

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRIER OAK ON SUNSET</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5154 SUNSET BLVD LOS ANGELES, CA 90027</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0604  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to ensure freedom from physical restraints for one of two sampled residents (Resident 1). Resident 1 had a bed sheet wrapped tightly around the arms and chest area preventing Resident 1 from moving his arms freely. This deficient practice had the potential to result in physical and mental harm to Resident 1. Findings: A review of Resident 1's Admission Record indicated the facility admitted the resident was admitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - standardized assessment and care-screening tool) dated 3/30/20, indicated Resident 1 had memory problem and needed one-person physical assistance with bed mobility, dressing, eating, toilet use, personal hygiene and bathing. A review of Resident 1's nursing Progress Notes dated 5/4/20 at 10:15 a.m., indicated .resident's blanket was tied by staff . in the morning of 5/4/20. Skin assessment indicated Resident 1 did not have skin injury and had no complaints of pain. A review of Resident 1's Social Services Progress Notes dated 5/4/20, at 3:05 p.m., indicated Resident 1 was found restrained by bed sheets from prior shift. Resident 1 did not recall the incident. During an interview on 5/5/20, at 9 a.m., Resident 1 stated he did not remember anyone putting a bed sheet tightly around his body. During an interview on 5/5/20, at 11:41 a.m. Licensed Vocational Nurse 1 (LVN 1) stated Resident 1 was found with a bed sheet wrapped tightly around Resident 1's arms and chest area. LVN stated Resident 1 could not move his upper extremities freely. During a telephone interview on 5/5/20, at 1:03 p.m. Social Services Designee (SSD) stated on 5/4/20, about 8:30 a.m., Resident 1 was found restrained with a beset. During a telephone interview on 5/7/20, at 3:33 p.m., Director of Nursing (DON) stated Certified Nursing Assistant 1 (CNA 1) had placed the sheet around Resident 1 with no intention of harming Resident 1. During a telephone interview on 5/8/20, at 9:19 a.m., CNA 1 stated that Resident 1 wears incontinent briefs and whenever Resident 1 has a bowel movement, Resident 1 would reach into his diaper and would play with his feces. CNA 1 stated on 5/4/20, at about 5 a.m., he wrapped Resident 1's upper body tightly so Resident 1 would not reach his brief. A review of the facility's policy on Abuse Prohibition, revised on 7/1/19, indicated the facility prohibit abuse, mistreatment, neglect, misappropriation of resident property and exploitation for all residents. This includes but not limited to, freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. A review of the facility's policy on Use of Restraints, revised on 11/1/19, indicated residents have the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical condition.</p>		
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.