

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 10/16/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36471</p> <p>Based on interview and record review, the facility failed to ensure the inhaler (handheld devices that deliver medicine through the mouth into the lungs) medication ordered by the physician was available for administration for one of three sampled residents (Resident 1).</p> <p>This failure had the potential for adverse health outcomes.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses that include Chronic Obstructive Pulmonary Disease (COPD- a lung disease that makes it hard to breathe) per the Admission Record.</p> <p>A review of Resident 1's medical record was conducted. Per the Order Summary dated 6/28/24, Resident 1 was to receive the inhaler medication, one puff orally once a day for COPD.</p> <p>Per the Medication Administration Record from 6/28/24 through 7/8/24, Resident 1's medication was unavailable for eight days.</p> <p>On 10/2/24 at 1:10 P.M., a joint interview and record review was conducted with Licensed Nurse (LN) 1. LN 1 stated Resident 1 had an order to receive the inhaler medication daily, but the medication was unavailable. LN 1 further stated that she had called the pharmacy and was told that authorization (approval) was needed to deliver the medicine.</p> <p>On 10/2/24 at 1:22 P.M., a joint interview and record review was conducted with the Director of Nursing (DON). The DON stated she could not explain what happened to the authorization and needed to investigate. The DON stated Resident 1 did not receive the inhaler medication as the physician had ordered for eight days and should</p> <p>have.</p> <p>The facility could not provide a policy and procedure related to medication dispensing.</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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