

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

 PRINTED: 03/24/2021  
 FORM APPROVED  
 OMB NO. 0938-0391

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 03/24/2021
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 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #CA00714945.  Representing the Department of Public Health; Health Facilities Evaluator Nurse, 43247  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)	F 000	F000 Briarwood Post Acute shares the state's focus on the health, safety and well-being of facility residents. To remain in compliance with all federal and state regulations the facility has taken and will take actions set forth in the Plan of Correction.	7/21/21 POC accepted by	
F 656 SS=D	§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR	F 656	F656  Corrective action for residents found to have been affected by this deficiency:  Resident #1 is no longer in the facility.  How the facility will identify other residents having the potential to be affected by the deficient practice:  Director of Nursing and Nursing Supervisor review residents who have pressure ulcers or pressure injury risks. No other residents were affected by the above deficient practice.		

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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NAME OF PROVIDER OR SUPPLIER

BRIARWOOD POST ACUTE

STREET ADDRESS, CITY, STATE, ZIP CODE

5901 LEMON HILL AVE  
SACRAMENTO, CA 95824

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F 656

Continued From page 1  
recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.  
(iv) In consultation with the resident and the resident's representative(s)-  
(A) The resident's goals for admission and desired outcomes.  
(B) The resident's preference and potential for future discharge. Facilities must document

community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.  
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.  
This REQUIREMENT is not met as evidenced by:  
Based on interview and record review, the facility failed to provide comprehensive person-centered care plans for one (Resident 1) of three sampled residents whom:  
  
1. There was not an updated care plan provided that accurately reflected Resident 1's wounds, pressure wounds, and pressure injury risk.  
  
2. There was not a nutritional care plan provided for Resident 1 who experienced a decline in fluid and oral intake.

These failures had the potential for Resident 1 to not receive consistent nursing care and to contribute to the development of additional pressure ulcers (damage to the skin and underlying tissue).

Findings:

F 656

Measures that will be put into place and systemic changes made to ensure that this deficiency does not recur:

Director of Nursing and/or DSD reeducate LN on facility's policy and procedures and protocol for developing and implementing care plan based on patient's ongoing risk pressure areas on April 2, 2021.

The MRD will complete Care Plan QA audit at the following intervals: Pressure injuries on admission, quarterly, annually, and significant changes in pressure injuries documented with change of condition. Findings will be reported to the administrator and DON daily for appropriate corrective actions.

The MRC on scheduled facility visit will randomly review skin records for timely completion of care plan. Findings will be reported to the administrator and DON for appropriate corrective actions.

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F 656	Continued From page 2  A review of Resident 1's Admission Record, indicated Resident 1 was admitted in 2016 with multiple diagnoses including encephalopathy (damage or disease that affects the brain), cerebral infarction (damage to the brain), and an open wound to the left knee.  A review of Resident 1's Minimum Data Set (MDS) (an assessment tool) dated 9/7/2020, indicated Resident 1 had a Brief Interview for Mental Status (BIMS) (a cognitive assessment tool) score of 6 out of 15 which indicated that he was severely cognitively impaired.  A review of Resident 1's MDS-Functional Status, dated 9/7/2020, indicated Resident 1 required supervision for eating.  A review of Resident 1's MDS- Skin Conditions, dated 9/7/2020, indicated Resident 1 did not have any unhealed pressure ulcers, but was at risk for developing pressure ulcers or injuries.  During an interview on 12/11/2020 at 2:50 p.m. with the MDS coordinator (MDS), he stated Resident 1 was admitted to an acute care hospital on 11/16/2020 due to altered mental status (change in cognition). He was treated for encephalopathy, bacteremia (bacteria in the blood) and a prostate abscess (an infection of the prostate gland) at the acute care hospital. Resident 1 was readmitted to the facility on 12/1/2020 for comfort care in relation to his medical care) after the acute hospital stay. Resident 1 died at the facility on 12/11/2020.  During an interview on 1/6/2021 at 12:55 p.m. with the Director of Nursing (DON), she stated	F 656	How the facility plans to monitor its performance to make sure that solutions are sustained:  The DON will provide a summary trend analysis of the review findings to the monthly CQI Steering Committee for further review and recommendations.  Compliance Date: By April 22, 2021	

