

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

PRINTED: 03/08/2018  
FORM APPROVED  
OMB NO. 0938-0391

*Received & accepted by Edmundo on 3/10/18*

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  C 03/08/2018
NAME OF PROVIDER OR SUPPLIER  BRIARCREST NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5648 EAST GOTHAM STREET BELL GARDENS, CA 90201	
(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
E 000	Initial Comments  The following reflects the findings of the Department of Public Health during the investigation of an entity reported incident (ERI).  Entity-Reported incident number: CA00561646  Representing the California Department of Public Health: HFEN #37393  The inspection was limited to the specific complaint/entity reported incident investigated and does not represent the findings of a full inspection of the facility.  One deficiency was issued for ERI number: CA00561646.	E 000	<b>BRIARCREST NURSING CENTER PLAN OF CORRECTION</b>  The plan of correction is provided pursuant to California and Health and Safety Code, Section 1280; it is prepared and/or executed solely because it is required by the provisions of federal and state law. Submission of this Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited and is also not to be construed as an admission of interests against the facility, the administrator, or any employee, agents or other individual who may be discussed in this response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or an agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth by the survey agency.  The submission of the plan of correction within this time frame should in no way be considered or construed as agreement with the allegations of non-compliance of admission by the facility.  This plan of correction shall constitute this facilities credible allegation of compliance.	
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review facility failed to provide smoking supervision for one of three sampled residents (Resident 2) and failed to ensure the doorbell (call light) leading to the smoking patio, which residents use to open the door and/or to alert staff when they need assistance, was not defective.	F 689		

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

TITLE

(X6) DATE

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 689	Continued From page 1  This deficient practice had the potential for Resident 2 and other residents to sustain a smoking injury and unable to alert the staff for assistance.  Findings:  A review of Resident 2's Face Sheet (Admission Record) indicated the resident was admitted to the facility on 02/18/13, and readmitted on 03/19/14, with diagnoses that included: hemiplegia and hemiparesis secondary to cerebrovascular disease (muscle weakness on one side of the body,) essential hypertension (high blood pressure ), nicotine dependence (an addiction to tobacco products caused by the drug nicotine), chronic obstructive pulmonary disease (COPD) (a disease that affects the lungs, causing reduced airflow, which makes it hard to breath).  A review of Resident 1, Minimum Data Set (MDS), an assessment and care screening tool), dated 12/01/17, indicated the resident's cognition (ability to think and reason) was severely impaired. The MDS indicated Resident 1 has impaired thought processes related to short and long term memory loss, and requires assistance and supervision with daily needs.  A review of Resident 2's Care Plan initiated 09/05/17, identified the resident at potential risk for injuries related to smoking. One of the interventions was to observe the resident for respiratory symptoms from smoking.  Another Care Plan dated 09/05/17, addressed the resident's episodes of screaming/yelling when cigarette was not being provided for the	F 689	F 689 FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 483.29(d)(1)(2)  1. Resident #2 was immediately assisted into the facility by a CNA, on 12/5/17, CNA was provided a one-on-one in-service by the DSD on 12/5/17, regarding proper supervision during smoking and the care plan was updated on 3/15/18 by the D.O.N. to reflect supervision during smoking. The Maintenance Supervisor immediately replaced the door bell on 12/5/17.  2. The facility currently has 3 residents that smoke and their care plans were reviewed and updated by the D.O.N. on 3/15/18 to include that they require supervision during smoking sessions.  3. The DSD provided an in-service to the C.N.A.'s on 12/5/17 and again on 3/15-3/16/18 of the importance of providing proper smoking supervision for the safety of the residents. The D.O.N. also provided an in-service to the Licensed Nurses on 3/15-3/16/18 regarding the necessity of a complete and accurate assessment and updated care plan, which reflects the most up to date care being provided for smoking residents.		3/16/18  3/16/18  3/16/18

