

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 08/30/2024
NAME OF PROVIDER OR SUPPLIER Brighton Place Spring Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46980</p> <p>Based on observation, interview and record review, the facility failed to apply a splint to Resident 1 ' s right hand as ordered by a physician.</p> <p>This failure had the potential to worsen Resident 1 ' s wrist drop (a medical condition that prevents the wrist and fingers from extending fully).</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses that included right wrist drop.</p> <p>On 8/14/24 at 2:40 P.M. an observation and interview were conducted with Resident 1 in her room. Resident 1 ' s right wrist was in a downward position and she was not wearing a splint (a device that positions a part of the body). Resident 1 stated, I don ' t have full use of my right hand. No one put my splint on me today, they often don ' t.</p> <p>On 8/14/24 at 3:30 P.M. an interview was conducted with the Director of Nursing (DON) who stated Resident 1 had a provider order for daily application of a splint to her right wrist except while exercising or showering.</p> <p>On 8/14/24 at 4:20 P.M. a concurrent observation was conducted with the DON of Resident 1 in her bed. Resident 1 was not wearing a splint on her right wrist, was not exercising or showering. The DON stated she would have to check the documentation of the Restorative Nursing Assistant (RNA, a staff member who helps restore and maintain a patient ' s highest level of function).</p> <p>On 8/19/24 at 3:33 P.M. a concurrent review with the DON via telephone of the RNA documentation was conducted. The document indicated range of motion exercises were provided 10 days of 26 possible days. The DON stated Resident 1 did not receive daily RNA interventions as ordered.</p> <p>On 8/20/24 at 3:25 P.M. an interview was conducted with the DON regarding documentation received dated 8/14/24, the date of the joint observation of Resident 1 without her splint on. The RNA document indicated, Wrist splint applied for RUE (right upper extremity) QD (every day) 7x/week (seven times per week), on at all times except during shower and exercise. The DON stated during the joint observation Resident 1 was not wearing a splint, and was not exercising or showering.</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility policy entitled Restorative Nursing Program Guidelines revised September 19, 2019 indicated, Restorative nursing . includes nursing interventions that promote a patient ' s ability to attain, and maintain his/ her optimal functional potential.</p>		