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F 656	<p>Continued From page 3</p> <p>Resident 1 had daily skin changes because he was at the end of life and was not eating or drinking.</p> <p>During an interview on 1/6/2021 at 1:05 p.m. with the Wound Care Nurse (WCN) stated the resident had a wound on left knee and an open area under his right knee. WCN stated that Resident 1's wounds were getting worse because he was not eating or drinking.</p> <p>During a concurrent interview and record review on 2/3/2021 at 3:05 p.m. with the DON, she stated Resident 1 had fragile skin and had new reddened areas frequently. She stated, "If the foot was gently placed on a pillow, it would have new redness."</p> <p>Reviewed with the DON the "Emergency Department Physician Note" from the acute care hospital, dated 11/16/2020 at 10:05 a.m., for Resident 1, that stated, "Physical Exam... Skin... Comments: Sacral Decubitus (pressure) Ulcer..." The DON acknowledged that the sacral pressure ulcer (PU) was identified upon arrival at the acute care hospital on 11/16/2020.</p> <p>Continued document review from the acute care hospital with the DON, including a "Wound care consult note", that was dated 11/17/2020 at 2:19 p.m. This note identified multiple pressure wounds for Resident 1. The DON acknowledged that the stage 3 PU to the sacrum, and the multiple other pressure wounds, were identified at the acute care hospital.</p> <p>A review with the DON of the facility's "Non-Pressure Skin Problem Report," dated 9/1/2020, reflected that Resident 1 had a trauma injury to</p>	F 656			

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F 656	<p>Continued From page 4 the left anterior knee.</p> <p>Further review with the DON of the facility's "Non Pressure Skin Problem Report," dated 10/27/2020, reflected that Resident 1 had MASD (Moisture Associated Skin Damage) to the right posterior knee.</p> <p>A review with the DON of the facility's "Pressure Injury Assessments," dated 11/10/2020, reflected that Resident 1 had a DTPI (Deep Tissue Pressure Injury) to his right heel, left lateral foot, and left medial foot. The DON confirmed that the facility had not identified any other skin issues, including the sacral pressure ulcer and multiple pressure wounds, that were identified on admission to the acute care hospital. The DON confirmed that the sacral wound, the right lower extremity wounds, and the right foot wounds did not receive treatment at the facility as they had not been identified.</p> <p>During the same interview on 2/3/2021 at 3:05 p.m. the DON reviewed Resident 1's decreased oral intake. She stated that since he returned from the hospital in October 2020, he had not been eating. She stated a referral to the dietitian had been made.</p> <p>During an interview on 2/3/2021 at 5:00 p.m. with LN 2, LN 2 said that Resident 1 did not eat very much after his return from the hospital in October 2020. He required assistance with feeding from the CNAs. She stated he was not taking in enough fluids. He was refusing to eat or drink very much. His condition began to decline. She stated a referral to the dietitian is made by the desk nurse. LN 2 stated she didn't know if a referral to the dietitian was made.</p>	F 656			

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F 656	Continued From page 5  During a telephone interview on 2/4/2021 at 9:12 a.m. with the Dietitian (RD), she stated she was aware of Resident 1 but did not personally see him. She started working at the facility in November 2020 and was not scheduled to see him until 11/20/2020, since he had been seen by the prior RD on 10/20/2020. The RD stated that the DON sends her the monthly weights and the WCN notifies her of any wounds. She stated she is not notified of referrals by the front desk. She was not aware that Resident 1 had wounds. She stated, "He was probably on the list to be seen by the prior RD." RD stated Resident 1's weight in October was 132 pounds and was 127 pounds in November. RD said she would have seen Resident 1 for significant weight change, but he left the facility prior to 11/20/2020.  A review of the "Nutritional Care" document, dated 10/20/2020, for Resident 1, indicated his weight was 150 pounds. It indicated his intake was poor at 50% and fluid intake was fair at 1000 ml (milliliters) to 1499 ml per day.  Review of a "Nutrition Screening," dated 10/21/2020, for Resident 1, indicated his weight was 127 pounds. The screening indicated that his appetite was poor, eating 40% to 49% of meals.  Review of a "Diet Requisition," updated on 10/22/2020, for Resident 1, indicated an order for [nutritional liquid supplement] three times a day, [fortified snack] two times a day with lunch and dinner and fortified meals.  Review of a "Nutrition Report" for 11/1/2020 through 11/16/2020, indicated Resident 1 ate 15% to 100% of his meals.	F 656			

