

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  11/08/2024
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 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents a notice of rights, rules, services and charges.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42223</b></p> <p>Based on interview and record review, the facility failed to ensure that one of two sampled residents (Resident 1) and Resident 1's Responsible Party (RP 1) were informed of the resident's rights and services upon admission at the facility.</p> <p>Resident 1 was admitted to the facility on [DATE] at 8:40 PM, Resident 1 and RP 1's did not receive the facility's admission packet (an admission agreement that explains the resident's rights and responsibilities in the nursing home) until 10/25/2024.</p> <p>This deficient practice had the potential to negatively impact Resident 1's rights to be informed.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record indicated resident was originally admitted on [DATE] and was readmitted on [DATE] with the following diagnosis of dementia (a progressive state of decline mental abilities) and depression (a group of conditions associated with the elevation or lowering of a person's mood, such as depression or bipolar disorder).</p> <p>During a review of Resident 1's History and Physical (H&amp;P), dated 3/1/2024, indicated resident is alert and oriented to person, time and is able to follow simple commands.</p> <p>During a review of Resident 1's Discharge Summary (an accurate and current description of the clinical status of the resident and sufficiently detailed, individualized care instructions, to ensure the care is coordinated and the resident transitions safety), dated 11/10/2021, indicated resident was discharged to a general acute care hospital (GACH).</p> <p>During a review of Resident 1's Admission Assessment, dated 11/15/2021, indicated resident was admitted back to the facility from GACH.</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 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 9/1/2024, indicated resident is severely impaired in cognitive (ability to understand and make decisions) skills for daily decision making. MDS also indicated resident is dependent (helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) with shower/bathe self. Resident also required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) with toileting hygiene, lower body dressing and putting on/taking off footwear.</p> <p>During a review of Resident 1's admission packet, dated 11/15/2021, indicated the facility's representative obtained Resident 1's Responsible Party's signature for the admission packet with signature dated on 10/25/2024 (2 years 11 months and 10 days after Resident 1 was admitted at the facility. The admission packet included:</p> <ol style="list-style-type: none"> <li>1. Identification of Parties to this Agreement</li> <li>2. Consent to treatment</li> <li>3. Your rights as a resident</li> <li>4. Financial Arrangements</li> <li>5. Personal Property and Funds</li> <li>6. Photographs</li> <li>7. Confidentiality of your medical information</li> <li>8. Facility rules and grievance (a real or imagined wrong or other cause for complaint or protest, especially unfair treatment.) procedure</li> <li>9. Entire agreement and signature page</li> <li>10. Facility owner and licensee identification</li> <li>11. Supplies and services not included in the basic daily rate for private pay and privately insured residents</li> <li>12. Optional supplies and services not included in the basic daily rate for private pay and privately insured residents.</li> <li>13. Supplies and services included in the basic daily rate for Medi-Cal residents</li> <li>14. Supplies and services not included in the Medi-Cal basic daily Rate that Medi-Cal will pay the Dispensing Provider for separately</li> <li>15. Optional supplies and services not covered by Medi-Cal that may be purchased by Medi-Cal residents</li> </ol> <p>(continued on next page)</p>		

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<p>F 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>16. Supplies and services covered by the Medicare program for Medicare residents</p> <p>17. Optional supplies and services not covered by Medicare that may be purchased by Medicare residents</p> <p>18. Authorization for disclosure of medical information</p> <p>19. Resident bill of rights</p> <p>During an interview on 11/7/2024 at 11:50 AM, Admission Coordinator (AC) stated if a resident is admitted back to the facility after 3 days of hospitalization , it would be considered as a new admission. AC also stated the admission packet would need to be signed within 48 to 72 hours from the resident's admission.</p> <p>During a concurrent record review of the facility's Policy and Procedure titled Health Information Record Manual, revised 2/15/2024, and interview on 11/8/2024 at 11:28 AM with the Director of Nursing (DON), the DON stated if the resident was admitted to the facility after 3 days from hospitalization , it would be considered a new admission, and an admission assessment and admission packet would need to be initiated at the time.</p> <p>During an interview on 11/8/2024 at 1:05 PM, Receptionist (RC) stated there were missing and/ or incomplete admission packets. RC also stated medical records staff sent Resident 1's incomplete admission packet (missing the resident or resident's representative's signature) dated 11/15/2021 to her on 10/25/2024 so she can forward to RP1.</p> <p>During an interview on 11/8/2024 at 2:34 PM, the DON stated the admission packet for Resident 1 was not presented to RP 1 until October 2024 and that was almost years after Resident 1's admission at the facility on 11/15/2021.</p> <p>During a review of the facility's P&amp;P titled Health Information Record Manual, revised 2/15/2024, indicated the record of a resident transferred/discharged to an acute care facility will be closed and completed as a discharge record if the resident does not return to the facility within 72 hours/3 days. The P&amp;P also indicated a new record will be initiated at the time the resident returns to the facility if the time elapsed is over 72 hours/ 3 days.</p> <p>During a review of the facility's P&amp;P titled Administrative Manual -Resident Rights, revised 4/28/2024, indicated each resident shall be informed of his/her rights in a language that the resident understands, and of the facility rules and regulations governing resident conduct and responsibilities.</p>		