

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055410	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Brighton Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 361 E. Grangeville Blvd Hanford, CA 93230	

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)
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44899</p> <p>Based on interview and record review, the facility failed to notify the Long Term Care Ombudsman office (LTC-Ombudsman, a resident advocacy agency) of transfer to the hospital for one of three sampled residents (Resident 1) when the facility failed to send a copy of Resident 1's transfer and discharge notification to the local LTC-Ombudsman office.</p> <p>This failure resulted in the LTC-Ombudsman not aware of Resident 1's discharge circumstances should appeals be filed by the resident or his representative.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR, documents containing resident demographic information and medical diagnosis), undated, the AR indicated Resident 1 was admitted to the facility on [DATE] with diagnoses which included Metabolic Encephalopathy (a disorder caused by a buildup of toxins in the brain that can happen with advanced liver disease), Pneumonia (lung infection caused by bacteria), Type 2 Diabetes Mellitus (a disorder in which blood sugar or glucose levels are abnormally high), Hypertension (high blood pressure), Congestive Heart Failure (the heart cannot pump blood or fill adequately), and End Stage Renal Diseases (inability of the kidney to function resulting to build up of toxins in the body and affecting major body organs).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, an assessment tool which indicates physical, medical and cognitive abilities), dated 3/7/24, the MDS indicated Resident 1's Brief Interview for Mental Status (BIMS) score was 14 out of 15 which indicated Resident 1 had no cognitive impairment (0-7 indicated severe cognitive impairment - [memory loss, poor decision making-skills], 8-12 moderate cognitive impairment, 13-15 cognitively intact).</p> <p>During a concurrent interview and record review on 4/25/24, at 11:30 a.m., with the Director of Nursing (DON), Resident 1's Nursing Progress Note (NPN), dated 3/31/24 was reviewed. The NPN indicated, . Situation: edema to abdomen and scrotum. Resident requesting to be sent to [hospital] . Orders to send to [acute hospital] for eval and treatment. Resident owns Responsible Party . DON stated Resident 1 did not return to the facility after he was transferred to acute hospital on 3/31/24.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/25/24, at 11:40 a.m., with the Social Services Director (SSD), the SSD stated he did not notify the State LTC Ombudsman office when Resident 1 was transferred to acute hospital on 3/31/24. SSD stated he was not aware of the requirements to notify the local LTC-Ombudsman office when a resident was transferred and admitted to the hospital. The SSD stated, I send a notice of discharge to the Ombudsman office via fax for residents who went home after discharge from the facility, but not for residents transferred to the hospital.</p> <p>During a phone interview on 4/25/24, at 1:00 p.m., with LTC-Ombudsman, LTC-Ombudsman stated she did not receive a copy of Resident 1's transfer and discharge notification from the facility. LTC-Ombudsman stated without the transfer and discharge notification, she could not act promptly should appeals be filed by Resident 1 or his legal representative. LTC-Ombudsman stated she was not getting any transfer and discharge notification from the facility for any resident who went to the hospital.</p> <p>During a phone interview on 4/26/24, at 2:10 p.m., with the Assistant Director of Nursing (ADON), the ADON stated the facility failed to notify the LTC Ombudsman office of Resident 1's transfer to the hospital on 3/31/24. The ADON stated without the knowledge of Resident 1's discharge circumstances, the LTC-Ombudsman could not act promptly should appeals be filed by the resident or his representative.</p> <p>During a review of Professional reference titled, CMS Issues Clarification of Notice Requirements to Long-Term Care Ombudsman when Resident is transferred or discharged from Long-Term Care Facility dated 7/24/17, (found at https://www.hallrender.com/2017/07/24/cms-issues-clarification-of-notice-requirements) indicated . On May 12, 2017, the Survey and Certification Group at Centers for Medicare and Medicaid Services (CMS) issued a memorandum, Implementation Issues, Long-Term Care Regulatory Changes . Clarification of Notice before Transfer or Discharge Requirements clarifying the requirements of the Final Rule regarding the timing for providing notice to the State Long-Term Care Ombudsman in the event a resident is transferred or discharged from the long-term care facility. Facilities must immediately review and revise their discharge and transfer notice practices, policies and procedures . Emergency Transfers, when a resident is temporarily transferred on an emergency basis to an acute care facility, notice of the transfer may be provided to the resident and resident representative as soon as practicable . Copies of notices for emergency transfers must also still be sent to the Ombudsman .</p>		