

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055685	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2020
NAME OF PROVIDER OF SUPPLIER BRIGHTON PLACE SPRING VALLEY		STREET ADDRESS, CITY, STATE, ZIP 9009 CAMPO ROAD SPRING VALLEY, CA 91977	
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 0698 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Past noncompliance - remedy proposed **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, and record review, the facility failed to ensure [MEDICAL TREATMENT] (process of purifying the blood of a person whose kidneys are not working normally) treatment service was provided for one of three sampled residents (Resident 1). Resident 1 missed his [MEDICAL TREATMENT] treatment due to lack of transportation. This failure had the potential risk for Resident 1 to develop complications such as fluid overload, bleeding, and infection. Findings: A review of Resident 1's Face Sheet indicated, Resident 1 was originally admitted to the facility on [DATE] and was re-admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 3/9/20, Resident 1 was not available for interview. On 3/9/20 at 4:25 P.M., a copy of Resident 1's [MEDICAL TREATMENT] log was requested from the [MEDICAL TREATMENT] center. An interview and record review of Resident 1's [MEDICAL TREATMENT] log was conducted with the [MEDICAL TREATMENT] center social worker (DCSW) on 3/9/20 at 4:50 P.M. The DCSW stated, Resident 1 was a no show and his [MEDICAL TREATMENT] treatment was not done. A review of the [MEDICAL TREATMENT] treatment center's record titled, [MEDICAL TREATMENT] Treatment Log indicated .2/19/20 [MEDICAL TREATMENT] missed. Unknown. A concurrent interview and clinical record review was conducted with the registered nurse (RN) 1 on 3/9/20 at 5:45 P.M. RN 1 stated Resident 1 was scheduled for [MEDICAL TREATMENT] three times a week on Mondays, Wednesdays and Fridays. RN 1 stated on 2/19/20, Resident 1 was scheduled for [MEDICAL TREATMENT]. RN 1 stated, on 2/19/20 around 7:15 A.M., she saw Resident 1 in his room. RN 1 stated she asked Resident 1 the reason why he did not go to his [MEDICAL TREATMENT] treatment. Resident 1 responded that he missed his [MEDICAL TREATMENT] appointment due to transportation not picking him up. RN 1 was informed by Resident 1 the resident's Veteran's benefits did not pay for his transportation on 2/19/20. RN 1 stated, Resident 1 was mad when I talked to him because he missed his appointment. A concurrent interview and clinical record review was conducted with RN 2 on 3/9/20 at 6:00 P.M. The nursing progress notes dated 2/9/20 indicated, Spoke with Resident stated transport didn't show up . RN 2 acknowledged Resident 1 did not receive his [MEDICAL TREATMENT] treatment on 2/19/20 due to transportation not being arranged. An interview was conducted with the facility admission coordinator (FAC) on 3/10/20 at 9:05 A.M. The FAC stated when Resident 1 was admitted to the facility, Resident 1 had indicated, he had been using the Veterans Administration (VA) transportation. The FAC stated the VA had been paying for Resident 1's transportation for a long time. The FAC stated, VA transport was responsible for paying for Resident 1's transportation, however, the FAC did not follow up about the resident's current eligibility for transportation with the VA travel office. The FAC stated she was not aware Resident 1 missed his [MEDICAL TREATMENT] on 2/19/20 due to VA benefits not paying for his transport. The FAC stated there was no recent communication between her and the VA transportation. An interview was conducted with the VA Travel Coordinator (VATC) on 3/10/20 at 9:25 A.M. The VATC stated, On 2/19/20, Resident 1 became administratively not eligible for special mode travel. Resident 1 must stay on top of his income because his eligibility for special mode of travel can change anytime depending on his income. The VATC stated the facility should have been communicating with the VATC because the resident's eligibility for transportation changes anytime depending on the veteran's financial income. Resident 1 was not assisted properly by the facility to ensure his needs for transportation to [MEDICAL TREATMENT] were not met. The facility policy and procedure (P&P) dated 10/1/18, titled [MEDICAL TREATMENT] Care was reviewed. The P&P indicated, .PROCEDURE: I. [MEDICAL TREATMENT] Arrangements: A. The facility will arrange for [MEDICAL TREATMENT] care for such residents on a weekly basis. B. The facility will arrange transportation to and from the [MEDICAL TREATMENT] provider .</p>		

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.