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P 055	<p>Continued from page 3</p> <p>Review of the "Intake and Output Record" for 10/20/2020 through 11/14/2020, indicated Resident 1's fluid intake was from 120 ml to 1680 ml per day.</p> <p>A review of Resident 1's "Order Summary Report" for active orders as of 11/30/2020, indicated wound care orders for the left anterior knee, left lateral foot, left medial foot, right posterior knee and right heel.</p> <p>A review of the WCP Surgical Consult notes, dated 10/20/2020, 10/27/2020, 11/3/2020 and 11/10/2020, indicated the only wounds assessed and treated were the left anterior knee, the right distal posterior knee, the right heel, the left lateral foot, and the left medial foot.</p> <p>A review of the "Braden Scale for Predicting Pressure Sore Risk" (a standardized tool to assess for risk of pressure sores) for Resident 1 dated 10/20/2020, indicated Resident 1 had a score of 13 out of 23 which indicated he was at moderate risk to develop pressure sores.</p> <p>A review of Resident 1's "Skin Short Term Care Plan," dated 8/19/2020, reflected problem of scab with redness on right knee, and was discontinued 9/1/2020.</p> <p>A review of Resident 1's "Skin Short Term Care Plan," last updated 9/9/2020, stated: "Problem- Trauma left anterior knee interventions- treatment as ordered... (discontinued 9/22/2020), Monitor for sign/symptoms of infection (redness, pain, presence of drainage), Utilize precaution during care, Observe gentle handling of the resident,</p>			P 056			

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F 656 Continued From page 7

Report skin conditions to the responsible party and MD (medical doctor). Handle affected area during care, Assess for pain and discomfort (verbal/ nonverbal)."  
Goal- Will promote healing without complications."

A review of Resident 1's "Resident Care Plan Pressure Ulcer Risk," last updated 9/7/2020, stated:  
"Problem/ Need- Risk for pressure ulcers...  
Approach plan- Pressure reducing mattress to bed, Pressure relieving mattress to bed, Reposition every one to two hours, Vitamin and mineral supplements per orders, Dietary supplements per orders, Pain management per orders, monitor effectiveness, Encourage to elevate heels off of bed with pillows.  
Resident Goal-Will have no pressure ulcers by next review, Will show no sign/s and development of infection."

During a subsequent interview and record review on 2/3/2021 at 5:10 p.m. with the DON, she confirmed that Resident 1's "Skin Short Term Care Plan" dated 9/9/2020 did not address treatment for the left anterior knee, right posterior knee, left lateral foot, left medial foot, and right heel. She stated she is unable to provide any wound or skin care updated care plans. DON acknowledged that a nutritional care plan is not available that addressed Resident 1's declining oral intake for October 2020 and November 2020 and weight loss.

Requests for nutritional care plans and ADL (Activities of Daily Living) care plans from facility by phone and email on 1/27/2021, 1/29/2021, 2/1/2021, and 2/2/2021 and during an onsite visit

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F 656

...staff stated she is unable to provide any additional care plans as they are unable to access the records.

A review of the facility policy "Pressure Injury Management," revised 3/27/2017, indicated "... Update the resident's care plan as necessary..."

A review of the facility policy "Skin and Wound Management," revised 3/27/2017, indicated "...The licensed nurse will document the status of skin conditions at least weekly or as otherwise indicated in the resident's Care Plan...Update the resident's Care Plan as necessary..."

Requested nutritional policy from facility by phone and email on 1/27/2021, 1/29/2021, 2/1/2021 and 2/2/2021 and during onsite visit on 2/3/2021. The DON provided a document titled "Nutrition Committee Guidelines," revised May 2007. A review of "Nutrition Committee Guidelines" indicated, "The Nutrition Committee members will use the data from the resident's clinical record to identify factors that may affecting the resident's nutritional status and develop a course of action. The committee reviews the plan of care, makes recommendations and evaluates the effectiveness of the recommendations...The concerns and wishes of the family and resident will be included in developing the plan of care..."

F 686 Treatment/ Svcs to Prevent/Heal Pressure Ulcer  
SS=0 CFR(s): 483.25(b)(1)(i)(ii)

§483.25(b) Skin Integrity  
§483.25(b)(1) Pressure ulcers.  
Based on the comprehensive assessment of a resident, the facility must ensure that-

F686

Corrective action for residents found to have been affected by this deficiency:

Resident #1 is no longer in the facility.

