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	02/12/2026

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure completion of the Preadmission Screening and Resident Review (PASRR) Level II evaluation (a state-required process that determines whether an individual with indicators of serious mental illness is appropriate for nursing facility placement and requires specialized mental health services) was conducted for 1 of 2 residents reviewed for PASRR (3). As a result, the required Level II evaluation was not conducted, placing Resident 3 at risk of not receiving mental health and specialized services. Resident 3 was admitted to the facility on [DATE] and then readmitted on [DATE] following a hospitalization, with diagnoses of depression and unspecified psychosis. A record review of Resident 3's PASRR Level I, dated 11/18/25, indicated Resident 3 screened positive for serious mental illness and required a Level II evaluation. A record review of the state PASRR authority's correspondence letter, dated 11/20/25, indicated, .NOTICE OF ATTEMPTED EVALUATION. Re: UNABLE TO COMPLETE LEVEL II EVALUATION FOR SERIOUS MENTAL ILLNESS (SMI). a SMI Level II Mental Health Evaluation was not scheduled for the following reason: Facility staff were unresponsive to two or more separate attempts of communication within 48 hours of the Level I Screening. The case is now closed. During an interview on 2/12/26 at 11:32 A.M., the licensed nurse (LN) 12 stated she was responsible for completing PASRR documentation and coordinating required Level II evaluations with the state PASRR authority. LN 12 acknowledged receiving correspondence, dated 11/20/25, from the state PASRR authority indicating the authority attempted to contact the facility to schedule a [NAME] II evaluation for Resident 3 and that the facility did not respond. LN 12 acknowledged the case was closed and confirmed the facility had not completed a Level II evaluation for Resident 3. LN 12 stated that without completion of the Level II evaluation, the facility would not have a state determination regarding the need for specialized mental health services. During an interview on 2/12/26 at 2:51 P.M., the Director of Nursing (DON) acknowledged the facility received correspondence from the state PASRR authority regarding required Level II evaluation for Resident 3. The DON stated that when the facility receives PASRR correspondence indicating recommendations or required evaluations, the facility was expected to respond and follow up in a timely manner. The DON acknowledged the facility did not follow up after the state PASRR authority closed the case and confirmed a Level II evaluation had not been completed for Resident 3. The DON stated the risk of not completing the Level II evaluation was that the resident would remain in the facility without a state determination regarding the need for specialized services. A review of the facility policy titled, Admissions Criteria, dated 2001, indicated, . 9. All new admissions and readmissions are screened for mental disorders (MD). per the Medicaid Pre-admission Screening and Resident Review (PASRR) process. b. If the level I screen indicates that the individual may meet the criteria for a MD. he or she is referred to the state PASRR representative for the Level II (evaluation and determination) screening process. c. Upon completion of the Level II evaluation, the state PASRR representative determines if the individual has a physical or mental condition, what specialized or rehabilitative services he or she needs, and whether placement in the facility is appropriate.

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	02/12/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop a care plan related to the care of the intravenous (IV) access site (used to deliver medicines, fluids, blood products, or nutrition into a patient's bloodstream) for one of one resident reviewed for care planning (Resident 32). This failure had the potential for increased risk of infection and complications related to IV access site.Findings: Resident 32 was admitted to the facility on [DATE] with diagnoses including chronic systolic congestive heart failure (long-term condition where the heart's main pumping chamber (left ventricle) becomes weak, enlarged, or stiff, reducing its ability to contract and push enough oxygen-rich blood to the body), per the facility's admission record. On 02/10/26 at 9:28 A.M. an observation and an interview was conducted with Resident 32 in his room. Resident 32 was resting in bed while family members were in the room. Resident 32 showed his right arm and expressed concern about his IV access site. Resident 32 stated the dressing had not been changed since 1/29/26. Resident 32 stated the staff were not using the IV access site for medications. On 2/10/26 at 9:29 A.M., an observation of Resident 32's IV access site was conducted. The IV access site dressing was dated 1/29/26. There was blood noted in the catheter tubing and the access site appeared slightly reddened. The adhesive dressing was peeling off from the edges. A review of Resident 32's physician's order recap report dated 2/11/26 was conducted. Resident 32 had an order for IV hydration of sodium chloride solution administered for dehydration and was completed on 1/30/26. 02/11/2026 at 9:50 A.M., a concurrent record review and interview was conducted with Licensed Nurse (LN) 3. LN 3 could not find a care plan for IV access site in Resident 32's record. LN 3 stated that a care plan should have been developed for assessing and monitoring the IV access site. On 02/11/26 at 12:21 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated a care plan should have been developed to monitor the IV access site for infections and other complications. A review of the facility's provided documentation titled, Care Plans, Comprehensive Person- Centered, dated 3/22, indicated .a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.

