

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 03/19/2026
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to report the alleged abuse of one (Resident 1) of seven sampled residents to the California Department of Public Health (CDPH) within two hours of the initial abuse allegation. This failure had the potential for further abuse to Resident 1. Findings: Record review of admission Record indicated Resident 1 was admitted on [DATE] with diagnoses which included: Anxiety Disorder (excessive fear or worry that interferes with daily life) and need for assistance with personal care. On 3/6/26 at 2:45 P.M., an observation and interview was conducted with Resident 1. Spanish translation was done by the Admissions Director (AD). Resident 1 was observed resting in bed watching television. Resident 1 was observed to have inch long imitation fingernails. Resident 1 stated that on 3/4/26 in the evening, CNA 1 was giving her a bed bath and she (Resident 1) stated she turned to tell CNA 1 not to scrub her glutes when CNA 1 raised her hand and tried to slap me (Resident 1). Resident 1 stated she put up her hand to protect her face and the imitation nail on her right pinky broke. Resident 1 stated she reported the incident to License Nurse 1 (LN 1) that night (3/4/26) at about 10 P.M. Resident 1 stated she talked with the Social Services Assistant (SSA) on 3/5/26 at 4 P.M. about the incident. Resident 1 stated that the Administrator (ADM) came by to see her on 3/6/26 at about 2:40 P.M. to talk with her about the incident. On 3/6/26 at 3 P.M., an interview with the Social Services Assistant (SSA) was conducted. The SSA stated that on 3/5/26 at 4 P.M., she overheard Resident 1 talking with another staff member about the incident. Resident 1 stated that CNA 1 broke her nail during a bed bath. The SSA stated that Resident 1 alleged that CNA 1 was not following her instruction of how to properly clean her. The SSA stated that Resident 1 alleged she raised her hand and CNA 1 hit her and broke her nail. The SSA stated that the ADM was called on 3/5/26 at 4 P.M. to report the alleged abuse. Record review of Behavior Note by LN 1 dated 3/4/26 at 11:13 P.M., indicated Resident 1 made threatening verbal statement toward CNA during care and stated, You are not doing the right thing and I will report you. Resident noted speaking in raised voice and appearing agitated. Supervisor notified. On 3/6/26 at 5 P.M. an interview with the ADM was conducted. The ADM stated she was told about the incident after the incident happened on 3/4/26 at 11 P.M. by LN 1 and on 3/5/26 at about 4 P.M. by the SSA. The ADM stated she did not report the alleged abuse to CDPH. The ADM stated she sent SOC 341 on 3/6/26 while onsite investigation was taking place. Record review of SOC 341 indicated it was sent on 3/6/26 at 3:59 P.M. On 3/19/26 at 11:45 A.M., an interview with the ADM was conducted. The ADM stated that the expectation for reporting alleged abuse was to report any alleged abuse to CDPH within two hours of the allegation being made. The ADM stated the importance of reporting within two hours of allegation was to protect residents from abuse and to be in compliance with state and federal regulations. Review of facility policy titled Abuse-Reporting & Investigations dated March 2018, indicated .V. Notification of Outside Agencies of Allegation of Abuse with No Serious Bodily Injury: A. The Administrator or designated representative will notify within two (2) hours notify by telephone, CDPH.</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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