

PRINTED: 09/03/2015  
FORM APPROVED

## California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA030000091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  C 08/26/2015
NAME OF PROVIDER OR SUPPLIER  BRIARWOOD HEALTH CARE		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) COMPLETE DATE
A 000	Initial Comments  The following reflects the findings of the California Department of Public Health during the investigation of entity reported incident #CA00452383.  Representing the Department of Public Health: HFEN, 29825  The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.	A 000	This Plan of Correction Constitutes our written credible allegation of compliance for the deficiencies noted.  Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of Correction is prepared and or executed solely because it is required by the provisions of the Health and safety Code Section 1280 and 42 C.F.R. 483 et seq.	9/16/15 DCC Accepted SMA for AEW CO
A 876	T22 DIV5 CH3 ART5-72527(a)(5) Patients' Rights  (a) Patients have the rights enumerated in this section and the facility shall ensure that these rights are not violated. The facility shall establish and implement written policies and procedures which include these rights and shall make a copy of these policies available to the patient and to any representative of the patient. The policies shall be accessible to the public upon request. Patients shall have the right:  (5) To receive all information that is material to an individual patient's decision concerning whether to accept or refuse any proposed treatment or procedure. The disclosure of material information for administration of psychotherapeutic drugs or physical restraints or the prolonged use of a device that may lead to the inability to regain use of a normal bodily function shall include the disclosure of information listed in Section 72528(b).	A 876	A 876 Patients' Rights  How Corrective Action will be accomplished for those residents found to have been affected by the deficient practice.  The Director of Nurses reviewed Resident 1 chart. The current order was reviewed and noted to be decreased from original order. Licensed Nurse to obtain updated consent for current order from physician.  To be completed 09/20/15.	

Licensing and Certification Division

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

*Harry H. Meyer*

TITLE

NHA

(X6) DATE

9/14/15

STATE FORM

6809

QUUQ11

If continuation sheet 1 of 3

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A 876	<p>Continued From page 1</p> <p>This Statute is not met as evidenced by: Based on interview and review of the medical record and facility policies and procedures, the facility failed to ensure 1 of 3 sampled residents received all information that was material to an individual's decision whether to accept or refuse the proposed treatment of an antipsychotic medication when informed consent was not obtained for an increase in risperidone (an antipsychotic medication) prior to administration.</p> <p>This failure increased the risk of being uninformed of the risks and benefits of antipsychotic therapy.</p> <p>Findings:</p> <p>Patient 1 was admitted to the facility with diagnoses including psychosis (a mental disorder characterized by symptoms, such as delusions or hallucinations, that indicate impaired contact with reality).</p> <p>Review of Patient 1's document titled "Progress Notes", dated 7/25/15, indicated "Received order to increase [risperidone] Tablet 2 mg [milligrams, a unit of dose] PO [by mouth] BID [twice a day] for Unspecified Psychosis. Order Carried out and Noted."</p> <p>Review of Patient 1's Medication Administration Record (MAR), dated July 2015, indicated Patient 1 had started risperidone 2 mg PO BID starting 7/26/15.</p> <p>Review of Patient 1's document "Verification of Resident Informed Consent to...Psychotherapeutic Drugs...", dated 6/4/15, indicated "[risperidone] 0.25 mg PO BID X [1] week, then 0.5 mg PO BID X [1] week, then 1 mg</p>	A 876	<p><b>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.</b></p> <p>The Medical Records Director completed an audit on the twenty seven other residents who are currently on psychotropic medications on 08/29/15. No other residents found to be affected.</p> <p><b>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</b></p> <p>The Medical Records Director will audit all residents on psychotropic medications monthly at time of tally audit and with every new admission.</p> <p>The Director of Nurses in serviced all Licensed Nurses on updating consents per facility policy.</p> <p><b>Completed 09/14/15.</b></p>	

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A 876	<p>Continued From page 2</p> <p>PO BID."</p> <p>During an interview on 8/26/15 at 12:21 p.m. with the Director of Nurses, she said "I found a telephone order [for risperidone 2 mg PO BID] but not a consent for the increase in risperidone.</p> <p>Review of the facility policy and procedure titled "Consent, Informed", revised 2/13, indicated "3. Frequency with which informed consent must be obtained. Informed consent is not required every time a treatment...is administered unless material circumstances or risks change."</p>	A 876	<p>How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness.</p> <p>The Medical Records Director will audit all residents on psychotropic medications monthly at time of tally audit and with every new admission.</p> <p>DON/MRD will report any psychotropic medication consent concerns to the quarterly Quality Assurance Committee.</p> <p>Completion date 09/20/15</p>		