

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055795	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Brighton Place San Diego		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N. Euclid Avenue San Diego, CA 92105	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40610</p> <p>Based on observation, interview and record review, the facility failed to consistently provide dialysis (treatment to remove waste from the body) access care, including removal of dressing and assessment of the site for one of three sampled residents (Resident 1). In addition, the dialysis communication form was not completed consistently for three of three sampled residents (Resident 1, Resident 2, and Resident 3), reviewed for dialysis.</p> <p>As a result, there was the potential for complications after dialysis.</p> <p>Findings:</p> <p>1. Resident 1 was readmitted to the facility on [DATE], with diagnoses which included end stage renal disease (irreversible kidney damage) and dependence on dialysis, per the facility's Admission Record.</p> <p>Resident 1's history and physical (H&P) dated 10/3/23, indicated Resident 1 was alert and oriented to person, place, and time.</p> <p>On 4/3/24 at 1:52 P.M., an observation and an interview of Resident 1 was conducted. Resident 1 was assisted by the certified nursing assistant (CNA) 1 back to her bed. Resident 1 stated she went for dialysis treatment on Tuesdays, Thursdays, and Saturdays in the afternoon. Resident 1 stated she had dialysis yesterday (4/2/24) morning while she was at the acute care hospital. Resident 1's dialysis access site was on her left upper arm with a bandage covering the site. Resident 1 stated, Nobody came to check or remove the dressings.</p> <p>On 4/3/24, a review of Resident 1's clinical record was conducted.</p> <p>The care plan interventions for Resident 1's dialysis access, dated 1/30/24, indicated, .Monitor/ document/ report PRN (as needed) any s/sx (signs and symptoms) of infection to access site .</p> <p>On 4/3/24 at 2:47 P.M., an interview was conducted with Licensed Nurse (LN) 1. LN 1 stated Resident 1 received dialysis at the hospital yesterday (4/2/24) and came back to the facility around dinner time. LN 1 stated dialysis dressings should be removed within 24 hours after dialysis. LN 1 then corrected herself that dialysis dressings should be removed within 4-6 hours after the resident received dialysis. LN 1 stated the dressings should be removed to prevent Resident 1's dialysis access from clogging.</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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/3/24 at 4:33 P.M., a telephone interview with Hemodialysis nurse (HDN) was conducted. The HDN stated the expectations was for the facility LNs to remove the resident's dialysis access dressings within 4- 6 hours to prevent the dialysis access from clotting and to check the dialysis access patency. The HDN stated it was a part of dialysis access care.</p> <p>On 4/3/24 at 3:10 P.M., an interview was conducted with the Assistant Director of Nursing (ADON). The ADON stated the dialysis dressings should be removed within 4-6 hours after the resident's dialysis treatment to prevent the resident's access from clotting and possible infection.</p> <p>A review of the facility's policy titled Dialysis Management, copyrighted 2022, indicated, .3. A pre and post dialysis evaluation will be completed by the licensed nurse .4. Vascular Access Site .b. Assessing, observing and documenting care of access sites daily .</p> <p>2a. Resident 1 was readmitted to the facility on [DATE], with diagnoses which included end stage renal disease (irreversible kidney damage) and dependence on dialysis, per the facility's Admission Record.</p> <p>On 4/3/24, a review of Resident 1's pre (before) and post (after) dialysis assessment form was conducted. There was a missed post dialysis assessment of Resident 1 on 3/21/24.</p> <p>On 4/3/24 at 2:47 P.M., a joint review of Resident 1's dialysis assessment form and an interview with LN 1 was conducted. LN 1 stated there was a missed entry on Resident 1's dialysis assessment form. LN 1 stated it was important for the LNs to complete the form which meant the LNs checked the resident post dialysis and checked their access for patency.</p> <p>On 4/3/24 at 3:10 P.M., a joint review of Resident 1's dialysis assessment form and an interview with the ADON was conducted. The ADON stated the expectation was for the LNs to check and assess the residents when they come back from dialysis.</p> <p>A review of the facility's policy titled Dialysis Management, copyrighted 2022, indicated, .3. A pre and post dialysis evaluation will be completed by the licensed nurse .</p> <p>2b. Resident 2 was readmitted to the facility on [DATE], with diagnoses which included end stage renal disease and dependence on dialysis, per the facility's Admission Record.</p> <p>On 4/3/24, a review of Resident 2's pre and post dialysis assessment form was conducted. There was a missed dialysis assessment of Resident 2 on 3/2/24 from the dialysis center. There was no documentation of follow up from the facility LNs.</p> <p>On 4/3/24 at 3:10 P.M., a joint review of Resident 2's dialysis assessment form and an interview with the ADON was conducted. The ADON stated the expectation was for the LNs to follow up from the dialysis center how the resident's treatment went and for them to check if there were new orders from the doctors at the dialysis center.</p> <p>A review of the facility's policy titled Dialysis Management, copyrighted 2022, indicated, .7. Documentation . b. Dialysis Communication Record .ii. The dialysis provider's nurse will be responsible for documentation of dialysis treatment and providing the resident's post dialysis weight.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2c. Resident 3 was readmitted to the facility on [DATE], with diagnoses which included chronic kidney disease, per the facility's Admission Record.</p> <p>On 4/3/24, a review of Resident 3's pre and post dialysis assessment form was conducted. There was a missed dialysis assessment of Resident 3 on 3/23/24 from the dialysis center. There was no documentation of follow up from the facility LNs.</p> <p>On 4/3/24 at 3:10 P.M., a joint review of Resident 3's dialysis assessment form and an interview with the ADON was conducted. The ADON stated the expectation was for the LNs to follow up from the dialysis center how the resident's treatment went and for them to check if there were new orders from the doctors at the dialysis center.</p> <p>A review of the facility's policy titled Dialysis Management, copyrighted 2022, indicated, .7. Documentation . b. Dialysis Communication Record .ii. The dialysis provider's nurse will be responsible for documentation of dialysis treatment and providing the resident's post dialysis weight.</p>