STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055685	A. Building B. Wing	04/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brighton Place Spring Valley	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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36471 Based on interview and record review, the facility failed to ensure proper respiratory care and treatment for 2 of 3 sampled residents (1 and 2) was provided consistent with professional standards of practice when: (1) the licensed nurses applied a bi-pap (a machine that delivers different levels of oxygen to help breathe) to Resident 1 without a proper setting order from the physician, and (2) Resident 2 received an oxygen treatment without documented evidence of a change of condition, and the physician was notified. These deficient practices had the potential for the residents to have complications related to improper treatment while receiving oxygen therapy. Findings: 1. Resident 1 was admitted to the facility on [DATE] with diagnoses that included obstructive sleep apnea (a disorder in which a person frequently stops breathing during sleep) per the Admission Record. A review of Resident 1's medical record was conducted. Per the Order Summary Report, dated 2/22/24, there was an order for Bi-PAP: Pressure [blank]/[blank] cmH20. Per the Respiratory Treatment and Medication Administration, in February, the licensed nurses signed the bi-pap order was adminitered to Resident 1 without the amount of oxygen level to be delivered. On 4/8/24 at 1:45 P.M., a joint interview and record review was conducted with the Director of Nursing (DON). The DON stated Resident 1's bi-pap order was incomplete and should have been clarified to the physician. Per the facility's policy and procedure, dated 11/17, titled Oxygen Therapy, Oxygen is administered under safe and sanitary conditions to meet resident needs. Licensed Nursing staff will administer oxygen as prescribed . (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Resident 2 was admitted to the facility on [DATE] with diagnoses that included a heart attack per the Admission Record. A review of Resident 2's medical record was conducted. Per the Progress Notes, the following event happened: On 3/1/24 at 5:59 P.M., The licensed nurse documented that Resident 2's oxygen saturation was 97 % without using oxygen. The normal oxygen saturation (O2 sat) level was 95% to 100%. On 3/1/24 at 9:30 P.M., The licensed nurse documented Resident 2 had no shortness of breath. There was no documentation about Resident 2's health condition from 3/2/24 morning and afternoon shifts. On 3/2/24 at 11:32 P.M., LN 1 documented that at approximately 10 P.M., Certified Nursing Assistant (CNA) 2 asked her to check Resident 2 because the O2 sat remained at 87% despite LN 4 placing an oxygen on Resident 2. LN 1 further documented that Resident 2 had a blood pressure of 79/53, normal was 120/80, pulse rate of 116, normal was 60 to 100, respiratory rate of 24, normal was 12-18 breaths per minute, and O2 saturation of 88 % with an oxygen face mask. Resident 2 was transferred to the hospital. On 3/27/24 at 2 P.M., an interview was conducted with LN 1. LN 1 stated CNA 2 approached her and asked to check on Resident 2's condition. Resident 2 was receiving oxygen via a mask already, and the vital signs were abnormal. LN 1 called the physician and received an order to transfer Resident 2 to the hospital. LN 1 further stated she was unsure when Resident 2's change in condition started. LN 4 did not say anything. On 4/8/24 at 3 P.M., an interview was conducted with CNA 2. CNA 2 stated around 3:30 P.M., she took Resident 2's vital signs, the O2 sat was 84% room air, and Resident 2 was more tired than normal. LN 2 stated she reported Resident 2's condition to LN 4. CNA 2 further stated around 6 P.M., she observed Resident 2 was wearing an oxygen mask, and she constantly informed LN 4 of Resident 2's vital signs. CNA 2 stated Resident 2 had not improved, and when she saw the incoming LN, she reported it immediately. LN 4 was not available for an interview. On 4/8/24 at 3:30 P.M., an interview was conducted with the DON. The DON stated Resident 2 had a change of condition, the physician should have been notified, and the event should have been documented. Per the facility's policy and procedure, dated 4/1/15, titled Change of Condition, .The Licensed Nurse will assess the change of condition .notify the resident's Attending Physician and legal representative .A licensed Nurse will document .