

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055685</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRIGHTON PLACE SPRING VALLEY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>9009 CAMPO ROAD SPRING VALLEY, CA 91977</b>	
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 0655  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to develop a baseline plan of care for the use of three anticoagulants (blood thinning medications to prevent clotting), for one of two Residents (1). This failure had the potential for missed communication among the staff and could have led to medication side effects related to the use of the anticoagulants for Resident 1. Findings: Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Resident 1 was prescribed the following anticoagulant medications upon admission to the facility: Xarelto 15 milligram (mg) two times a day, Aspirin 81 mg one time per day, and: [MEDICATION NAME] 75 mg one time per day. On 2/7/20, Resident 1 was discharged from the facility to the acute care hospital, due to weakness and difficulty speaking. On 2/18/ 20 at 4:25 P.M., a concurrent interview and record review was conducted with the Director of Nursing (DON). The DON was not able to find a care plan for the use of the three anticoagulant medications. The DON stated I would expect there would be a care plan. On 2/25/20 at 3:38 P.M., LN 1 stated if a resident was prescribed anticoagulant medications, there would need to be a care plan in place to instruct staff on care. On 2/25/20 at 3:45 P.M., LN 2 stated she would review the medications, and if the resident had anticoagulant medications ordered, would look for the care plan. Per the facility's undated policy and procedure, titled Comprehensive Person-Centered Care Planning, Page 1 of 4, Baseline Care Plan, .c. The baseline care plan must reflect the resident's stated goals and objectives, and include interventions that address his or her needs., i. The baseline care plan will be initiated upon admission by the admitting nurse using the necessary combination of problem specific care plans to promote continuity of care and communication among nursing home staff, and safeguard against adverse events . and iii .The baseline care plan must be completed within 48 hrs. of the resident's admission .		
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.