20 at 12:44 p.m., (1 (CNA 1) indicated Re- king to his daughter on "[Resident 1] did not w	sident 1	·				
ORM CMS-2	567(02-99) Previous Version	S Obsolete Ever	nt ID: 022611	Fi	acility ID: CA03000D091 if c	ontinuatio	n sheet Page	7 of 9
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