

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2024
NAME OF PROVIDER OR SUPPLIER  Arbor Hills Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7800 Parkway Drive LA Mesa, CA 91942	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46980</p> <p>Based on observation, interview and record review, the facility failed to provide communication in the native language of one resident, Resident 1, in his native Arabic dialect when:</p> <ol style="list-style-type: none"> <li>1. The facility had a policy for communication which was not implemented A review of the facility policy entitled Facility Services - Translation and/ or Interpretation dated 7/1/20 indicated, This facility's language access program will ensure that individuals with limited English proficiency (LEP) shall have meaningful access to information and services provided by the facility.6. Competent oral translation of vital information that is not available in written translation, and non-vital information shall be provided in a timely manner and at no cost to the resident through the following means (as available to the facility): a. A staff member who is trained and competent in the skill of interpreting; b. A staff interpreter who is trained and competent in the skill of interpreting; c. Contracted interpreter service; d. Voluntary community interpreters who are trained and competent in the skill of interpreting; e. Telephone interpretation service.</li> <li>2. Staff utilized hand gestures and Google translate to communicate with Resident 1 which was not in accordance with the facility communication policy.</li> <li>3. Staff relied on a family member to translate.</li> </ol> <p>As a result, Resident 1 had the potential to not have consistent, accurate communication with Staff.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses that included moderate dementia with psychotic disturbance (a mental state when someone is not sure what is real or unreal) and recurrent MDD (Major Depressive Disorder, a mood disorder that causes a persistent feeling of sadness).</p> <p>On 5/30/24 at 1:30 P.M., a telephone interview with the complainant was conducted. The complainant stated, The Facility calls me to translate. (Resident 1's) dialect was not understood.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/8/24 at 4:30 P.M., a joint interview and concurrent record review were conducted with the Director of Nursing (DON) and Social Services Director (SSD). The SSD stated, I speak Arabic but I'm the only one here. I only work the day shift five days a week. Staff mostly use hand gestures, some use Google translate on their phones .</p> <p>On 6/13/24 at 12:26 P.M., an interview was conducted with Certified Nursing Assistant (CNA) 1 who stated, I don't know the name of his language. I use body language. I didn't use the language line, the facility has not told me that we have one. There's no one here that I know who speaks the language he speaks .</p> <p>On 6/13/24 at 12:32 P.M., an interview was conducted with Licensed Nurse (LN) 1 who stated, I don't use the language line, I use Google translate for a lot of my patients who don't speak English .</p> <p>On 6/13/24 at 2 P.M., an interview was conducted with the DON who stated, We use the language line, our staff know how to use it, we did an in-service. The DON stated the facility used telephone translation services for Resident 1.</p> <p>A review of in-service documentation indicated CNA 1 and LN 1 did not receive training regarding use of translation services. Evidence of use of telephonic translation services used specifically for Resident 1 was requested but not received during the on-site investigation or afterward.</p>