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	02/12/2026

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to monitor and assess the intravenous (IV) access site (used to deliver medicines, fluids, blood products, or nutrition into a patient's bloodstream) for one of one resident reviewed for IV hydration (Resident 32). This failure had the potential for increased risk of infection and complications related to the IV access site.Findings: Resident 32 was admitted to the facility on [DATE] with diagnoses including chronic systolic congestive heart failure (long-term condition where the heart's main pumping chamber (left ventricle) becomes weak, enlarged, or stiff, reducing its ability to contract and push enough oxygen-rich blood to the body) and long term use of anticoagulant (blood thinners, are medications that prevent or reduce blood clot formation in veins and arteries), per the facility's admission record. On 02/10/26 at 9:28 A.M. an observation and an interview was conducted with Resident 32 in his room. Resident 32 was resting in bed while family members were in the room. Resident 32 showed his right arm and expressed concern about his IV access site. Resident 32 stated the dressing had not been changed since 1/29/26. Resident 32 stated the staff were not using the IV access site for medications. On 2/10/26 at 9:29 A.M., an observation of Resident 32's IV access site was conducted. The IV access site dressing was dated 1/29/26. There was blood noted in the catheter tubing and the access site appeared slightly reddened. The adhesive dressing was peeling off from the edges. A review of Resident 32's physician's order recap report dated 2/11/26 was conducted. Resident 32 had an order for IV hydration of sodium chloride solution administered for dehydration and was completed on 1/30/26. On 02/10/26 at 12:31 P.M., an interview was conducted with Licensed Nurse (LN) 1. LN 1 stated the IV access site should be checked every shift for any signs of infection and flushed with normal saline to ensure it remains open. LN 1 stated IV access site dressing should be changed weekly. LN 1 stated Resident 32's IV access site dressing was dated 1/29/26 and should have been changed. 02/10/2026 4:57 P.M., an interview and record review was conducted with LN 2. LN 2 stated there was no written order found for IV monitoring and flushing in Resident 32's record. LN 2 stated the Medication Administration Record (MAR) indicated staff did not document monitoring and flushing Resident 32's IV access site each shift. On 02/10/26 at 5:08 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated staff should have followed procedures in monitoring and assessing the IV access sites to prevent complications and infections. A review of the facility's provided documentation titled, Peripheral and Midline IV Dressing Changes, dated 6/25, indicated . to prevent complications associated with intravenous therapy, including catheter - related infections associated with contaminated, loosened, soiled catheter - site dressing.

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	02/12/2026

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 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on interview and record review, the facility failed to do an annual performance evaluation to verify competency for one of five certified nursing assistants (CNAs) 1.This failure had the potential to affect clients' well-being, should the staff be unable to perform duties competently. Findings: On 02/12/26 at 10:10 A.M., a concurrent review of the personnel files and interview was conducted with the Director of Staff Development (DSD) and Assistant Director of Staff Development (ADSD). CNA 1 was hired on 7/30/13. The DSD and ADSD stated the most recent performance evaluations in CNA 1's personnel file was dated 4/16/20. On 02/12/26 at 3:16 P.M., an interview was conducted with the Administrator (ADM) and the Director of Nursing (DON). The DON stated staff should undergo performance evaluations annually to ensure they have the necessary skills to provide quality care and maintain compliance. A review of the facility's provided documentation titled, Performance Evaluations, dated 9/20, indicated .job performance of each employee shall be reviewed and evaluated at least annually .

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	02/12/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to follow guidelines for the facility's drying procedure when dietary food service trays and food covers were stacked wet and not allowed to completely air dry. This failure had the potential for resident illness from contamination and bacterial growth.Findings: On 02/10/2026 at 10:15 A.M. an observation was conducted of the sanitization process for the facility dishwasher. Dietary Aide (DA) 5 stacked together a rack of food lids and a rack of meal delivery trays that were still wet. On 2/10/26 at 10:25 A.M. an interview was conducted with DA 5. DA 5 stated all plates, trays and covers are left to air dry for a few minutes after coming out of the dishwasher. DA 5 stated there should not be any moisture at all between items and any moisture on the dishes or utensils would make the paper [the staff] use, like napkins and diet cards, wet and illegible. On 2/10/26 at 10:45 A.M. the Manager for Dietary Services (MDS) was interviewed. The MDS stated it is the policy and expectation that all items are air dried before being put away or stacked for the tray line (method of plating each resident's individual food to match their diet orders and preferences). Moisture build-up on utensils, trays and food plates and covers could lead to food borne illness risk for residents. The facility policy, Food Preparation and Service, dated 2001, reflected .15. All food service equipment and utensils will be sanitized according to current guidelines and manufacturers' recommendations. Per the 2025 California Health and Safety Code, HSC DIVISION 104 CALIFORNIA RETAIL FOOD CODE - Cleaning and Sanitizing of Equipment and Utensils, . After cleaning and sanitizing, equipment and utensils shall be air dried. before contact with food.