How the facility will identify other residents having the potential to be affected by the deficient practice:

DON/Designee checked residents who were identified as high risk for pressure injuries

F 686

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F 686	<p>Continued From page 9</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to prevent further development and promote healing of pressure ulcers.</p> <p>new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on intake law and recent review, the facility failed to identify the development of multiple pressure ulcers (damage to the skin and underlying tissue due to localized pressure) for one (Resident 1) of three sampled residents.</p> <p>This failure resulted in Resident 1 not receiving wound care for multiple pressure wounds which had the potential to cause wound infection or sepsis.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record, indicated Resident 1 was admitted in 2016 with multiple diagnoses including encephalopathy (damage or disease that affects the brain), cerebral infarction (damage to the brain) and an open wound to the left knee.</p> <p>A review of Resident 1's Minimum Data Set (MDS) (an assessment tool)- Section C- Cognitive Patterns, dated 9/7/2020, indicated Resident 1 had a Brief Interview for Mental Status (BIMS) (a cognitive assessment tool) score of 6 out of 15 which indicated that he was severely cognitively impaired.</p>	F 686	<p>and residents with pressure injuries; and no other residents were affected by the above deficient practice.</p> <p>Measures that will be put into place and systemic changes made to ensure that this deficiency does not recur:</p> <p>DON and DSD re-educated licensed nurses and treatment nurse on providing nursing care based on resident assessment according to professional standards, emphasizing on resident with high risk of pressure injuries and residents with ongoing pressure injuries. The staff who are not able to attend the training by 4/1/2021 will be educated prior to the start of their shift.</p> <p>The DON will conduct skin wound/treatment meeting weekly with treatment nurse and dietary manager. The result will be provided to the administrator for appropriate corrective actions.</p>	

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F 686	Continued From page 10  A review of Resident 1's MDS-Functional Status, dated 9/7/2020, indicated Resident 1 required extensive assistance with bed mobility and had limited range of motion in his lower extremities (legs).  A review of Resident 1's MDS-Skin Conditions, dated 9/7/2020, indicated Resident 1 did not have any unhealed pressure ulcers (PU), but was at risk of developing pressure ulcers or injuries.  During an interview on 12/11/2020 at 2:50 p.m. with the MDS coordinator (MDS), he stated Resident 1 was admitted to an acute care hospital on 11/16/2020 due to altered mental status (change in cognition). He was treated for encephalopathy, bacteremia (bacteria in the blood) and a prostate abscess (an infection of the prostate gland) at the acute care hospital. Resident 1 was readmitted to the facility on 12/9/2020 for comfort care measures (end of life medical care) after the acute hospital stay. Resident 1 died at the facility on 12/11/2020.  During an interview on 12/11/2020 at 1:47 p.m. with Licensed Nurse (LN) 1, he stated that they used to have a specific wound treatment nurse, but due to the COVID-19 outbreak that nurse was performing a regular nursing role. He stated all the nurses were providing wound care.  During an interview on 1/6/2021 at 12:55 p.m. with the Director of Nursing (DON), she stated there is currently a wound care nurse (WCN) working at the facility. Residents are referred to the WCN and wound care physician (WCP) upon admit and as needed. Resident 1 was being followed by the WCN and WCP. The DON stated	F 686	By 7/19/21, the DON, DSD, and/or Nurse Consultant will reeducate CNAs on facility's pressure injury prevention and management P&P, emphasizing turning and repositioning every two hours; observing for any skin issues during ADL care and showers; and communicating any issues/concern to the licensed nurse for follow up. Any CNA unable to attend this reeducation by 7/19/21 will be reeducated prior to the start of their shift.  How the facility plans to monitor its performance to make sure that solutions are sustained:  The DON will provide a summary trend analysis of the weekly meeting trends evaluated after week skin/dietary meeting to the monthly CQI Steering Committee for further review and recommendations.  Compliance Date: By April 22, 2021 <u>Amended 7/16/2021</u>	

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 03/24/2021
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NAME OF PROVIDER OR SUPPLIER

BRIARWOOD POST ACUTE

STREET ADDRESS, CITY, STATE ZIP (XXXX)

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 686	<p>Continued From page 11</p> <p>Resident 1's skin condition worsened daily because he was at the end of life and was not eating or drinking.</p> <p>During an interview on 1/6/2021 at 1:05 p.m. with the WCN, she stated Resident 1 had an open wound on his left knee and an open area under his right knee. She stated that he did not have a sacral (region at the bottom of the spine) wound. The WCP was following his care weekly. The WCN stated that Resident 1's wounds were getting worse because he was not eating or drinking. She stated that residents are turned and repositioned every two hours by the Certified Nursing Assistants (CNA) according to standards of practice. She stated that the facility did not have a turning log to record the turning of patients for pressure relief.</p> <p>During an interview on 1/6/2021 at 1:45 p.m. with CNA 1, she stated she turns the residents every two hours, but does not record it in a turning log or in the chart. She stated, "I just remember to do it [turning] while I'm doing my rounds."</p> <p>During a concurrent interview and record review on 2/3/2021 at 3:05 p.m. with the DON, she stated that the WCN started at the end of October [2020] but was pulled to be a regular staff nurse during the COVID-19 outbreak. Nurses were doing the wound care. The DON stated Resident 1 had fragile skin and had new reddened areas frequently.</p> <p>Reviewed with the DON the "Emergency Department Physician Note" from the acute care hospital, dated 11/10/2020 at 10:05 a.m., for Resident 1, that stated "Physical Exam... Skin... Comments: Sacral Decubitus (pressure) Ulcer..."</p>	F 686		

