

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 01/02/2026
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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. (continued on next page)

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observation, interview, and record review, the facility failed to provide a safe environment for the residents, staff, and visitors when the fire protection system (a combination of equipment and technologies designed to detect, alert, control, and extinguish fires automatically or manually, aiming to save lives, minimize property damage, and ensure safe evacuation) stopped functioning from 12/31/25 to 1/2/26, and the facility failed to notify the California Department of Public Health (CDPH, a government agency for the State of California in charge of protecting the public's health and helps shape positive health outcomes for individuals, families and communities) and the California Department of Healthcare Access and Information (HCAI, a government agency for the State of California in charge of safety regulations for health care facilities, provide financial assistance to health care institutions, collecting healthcare data and more). This failure placed residents, staff, and visitors at risk for injury and/or death in the event of a fire. During a concurrent observation and interview on 1/2/26, at 2:13 p.m., with the Maintenance Supervisor (MAINS), in the Station 1 hallway, the fire door was closed. The MAINS stated, all fire exit doors in the facility were closed since 12/31/25 as a precaution. The MAINS stated, the fire protection system stopped functioning on 12/31/25 and he initiated a fire watch (a log documenting the inspection of the building every hour, looking for signs of smoke and/or fire) with the assistance of other facility staff. The MAINS stated, he was not sure if the facility notified CDPH or HCAI of the fire protection system malfunction. The MAINS stated, the situation is considered an unusual occurrence and must be reported to CDPH and HCAI. During an interview on 1/2/26, at 3:15 p.m., with the Administrator (ADM), the ADM stated the facility did not inform CDPH and HCAI when the fire protection system malfunctioned on 12/31/25. The ADM stated, the fire protection system remains down and the entire facility was under a fire watch. The ADM stated, he was not aware of the requirement to notify CDPH or HCAI. The ADM stated, without the proper notification, the facility was out of compliance and potentially placed residents' safety at risk in the event of a fire. During a review of the facility's document titled, FIRE WATCH LOG SHEET undated, the document indicated, . In the event that any of the fire protection system are off-line, a FIRE WATCH is to be implemented . System OUT OF SERVICE . Date:12/31/25 . During a review of the facility's document titled, ADMINISTRATOR dated 7/24, the document indicated, . The primary purpose of this position is to direct the day-to-day functions of the facility in accordance with current federal, state and local standards, guidelines and regulations that govern nursing facilities to ensure the highest degree of quality care always be provided to residents . Duties and Responsibilities . Develop and implement a facility compliance program that meets state and federal requirements . Oversee and participate in the development of an all-hazards emergency preparedness and response plan . During a review of the facility's policy and procedure (P&P) titled, Fire Alarm System, dated 7/24, the P&P indicated . This facility maintains an operable fire alarm system at all times . 3. The fire alarm system is connected to the fire department automatically sounds an alarm at the fire station when a pull station is activated . During a review of the facility's P&P titled, Maintenance Service, dated 2015, the P&P indicated . Maintenance service shall be provided to all areas of the building, grounds, and equipment . 2. Functions of maintenance personnel include . Maintaining the fire alarm system and emergency generator system in good working order .</p>		