STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055114	A. Building B. Wing	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Hills Nursing Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48263 Based on observations, interviews, and record reviews, the facility failed to provide interventions (care) according to the comprehensive care plan to prevent foot injury for one of 12 residents (Resident 42) reviewed with diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). As a result, Resident 42 was hospitalized with a left foot swelling (buildup of fluid in the tissues caused by the body's defense response to injury or infection) due to abrasions with the potential for diabetic foot complications. Findings: A review of Resident 42's Admission Record indicated Resident 42 was admitted to the facility on [DATE] with diagnoses which included a history of diabetes and gangrene (death of body tissue due to a lack of blood flow or a serious bacterial infection) on the left second toe. A record review of Resident 42's MDS (Minimum data set: nursing facility assessment tool) dated 8/31/24 indicated that Resident 42 was rarely or unable to understand others or make self-understood and had severe cognitive (the mental processes that take place in the brain, including thinking, attention, language, learning, memory, and perception) deficits to make decisions. A record review of Resident 42's Medical Doctor (MD) progress note dated 12/8/23, indicated, .Discussed with [MD NAME] the management of 2nd left toe dry gangrene .high risk of poor healing and further gangrene . According to the web article titled YOUR FEET AND DIABETES, published by Centers for Disease Control (CDC), dated May 15, 2024, .Diabetes can reduce blood flow and damage nerves, making a wound more likely to get infected and harder to heal, and increasing the risk of amputation .Tips for healthy feet .Wear shoes that fit well . (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055114	A. Building B. Wing	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Hills Nursing Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/30/24 at 9:11 A.M., a joint interview, and record review was conducted with LN 31. LN 31 stated Resident 42 had a history of gangrene to his second left toe which was auto-amputated (fell off by itself) and resolved on 9/6/24. LN 31 stated that the new abrasions on Resident 42's left great toe and left third toe were discovered on 10/26/24. LN 31 stated that she initiated a change of condition (COC) note dated 10/26/24, indicated, .up in wheelchair and wheels himself .Resident noted with abrasion on Left great toe and left 3rd toe .Resident also noted with +2 edema [swelling] on left foot .LN 31 stated on 10/26/24 she had spoken to Resident 42's family member because they were concerned why Resident 42's shoes were not on when he was in his wheelchair and had new wounds on Resident 42's left great toe and left third toe. LN 31 stated that Resident 42 was on his wheelchair and that Resident 42 would wheel himself to move around but was not wearing shoes that day. LN 31 stated there was a care plan with an intervention that indicated, dm shoes on bilateral lower extremities but was not included in the new care plan she had initiated on 10/26/24 for the left great toe and left third toe. LN 31 stated Resident 42 owned shoes and should have been wearing his shoes when he was on the wheelchair. LN 31 stated it was important for Resident 42 to wear well-fitted shoes for protection because of his prior history of gangrene on his second left toe as complicated by poor circulation of DM. A record review of Resident 42's MD orders dated 10/26/24 indicated, .Cleanse abrasion on left 3rd toe with normal saline. Pat dry, Apply bacitracin then cover with dry dressing Daily for 21 days .Cleanse abrasion on left great toe with normal saline. Apply bacitracin then cover with dry dressing Daily for 21 days . A record review of Resident 42's progress note on 10/28/24 at 10:05 P.M. indicated, Resident was transferred to [Acute Hospital Name] .due to concern of resident's swollen left foot . A record review of Resident 42's clinical record indicated a care plan undated indicated, Scratch on top of left hand r/t scratching .Will develop clean and intact skin by the review date .DM shoes on bilateral extremities . A requested care plan with initiated and revised dates from medical records (MR) was received on 10/30/24 indicated care plan was initiated on 10/22/24 and revised 10/24/24 with intervention .DM shoes on bilateral extremities . was omitted (removed). A record review of Resident 42's clinical record was conducted. There was no documentation for DM shoes on bilateral lower extremities was monitored or applied. On 10/31/24 at 2:31 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated the plan of care was for Resident 42 to be wearing shoes, then it should have been performed to provide foot care protection and prevent complications. A review of the facility's policy and procedure titled FOOT CARE dated November 2017, indicated . Provide foot care and treatment, in accordance with professional standards of practice, including, preventing complications from the resident's medical condition(s) .