

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Brighton Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1836 N. Fair Oaks Ave Pasadena, CA 91103	

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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>49537</p> <p>Based on observation, interview and record review, the facility failed to follow the facility ' s policy and procedure titled Administrative Manual under Nursing Services, Nurse staffing: (NHPPD) (NHPPD-form indicating projected and actual daily nursing hours) by:</p> <ol style="list-style-type: none"> 1. Failing to indicate in the posted NHPPD form the actual hours worked by licensed and unlicensed nursing staff directly responsible for resident care on 9/4/2024, 9/6/2024, 9/9/2024, and 9/11/2024. 2. Failing to ensure the NHPPD form is posted in a prominent location readily accessible to resident and/ or visitors for viewing. 3. Failing to ensure the NHPPD form for the following dates 8/30/2024 to 9/1/2024 were completed and available for review when requested on 9/10/2024. <p>This deficient practice resulted in inaccessibility of the accurate daily number of clinical staff giving direct care to the residents.</p> <p>Findings:</p> <p>During an observation on 9/10/2024 at 2:00 PM at the Facility ' s reception area, NHPPD form to reflect the nurse staffing information for 9/10/2024 was not posted.</p> <p>During an observation on 9/10/2024 at 2:17 PM by the door of the Administrator ' s office, the NHPPD forms dated 9/4/2024, 9/6/2024, and 9/9/2024 were observed posted by the door of the Administrator ' s office and indicated the projected resident census for the day was 76 on 9/4/2024, 76 on 9/6/2024, and 85 on 9/9/2024. The NHPPD forms did not indicate actual resident census and actual nursing hours.</p> <p>During an observation on 9/10/2024 at 2:20 to 2:22 PM, at Nursing Station two (2) and two (1), there were no NHPPD posted to reflect the nurse staffing information for 9/10/2024.</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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 9/10/2024 at 3:25 PM with the Director of Nursing (DON), the NHPPD forms dated 9/4/2024, 9/6/2024, and 9/9/2024 were reviewed. The DON stated, the NHPPD forms posted by the Administrator ' s office were incomplete, forms did not include the actual hours the nursing staff (both licensed and unlicensed) worked, only the projected hours and the actual resident census. The DON further stated, the NHPPD forms from the past days (8/30/2024 to 9/1/2024) and months of 2024 were missing, the facility was only able to find the NHPPD forms for the month of May. The DON also stated since NHPPD forms (8/30/2024 to 9/1/2024 and months of 2024 were missing, the facility was only able to find the NHPPD forms for the month of May) cannot be found, meaning the NHPPD forms were not done and posted.</p> <p>During a concurrent observation of the reception area to Nursing Stations two and one and interview on 9/10/2024 at 3:35 PM to 3:40 PM with the DON, the DON stated and confirmed that there were no posted NHPPD forms to reflect the nurse staffing information for 9/10/2024.</p> <p>During a concurrent interview and record review on 9/11/2024 at 11:40 AM with the DON, the NHPPD forms dated 9/4/2024, 9/6/2024, 9/9/2024, 9/11/2024 and the Policy and Procedure (P&P) titled Administrative Manual under Nursing Services, Nurse staffing: NHPPD revised on 9/12/2019 were reviewed. The DON stated, she is aware that the NHPPD should have been posted daily at the beginning of each shift and should indicate the projected and actual hours for direct patient care (licensed and unlicensed nursing staff directly responsible for resident care). The DON also stated there was no Director of Staff Development (DSD) for the facility at present to work on the projected hours and nobody was tasked to compute the actual hours and post the NHPPD form.</p> <p>During the same interview on 9/11/2024 at 11:40 with the DON, the DON stated the NHPPD forms should have been posted at areas where residents and visitors could readily view them, and the posted NHPPD should be kept in the facility records for 18 months as indicated in the facility ' s policy and procedure. The DON further stated, it was important to complete, post and keep a record of daily NHPPD forms to ensure the required direct patient care hours were met and staffing was sufficient to be able to provide quality care and safety for the residents.</p> <p>During a review of the Facility ' s policy, titled Administrative Manual under Nursing Services, Nurse Staffing: (NHPPD), revised on 9/12/2019, indicated NHPPD will be posted on a daily basis at the beginning of each shift, data must be posted in a clear and readable format, in a prominent place readily accessible to resident and visitors and include the total number and the actual hours worked by the following categories of licensed and licensed nursing staff directly responsible for the care per shift: Registered Nurses (RNs), Licensed Practical Nurses or licensed vocational nurses (LPNs or LVNs) and Certified Nurse Assistants (CNAs). The facility will maintain the posted daily nurse staffing data for a minimum of 18 months.</p>		