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F 689	<p>Continued From page 2</p> <p>frequency she prefers and was non-compliant with smoking schedule. The interventions included to encourage the resident to comply with set smoking schedule and to provide diversional activities.</p> <p>Another Care Plan initiated 09/05/17, indicated that resident was at high risk for falls due to impaired balance secondary to her diagnosis of hemiplegia/hemiparesis. The intervention stated to be sure that the call light is within reach.</p> <p>On 12/05/17, at 9:24 a.m., Resident 2 was observed sitting on a wheelchair outside the patio, smoking without supervision and had no apron.</p> <p>On 12/05/17, at 9:26 a.m., Resident 1 was observed struggling to open the patio door after smoking, but could not open the door while sitting on his wheel chair. The door alarm was broken, and the resident could not call for help. A certified nurse assistance (CNA) was observed assisting the resident after being alerted by a licensed vocational nurse (LVN 1) that the resident was smoking alone in the patio.</p> <p>On 12/05/17, at 9:26 a.m., during an interview, LVN 1 stated, "Usually a CNA would be out there with Resident 1. She also stated that the resident doesn't like to wear an apron during smoking."</p> <p>During interview on 12/05/17, at 10:50 a.m., CNA 1 made the following statements: "I am assigned to take care of her (Resident 1). I am supposed to supervise her. I took her out to the patio for smoking. I had to take care of another resident (Resident 3), who was calling for assistance. Resident 3 wanted a towel; there were not any</p>	F 689	<p>The Administrator conducted an in-service with the maintenance staff on 3/16/18 to ensure that the necessary preventative maintenance is occurring in regards to the inspection of the door bell and alarm on the smoking patio. The Administrator also conducted an in-service with the social services staff and activity staff on 3/16/18 to ensure that they are aware of the residents that smoke and assisting the nursing the nursing staff in smoking supervision on the smoking patio.</p> <p>4. The Maintenance Supervisor updated the monthly preventative log on 3/16/18 to reflect the inspection of the alarm and door bell on the smoking patio. The door bell will be inspected weekly x 3 months then once monthly for proper functioning by the Maintenance Supervisor or Designee. Trends and findings will be reported to the QAA Committee by the Maintenance Supervisor or designee for the next 3 months or on an as needed basis.</p>	3/16/18	

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F 689	<p>Continued From page 3</p> <p>towels on the linen cart. I had to go to the laundry. The smoking patio is by the social service director's (SSD) office, she was nearby to supervise. If Resident 2 doesn't get a cigarette, she yells and screams until she gets the cigarette."</p> <p>During an interview on 12/05/17, at 11:08 a.m., the SSD stated the social services office is about five rooms down from the smoking patio. She stated she occasionally watch the residents while they smoke, but didn't watch anyone today. She said the CNAs usually tell us (SS staff) that a resident is in the patio, then someone from social services will go to the patio to supervise but there was no one today.</p> <p>On 12/05/17, at 11:50 a.m., a posted sign was observed on the door leading to the smoking patio, which indicated, " Please push the button for assistance," however, there was no button to push for assistance. The button was broken and was no longer in use.</p> <p>During interview on 12/05/17, at 11:50 a.m., the DSD stated, " My office is here but the call bell is for the residents to open the door and when they need assistance. She also stated that the residents are usually supervised while outside.</p> <p>During interview on 12/05/17, at 12:00 p.m., the maintenance supervisor (MS) stated, " I just found out yesterday from my assistant that the call light has been broken."</p> <p>During interview on 12/05/17, at 12:55 p.m, the facility administrator (ADM) stated usually the social services department has someone designated to supervise. He said the CNAs</p>	F 689	<p>The Social Services Director or Designee will monitor the smoking patio to ensure that the residents are being supervised during smoking sessions Mon-Fri for 4 weeks and then 3 x weekly x 2 months. Trends and findings will be reported to the QAA Committee by the Social Services Director or designee for the next 3 months or on an as needed basis.</p> <p>5. Completion Date:</p>		3/16/18

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F 689	<p>Continued From page 4</p> <p>usually informs the social services staff that a resident needs supervision.</p> <p>A review of the Resident 2's medical record revealed no evidence that the facility staff had implemented specific interventions such as adequate supervision and monitoring of Resident 2 at all times while smoking in the patio. The care plan did not address the need for Resident 2 to be supervised while smoking.</p> <p>A review of facility undated policy titled "smoking policy-Residents" included the following: Any smoking-related privileges, restrictions, and concerns (for example, need for close monitoring) shall be noted on the care plan, and all personnel caring for the resident shall be alerted to these issues; the facility may impose smoking restrictions on residents at any time if it is determined that the resident cannot smoke safely with the available levels of support and supervision; any resident with restricted smoking privileges requiring monitoring shall have the direct supervision of a staff member, visitor, or volunteer worker at all times while smoking.</p>	F 689			