

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 05/21/2020
NAME OF PROVIDER OF SUPPLIER BRIGHTON PLACE SAN DIEGO		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0625 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow the facility's bed hold policy and procedure for one of two residents. (I) This failure resulted in Resident 1's responsible party to not be made aware of the facility's bed hold policy. Findings: Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. On 4/23/20, Resident 1 was transferred to the acute care hospital for evaluation and was admitted on [DATE]. On 5/15/20 at 2:21 P.M., the facility administrator stated the bed hold form was not completed for resident 1, and was not reviewed with resident 1's responsible party within 24 hours of transfer to the acute care hospital. The facility administrator further stated it should have been completed. Per the facility's policy and procedure dated July 2017, titled Bed Hold, Procedure II. Transfer to an Acute Care Hospital . A. The Facility notifies the resident and/or representative, in writing, of the bed hold option, any time the resident is transferred to an acute care hospital .		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.