

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 05/13/2025
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40610</p> <p>Based on interview and record review, the facility failed to ensure the care plan for discharge (leaving the facility) was developed for two of three sampled residents (Resident 2 and Resident 3).</p> <p>This failure increased the risk for Resident 2 and Resident 3 to have an unsafe discharge from the facility back to the community.</p> <p>Findings:</p> <p>1. Resident 2 was admitted to the facility on [DATE] with diagnoses which included stroke, per the Admission Record.</p> <p>On 5/13/25, a review of Resident 2's clinical record was conducted. Resident 2 was discharged from the facility on 3/12/25. The Discharge care plan was not updated for Resident 2.</p> <p>2. Resident 3 was admitted to the facility on [DATE] with diagnoses which included dementia (a progressive state of decline in mental abilities), per the Admission Record.</p> <p>On 5/13/25, a review of Resident 3's clinical record was conducted. Resident 3 was discharged from the facility on 5/7/25. There was no evidence that a Discharge Care Plan was developed for Resident 3.</p> <p>On 5/13/25 at 12:03 P.M., an interview was conducted with the Social Service Director (SSD) and the Social Services Assistant (SSA). The SSD stated she and her assistant were responsible for developing a discharge care plan for Resident 2 and Resident 3 on admission. The SSD stated Resident 2 was not updated when Resident 2 was discharged on [DATE]. The SSD stated the discharge care plan for Resident 3 was missed. The SSD further stated that the care plan should have been created and updated to ensure the residents were discharged according to the plan.</p> <p>On 5/13/25 at 11:27 A.M., an interview was conducted with the Director of Nursing (DON). The DON stated that the discharge care plan should have been developed to meet residents' needs.</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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Per the facility's policy and procedure, dated 7/2020, titled Transfer and Discharge, .To ensure that adequate preparation and assistance is provided to residents prior to transfer or discharge from the Facility, I. Policy, Social Services Staff will participate in assisting the resident with transfers and discharges, and preparing the Discharge Summary and post discharge plan of care/discharge instructions .III. Discharge Care Plan, A. Based on resident needs, Social Services Staff will develop a Discharge Care Plan in coordination with the IDT .</p>		