

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 01/29/2026
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)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<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 observation, interview, and record review, the facility failed to follow its policy and procedure to ensure an allegation of physical abuse (willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish) was reported to California Department of Public Health (CDPH), local law enforcement, and Ombudsman (an official appointed to investigate individuals' complaints against the facility) within two (2) hours for one (1) of 1 sampled residents (Resident 8) reviewed for abuse. This deficient practice had the potential to under report allegations of abuse and placed Resident 1 at risk for further abuse. Findings: During a review of Resident 8's admission Record, the admission record indicated Resident 8 was admitted to the facility on [DATE], with the diagnoses including but not limited to schizophrenia (a chronic and severe mental disorder that affects how a person thinks, feels, and behaves), bipolar disorder (mental disorder characterized by episodes of mania [extreme highs] and depression [extreme lows]), and cellulitis (an infection of the deeper layers of skin and the underlying tissue) of left lower limb. During a review of Resident 8's Minimum Data Set (MDS, a resident's assessment tool), dated 11/12/2025, the MDS indicated Resident 8's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making were intact. The MDS indicated Resident 8 required supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) for toileting hygiene, shower/bathing self, sitting to standing, and walking ten feet. During a record review of Resident 8's Care Plan, dated 1/27/2026, the Care Plan indicated Resident 8 had an allegation that he was struck by a shadow a month ago. The nursing staff interventions were to closely monitor the resident's whereabouts through visual checks, room visits every two hours and as needed to ensure safety and assess comfort and needs and follow abuse prohibition protocol. During a record review of Resident 8's SBAR (an acronym for Situation-Background-Assessment-Recommendation is a technique used to provide a framework for communication between members of the health care team), dated 1/26/2026, the SBAR indicated Resident 8 stated during interview with surveyor (SV) that one month ago, someone struck him on his rib and he only saw a shadow. During a concurrent observation and interview on 1/26/2026 at 10:04 AM in Resident 8's room, Resident 8 was sitting on the side of his bed. Resident 8 stated a month ago (unable to recall exact date) someone hit him really hard and cracked his ribs. Resident 8 stated he was sitting on his bed just as he was doing at the moment and reading when someone hit him really hard and cracked his ribs. Resident 8 stated he did not see who hit him on his right ribs but only saw a shadow. During an interview on 1/26/2026 at 10:27 AM with the Administrator (ADM) and Director of Nursing (DON), SV informed ADM and DON Resident 8 stated an allegation of abuse. SV informed ADM and DON that Resident 8 stated someone had hit him on his right ribs but did not see who it was and that he only saw a shadow. During an interview on 1/27/2026 at 3:33 PM with the DON, the DON stated Resident 8</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555338	Facility ID: 555338 If continuation sheet Page 1 of 2

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>stated he was struck by a shadow. The DON stated Resident 8 stated he could not continue the conversation since he was going to strike out at the DON. During an interview on 1/27/2026 at 4:12 PM with Registered Nurse Supervisor 1 (RNS 1), RNS 1 stated on 1/26/2026, Resident 8 stated he was struck by a shadow on his right side. RNS 1 stated the DON was notified of Resident 8's allegation. During an interview on 1/27/2026 at 4:48 PM with the DON, the DON stated an allegation of abuse when there is actual harm from a staff member hitting a resident would be reported to the ADM who was the abuse coordinator. The DON stated an SOC 341 (Report of Suspected Dependent Adult/Elder Abuse form) would be completed and sent to the California Department of Public Health, Ombudsman, and police. The DON stated that SV had reported to DON and ADM that Resident 8 stated someone hit him but did not see who it was and only saw a shadow. The DON stated the facility did not report the allegation since Resident 8 stated a shadow struck him. The DON stated she should have reported the allegation of abuse since striking was physical abuse. The DON stated that when there is an allegation of abuse the ADM is informed and an SOC 341 is sent to CDPH, Ombudsman, and the police department. The DON stated the DON was thinking it was Resident 8's mentation and behavior given his mental diagnosis and illness and therefore did not report his allegation of abuse. During a concurrent interview and record review on 1/29/2026 at 10:26 AM with the DON of the facility's policy and procedure (P&P), the DON stated any allegation of abuse should be reported within two hours. The DON stated based on the P&P all reports of resident abuse are reported are reported to local, state and federal agencies within two hours of an allegation involving abuse. During an interview on 1/29/2026 at 2:30 PM with the Administrator (ADM), the ADM stated the facility did not and should have reported the allegation of abuse for Resident 8 when they were informed on 1/26/2026. During a record review of the facility's P&P titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, revised September 2022, the P&P indicated all reports of resident abuse are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing/certification agency responsible for surveying/licensing the facility; b. The local/state ombudsman; e. Law enforcement officials. Immediately is defined as within two hours of an allegation involving abuse. Notices include the type of abuse that is alleged (i.e., verbal, physical, sexual, neglect, etc.).</p>		