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
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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 686	<p>Continued From page 12</p> <p>The DON acknowledged that the sacral pressure ulcer (PU) was identified upon arrival at the acute care hospital on 11/16/2020.</p> <p>Reviewed with the DON a "Wound care consult note" from the acute care hospital, dated 11/17/2020 at 2:19 p.m., for Resident 1, that identified multiple wounds:</p> <p>Full thickness wound (wound extends beyond all layers of skin) behind the right knee</p> <p>RLE (right lower extremity) full thickness wound covered with dry black eschar (dead tissue).</p> <p>RLE wound above the ankle with dark red discoloration and partial thickness skin loss.</p> <p>Right heel full thickness wound covered with black dry eschar.</p> <p>Right lateral (outer side) foot had purple skin discoloration.</p> <p>Right medial (towards the middle) foot, near first metatarsal head (bone in the ball of the foot), had purple skin discoloration.</p> <p>Left medial foot had purple skin discoloration and partial thickness loss.</p> <p>Left lateral foot had black eschar extending to the 4th and 5th metatarsal head.</p> <p>Right ischial (lower hip bone) was a closed stage 3 (full thickness skin loss that extends into the fat layer) PU.</p> <p>Sacral area had a superficial but full thickness wound with purple discoloration in the wound bed.</p> <p>...Wound present on admission to hospital? Yes</p> <p>The DON acknowledged that a Stage 3 PU to the sacrum and multiple other pressure wounds were identified at the acute care hospital.</p>	F 686		

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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 03/24/2021
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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	IF CORRECTIVE ACTION IS TAKEN (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
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F 686

Continued From page 13

DON stated, "I don't know what happened, the CNAs are supposed to check during showers and ADL (Activities of Daily Living) care."

A review with the DON of the facility's "Non Pressure Skin Problem Report," dated 9/1/2020, reflected Resident 1 had a trauma injury to the left anterior knee.

A review with the DON of the facility's "Non Pressure Skin Problem Report," dated 10/27/2020, reflected Resident 1 had MASD (Moisture Associated Skin Damage) to the right posterior knee.

Further review with the DON of the facility's "Pressure Injury Assessments," dated 11/10/2020, reflected Resident 1 had a DTPI (Deep Tissue Pressure Injury) to his right heel, left lateral foot, and left medial foot.

The DON confirmed that the facility had not identified the sacral pressure ulcer and the multiple pressure injuries identified on admission to the acute care hospital. The DON confirmed that the sacral wound, the RLE wounds, and the right foot wounds did not receive treatment at the facility as they had not been identified.

Reviewed with the DON Resident 1's "Resident Admission Assessment," dated 10/19/2020. Resident 1 was readmitted to the facility on 10/19/2020 after a stay at the acute care hospital. This assessment identified wounds at the left knee, the right posterior knee, bruising on arms and buttocks, and redness on both heels.

The DON acknowledged that Resident 1 did not have a sacral ulcer or pressure injuries recorded

F 686

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

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NAME OF PROVIDER OR SUPPLIER

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STREET ADDRESS, CITY, STATE, ZIP CODE

5901 LEMON HILL AVE  
SACRAMENTO, CA 95824

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upon readmission to facility on 10/19/2020. It  
stated that the sacral wound and pressure  
wounds occurred after the 10/19/2020  
readmission to facility.

Reviewed with the DON Resident 1's "Skin Short  
Term Care Plan," last updated 9/9/2020:  
"Problem- Trauma left anterior knee  
Interventions- "Treatment as ordered...  
(10/19/2020), Monitor for  
sign/symptoms of infection (redness, pain,  
presence of drainage), Utilize precaution during  
care, Observe gentle handling of the resident  
and MD (medical doctor), Handle affected area  
during care, Assess for pain and discomfort  
(verbal/ nonverbal).  
Goal- Will promote healing without  
complications."

