

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  06/06/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40610</b></p> <p>Based on interviews and record reviews, the facility failed to implement measures to keep a resident from elopement (leaving the facility without permission) and provide monitoring for one sampled resident (Resident 1). In addition, the Licensed Nurse (LN) 2 failed to clarify an out on pass (therapeutic leave) order for Resident 1 on 5/28/24.</p> <p>As a result, Resident 1 eloped on 6/1/24 and returned to the facility on [DATE]. This failure had the potential to compromise Resident 1's health, safety and well- being.</p> <p>Findings:</p> <p>On 6/3/24, the Department received a facility reported incident (FRI) related to Resident 1 ' s elopement.</p> <p>On 6/5/24, an unannounced onsite to the facility was conducted.</p> <p>Resident 1 was admitted to the facility on [DATE] per the facility's Admission Record.</p> <p>During a review of Resident 1's History and Physical (H&amp;P), dated 5/22/24, the H &amp; P indicated Resident 1 had the mental capacity to make medical decisions.</p> <p>During a concurrent interview and a review of Resident 1's clinical record on 6/5/24 at 11:37 A.M. with LN 1, LN 1 stated Resident 1 went out on pass on 5/28/24. LN 1 stated she remembered because Resident 1's family member came, and she saw them left the facility. LN 1 stated there was no nursing notes indicating Resident 1 left the facility on [DATE] and there were no nursing notes indicating Resident 1 came back to the facility.</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
---	-------	-----------

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  06/06/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and a review of the facility's out on pass logbook (facility files and fills up a log which indicated the date the resident went out, the resident's name, who accompanied the resident, their name and the relationship to the resident, their phone numbers, the time they went out, the LNs initials, the resident's expected time to return, the residents time of return to the facility and the LNs initials) on 6/5/24 at 11:37 A.M. with LN 1, LN 1 stated Resident 1 signed the logbook that he went out on pass on 5/28/24 at 1 P. M. and left with a family member. LN 1 stated the log was incomplete. LN 1 stated the log did not indicate the LN who signed Resident 1 out, his expected return time, when did he return to the facility and who was the LN present when Resident 1 came back. LN 1 stated the facility's process was to verify if there was a physician's order, a LN will sign them out and explain to the residents their expected time of return, and if they have medication so they can return on time. LN 1 stated in addition to that, there should be nursing notes in the resident's clinical record to indicate when did the resident leave the facility and what condition they were, and, their condition when the resident came back from out on pass. With the 18 pages of the out on pass logbook that LN 1 flipped through, there were other residents who went out on pass and the log were not completed. LN 1 stated the log should have been completed, LNs should have documented in the residents' clinical record, and the residents should have been assessed if they were stable when they returned to the facility. LN 1 stated she was passing medications when Resident 1 went out on pass.</p> <p>During a concurrent interview and a review of the physician's order for Resident 1 on 6/5/24 at 11:37 A.M. with LN 1, LN 1 stated there was a physician order for Resident 1 to be on out on pass on 5/28/24. LN 1 stated the physician's order did not indicate the length of time the resident may be out on pass.</p> <p>During a concurrent interview and a review of the facility's out on pass logbook on 6/5/24 at 1 P.M. with LN 2, LN 2 stated she took an order from Resident 1's attending physician allowing him out on pass on 5/28/24. LN 2 stated she did not verify with the physician the duration of Resident 1's out on pass order. LN 2 also stated there should be documentation that residents went out on pass when they left and when they came back to assess the residents to ensure nothing happened that could affect the residents' health while they were out of the facility. LN 2 stated she was at lunch when Resident 1 went out on pass.</p> <p>During an interview on 6/5/24 at 1:18 P.M. with LN 3, LN 3 stated Resident 1 and his family member asked about out on pass. LN 3 stated Resident 1 was aware that he should go to the nurse's station. LN 3 stated she did not see Resident 1 went out.</p> <p>During an interview on 6/5/24 at 1:32 P.M. with the Director of Nursing (DON), the DON stated there should be a physician's order, and a documentation which indicated the resident was assessed prior to leaving the facility and upon return to ensure there was no deviation or decline in resident's condition while they were out. The DON also stated assessment was needed to ensure resident's safety.</p> <p>(continued on next page)</p>		

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  06/06/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy, titled, Out on Pass, revised January 2016, the policy indicated, It is the policy of the Facility to meet residents' physical and psychosocial needs when going out on pass. The Facility will make reasonable efforts to ensure the resident safety and uphold resident rights .I. If the resident's Attending Physician .determine that the resident may participate in activities outside the Facility, the Attending Physician will write/give an order for a resident to go out pass on the physician order sheet .i. The physician should specify the length of time the resident may be on pass .A. Prior to the resident leaving on pass, a Licensed Nurse will assess the resident's physical and mental status and ensure that: i. The resident and responsible person (If applicable) has been Instructed of any special needs of the resident during the pass as applicable (e.g. special diet, needs, medications) .B. A Licensed Nurse will document .the time the resident left the facility, the name of the accompanying responsible person as indicated, the destination, a contact phone number and expected time of return. C. When the resident returns to the Facility, a Licensed Nurse will re-assess the resident to determine the resident's condition .</p>		