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	02/12/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interview and record review, the facility did not ensure infections control practices were implemented for 3 of 24 sampled residents (1, 90,122) when:a) Linens soiled with an infectious bacteria, clostridium difficile (C.Diff, infection of the intestines that causes severe diarrhea), were not contained,b) Resident 1's urinary drainage bag was positioned above the level of the bladder, andc) A trash bag with dirty and used tissues and meal tray were placed next to each other. This failure had the potential to spread infections to Residents 1, 90 and 122. a) Resident 122 was admitted to the facility on [DATE] with a diagnosis of enterocolitis due to clostridium difficile (C.Diff, infection of the intestines that causes severe diarrhea) per the facility admission record. During an observation and interview on 2/9/26 at 3:20 PM, a strong odor of stool was noted upon entering Resident 122's room. In the bathroom, multiple towels visibly soiled with yellow stool overflowed from a small open trash can. A large clear plastic bag containing soiled sheets and towels sat on the bathroom floor directly in front of the sink. Yellow stool was visible on the linens inside the bag and on the exterior surface of the bag. The bag was untied and unsecured. No covered laundry hamper was located inside the room. During the same observation, certified nursing assistant (CNA) 11 entered the room and acknowledged the soiled linens in the open trash can and the large bag of soiled linens on the bathroom floor. CNA 11 stated Resident 1 was on contact precautions after testing positive for C.Diff. CNA 11 stated linens soiled with C. Diff should be placed in a designated bag, secured and placed into the soiled linen bin. CNA 11 stated leaving soiled linens on the bathroom floor or in an open container created an infection risk. During an interview and observation on 2/9/26 at 3:24 P.M., the Infection Preventionist (IP) acknowledged the soiled linens in the trash can and large bag on the floor of Resident 122's bathroom. The IP stated Resident 122 was on contact precautions for an active C.Diff infection. The IP stated that soiled linens should not have been left in an open container or in an unsecured bag on the floor. The IP stated linens contaminated with C.Diff stool created an infection risk for staff and other residents. During an interview on 02/12/2026 at 10:15 A.M., the Director of Nursing (DON) stated C.diff contaminated linen should be placed in separate bags and put in the dirty linen bins immediately. The DON mishandling of contaminated linen increased the risk for the spread of infection. A review of the facility policy titled, Laundry and Bedding, Soiled, dated 2001, indicated, Policy Statement: Soiled laundry/bedding shall be handled, transported and processed according to best practices for infection prevention and control. Policy Interpretation and Implementation: Handling: 1. All used laundry is handled as potentially contaminated. a. Contaminated laundry is bagged or contained at the point of collection. b. Leak-resistant containers or bags are used for linens or textiles contaminated with blood or body substances. b) Resident 1 was admitted to the facility on [DATE] with a diagnosis of a urinary tract infection per the facility admission record. During an observation and interview on 2/10/26 at 8:30 A.M., Resident 1 was sitting in bed with a catheter bag hanging from the upper left side rail of the bed above the level of the bladder. The (continued on next page)

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	02/12/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	catheter tubing contained brown, cloudy urine. Resident 1 stated it burned and felt irritated at the catheter insertion site. During an interview on 2/11/26 at 9:14 A.M., certified nursing assistant (CNA) 12 reviewed a photograph documenting the urinary drainage bag positioning observed on 2/10/26 at 8:30 A.M. CNA 12 stated the drainage bag should be positioned below the level of the bladder and not on the side rail. CNA 12 stated positioning the bag above the level of the bladder could allow urine to flow back toward the bladder and increase the risk of urinary tract infection. During an interview on 2/11/26 at 9:32 A.M., licensed nurse (LN) 11 reviewed the photograph documenting the urinary drainage bag positioning on 2/10/26 at 8:30 A.M. LN 11 stated the drainage bag should always be positioned below the level of the bladder. LN 11 stated positioning the drainage bag above the bladder could lead to infection. During an interview on 2/12/26 at 9:05 A.M. the Infection Preventionist (IP) reviewed the photograph documenting the urinary drainage bag positioning on 2/10/26 at 8:30 A.M. The IP stated staff are expected to keep urinary drainage bags below the level of the bladder. The IP stated if the drainage bag is positioned above the level of the bladder, urine could flow back into the bladder and potentially cause infection. A review of the facility policy titled, Catheter Care, Urinary, dated 2001, indicated, Purpose: The purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infections. Maintaining Unobstructed Urine Flow. 3. Position the drainage bag lower than the bladder at all times to prevent urine from flowing back into the urinary bladder. Resident 90 was admitted to the facility on [DATE] with diagnoses that included Covid-19 (a highly contagious respiratory illness). On 2/9/26 at 12:47 P.M., an observation was conducted of Resident 90's room during meal service. A blue trash bag was seen filled with dirty and used crumpled tissue paper next to Resident 90's meal tray on the bedside table. On 2/9/26 at 2:30 P.M., Resident 90 stated his meal tray should not be placed next to trash. On 2/10/26 at 9:00 A.M., an interview was conducted with the Director of Nursing (DON). The DON stated the trash bag should have not been on the bedside table next to a meal tray. The DON stated that it was her expectation that all staff follow infection control practices to help prevent the spread of infection. A review of the facility policy titled Infection Prevention and Control Program dated December 2023, indicated the facility is to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.