Reviewed with the DON Resident 1's "Resident  
Care Plan Pressure Ulcer Risk," last updated  
9/7/2020:  
"Problem/ Need- Risk for pressure ulcers...  
Approach plan- Pressure reducing mattress to  
bed, Pressure relieving mattress to bed,  
Reposition every one to two hours, Vitamin and  
mineral supplements per orders, Dietary  
supplements per orders, Pain management per  
orders, monitor effectiveness, Encourage to  
elevate heels off of bed with pillows.  
Resident Goal-Will have no pressure ulcers by  
next review, Will show no sign/s and development  
of infection."

Requests for updated wound, pressure  
management, or skin treatment care plans that  
reflected care for left anterior knee wound, right  
distal posterior wound, right heel, left lateral and

F 886

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CMS 1615 (01/11)

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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  
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PROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERENCED TO THE APPROPRIATE  
DEFICIENCY)

(X5)  
COMPLETION  
DATE

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left medial foot was not provided. The DON  
stated she is unable to provide any updated care  
plans. She acknowledged that the care plans are  
incomplete.

During a joint interview on 2/3/2021 at 4:40 p.m.  
with CNA 2 and CNA 3, they stated they check for  
any skin changes during shower time and report  
to the nurse.

During an interview on 2/3/2021 at 5:00 p.m. with  
LN 2, she stated that Resident 1 had a knee  
wound, but did not remember any other wounds.  
She stated she did not do any wound treatments  
as they were not on duty during the day shift. When  
asked how new wounds are identified, she stated  
the CNAs document on the shower sheet and  
notify the nurse.

A review of Resident 1's "Order Summary Report"  
for active orders as of 11/30/2020, indicated  
wound care orders for the left anterior knee, left  
lateral foot, left medial foot, right posterior knee  
and right heel.

A review of the "WOC" "Surgical Consult" notes  
dated 10/20/2020, 10/27/2020, 11/3/2020 and  
11/10/2020 for Resident 1, indicated the only  
wounds assessed and treated were the left  
anterior knee, the right distal posterior knee, the  
right heel, the left lateral foot, and the left medial  
foot.

A review of the "Braden Scale for Predicting  
Pressure Sore Risk" (a standardized tool to  
assess for risk of pressure sores) for Resident 1  
dated 10/20/2020, indicated Resident 1 had a  
score of 13 out of 23 which indicated he was at  
moderate risk to develop pressure sores.

F 686

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

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NAME OF PROVIDER OR SUPPLIER  BRIARWOOD POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP CODE 5901 LEMON HILL AVE SACRAMENTO, CA 95824	

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F 686	Continued From page 16  "Skin Monitoring: Comprehensive CNA Shower Review" sheets for Resident 1, dated 9/16/2020, 9/23/2020 and 9/26/2020, were reviewed. These sheets indicated Resident 1 had refused a shower on those three days. Requested from the DON additional sheets for the months of 10/2020 and 11/2020. The DON did not provide any additional "Skin Monitoring: Comprehensive CNA Shower Review" sheets.  A review of the MICU (medical intensive care unit) "History and Physical," dated 11/16/2020 from the acute care hospital for Resident 1, indicated Resident 1 had "multiple pressure ulcers along bony aspects of bilateral feet..."  Requests for nutritional care plans and ADL care plans for Resident 1 from the facility by phone and email on 1/27/2021, 1/29/2021, 2/1/2021, and 2/2/2021 and during an onsite visit on 2/3/2021 were not provided. The DON stated she is unable to provide any of these care plans.  A review of the facility policy "Pressure Injury Management" revised 3/27/2017 stated, "...The licensed nurse will notify the Director of Nursing Services of any new pressure injury...The Dietary Department or RD (Registered Dietitian) will be notified for nutritional assessment...A licensed nurse will develop a care plan for the resident based on recommendations from IDT (Interdisciplinary Team), dietary, rehabilitation and the attending physician...CNAs will complete body checks on resident's shower days and report unusual findings to the Licensed Nurse...Any new pressure injury will be documented on the 24 Hour Log and a Change of Condition will be documented by the licensed	F 686		

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BRIARWOOD POST ACUTE

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F 686

Continued From page 17

F 686

and development of the pressure injury..."

A request for ADL policy from facility was received and email on 1/27/2021, 1/29/2021, 2/1/2021 and 2/2/2021 and during an onsite visit on 2/3/2021. The DON stated that the facility does not have an ADL or a repositioning and turning policy.

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