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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055685 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/14/2020 |
| NAME OF PROVIDER OF SUPPLIER BRIGHTON PLACE SPRING VALLEY | | STREET ADDRESS, CITY, STATE, ZIP 9009 CAMPO ROAD SPRING VALLEY, CA 91977 | |
| 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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure dignity and respect was provided for one resident (1) when a certified nursing assistant (CNA) 1 verbalized profanity in front of the resident. This failure resulted for Resident 1 feeling disrespected. Findings: Resident 1 was readmitted to the facility on [DATE], with [DIAGNOSES REDACTED]. On 10/24/19 at 3:29 P.M., an observation and interview was conducted with Resident 1. Resident 1 was lying in a bariatric bed (bed that can handle the additional weight of a large patient). Resident 1 stated he was unable to walk and a bed bound. Resident 1 stated CNA 1 was assigned to him on 10/21/19 to provide care. Resident 1 stated that day, he was not feeling well and requested to CNA 1 to switch a caregiver. Resident 1 stated that he did not explain the reason, then CNA 1 left the room. Resident 1 stated he then pressed the call light for help and CNA 2 came in. Few minutes later, CNA 1 came back to his room. Resident 1 then informed CNA 1 that CNA 2 was inside his room to assist him. CNA 1 responded to him (Resident 1), What's your problem? Resident 1 stated he felt irritated and asked CNA 1 to leave the room. CNA 1 told Resident 1 that she (CNA 1) was hurt and would not put up on this and stated, What an[***]. Resident 1 stated that CNA 2 witnessed the incident and that he was mad at CNA 1 and felt disrespected. On 10/24/19 at 3:09 P.M., an interview with CNA 2 was conducted. CNA 2 stated Resident 1 was very vocal. CNA 2 stated, on 10/21/19, she responded to Resident 1's call light and was told by the resident that he did not want CNA 1 to be his caregiver. CNA 2 stated that she witnessed Resident 1 and CNA 1's conversation. CNA 2 stated that on her (CNA 1) way out, CNA 1 commented to the resident, What an[***]. CNA 2 stated Resident 1 heard the comment and he requested CNA 2 to report the incident to the charge nurse. On 10/24/19 at 4:47 P.M., an interview with the Director of Nursing (DON) was conducted. The DON stated CNA 1 became personal and should have reacted calmly no matter what Resident 1's behavior was. Attempted to interview CNA 1 but did not return phone call. A review of the facility's policy titled, Abuse, dated 4/01, indicated, Policy: It is a policy of this facility that each resident be free from abuse. Purpose: The provisions of this policy are applicable to all members of the medical, nursing, of the facility. Definitions: Verbal abuse, any use of oral, written or gestured language that willfully disparaging and/ or derogatory terms to the resident. This includes any acts as defined within this section that are within the hearing distance of the resident regardless of their adult age or disability. Example include but are not limited to, disgust, tone of voice and mannerism.</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.