

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055795	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2020
NAME OF PROVIDER OF SUPPLIER BRIGHTON PLACE SAN DIEGO		STREET ADDRESS, CITY, STATE, ZIP 1350 N. EUCLID AVENUE SAN DIEGO, CA 92105	
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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure care plans related to pain, fall risk, safe bed, and the use of bed side rails (device positioned at the side of a bed; used to prevent individual from falling out of the bed) for safety, were developed for one resident (1). These failures had the potential risk of miscommunication among care givers, and not providing the appropriate, consistent, and individualized care to Resident 1. Findings: Resident 1 was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Per the physician's orders [REDACTED]. An observation was conducted on 2/23/18 at 2:30 P.M. Resident 1 was lying in bed with her eyes closed. A half (1/2) side rail was in place. A review of Resident 1's record was conducted. The physician orders [REDACTED]. Resident 1's undated care plan titled, Pain, was reviewed. This care plan was a pre-printed form. It was not marked, signed, or dated. A physician order [REDACTED]. Resident 1's undated care plan titled, Side Rails, was reviewed. This care plan was a pre-printed form. It was not marked, signed, or dated. Resident 1's undated care plan titled, Fall Risk, was reviewed. This care plan was a pre-printed form. It was not marked, signed, or dated. Resident 1's undated care plan titled, Safe Bed, was reviewed. This care plan was a pre-printed care form. It was not marked, signed, or dated. A concurrent interview and review of Resident 1's care plans was conducted on 2/23/18 at 4:23 P.M. with LN 2. LN 2 stated that individualized care plans were used to guide nurses in the delivery of care. LN 2 could not find active care plans that addressed Resident 1's pain or the use of 1/2 side rails for safety. An interview was conducted on 2/23/18 at 5:12 P.M. with the director of nursing (DON). The DON stated the purpose of a care plan was to communicate a resident's care to all disciplines. The DON acknowledged Resident 1's care plans for pain, fall risk, safe bed, and the use of 1/2 side rail for safety were not completed, and should have been.		
F 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one resident's (1) clinical record included complete documentation when licensed nurse (LN) signatures were not included in the designated areas of the Medication Administration Record [REDACTED]. Findings: Resident 1 was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Per the physician's orders [REDACTED]. A review of Resident 1's record was conducted. The physician orders [REDACTED]. The physician orders [REDACTED]. The MAR indicated [REDACTED]. At the bottom of the MAR indicated [REDACTED]. These boxes were empty. A review of a second page of Resident 1's MAR indicated [REDACTED]. The MAR indicated [REDACTED]. At the bottom of the MAR indicated [REDACTED]. These boxes were empty. A review of a third page of Resident 1's MAR indicated [REDACTED]. The MAR indicated [REDACTED]. At the bottom of the MAR indicated [REDACTED]. These boxes were empty. A review of a fourth page of Resident 1's MAR indicated [REDACTED]. The MAR indicated [REDACTED]. At the bottom of the MAR indicated [REDACTED]. These boxes were empty. A concurrent interview and review of the four pages of Resident 1's MAR indicated [REDACTED]. M. LN 2 stated the initials inside the dated boxes indicated when the meds were administered to Resident 1. LN 2 further stated that nurses were supposed to initial and sign at the bottom of the MAR indicated [REDACTED]. In an interview with the director of nursing (DON) on 2/23/18 at 5 P.M., the DON acknowledged that LN initials with signatures were not consistently signed in the designated areas of Resident 1's MAR.		
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.