STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055508	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jacob Healthcare Center	4075 54th St. San Diego, CA 92105

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure dignity and respect were maintained for six of six residents (1, 2, 3, 4, 5, 6) while providing care when:1. Certified Nursing Assistant (CNA) 1 was rude and used a vulgar (F) word when Resident 1 asked for assistance and threw soiled towels and linens after care leaving stains on the wall.2. Resident 2 verbalized CNA 1 was rude and had an attitude when CNA 1 entered the room and stated, What do you want?3. Resident 3 verbalized CNA 1 would leave him wet all night and was rude and rough while changing him. 4. Resident 4 verbalized he preferred not to ask CNA 1 for help because CNA 1 was rude and rough in her patient care and would say, What the ?F.ck' do you want?5. Resident 5 verbalized she felt scared to death and was observed crying, also stating that CNA 1 would glare at her when she asked for anything. 6. Resident 7 verbalized CNA 1 would start care without explaining what was going to be done and was rough when turning her, and treated her like an animal. As a result, this failure caused the residents to feel that their needs were not met and felt disrespected and to cry because of the fear of CNA 1, and to refuse care by CNA 1.Findings:1. A review of Resident 1's admission Record indicated the resident was admitted to the facility on [DATE] with hemiplegia and hemiparesis (conditions resulting from central nervous system damage that cause weakness or paralysis on one side of the body) affecting left side of her body.A review of Resident 1's Minimum Data Set Assessment (MDS, a comprehensive assessment tool) dated 12/1/25, indicated the resident's BIMS (Brief Interview for Mental Status) was 15 out of 15, indicating the resident was cognitively intact (no memory, focus, or judgment issues). 2. A review of Resident 2's admission Record indicated the resident was admitted to the facility on [DATE] with hemiplegia and hemiparesis affecting her right side of the body and moderate dementia.A review of Resident 2's Minimum Data Set assessment dated [DATE], indicated the resident's BIMS was 3 out of 15, indicating the resident's cognition was severely impaired.3. A review of Resident 3's admission Record indicated, the resident was admitted to the facility on [DATE] with congestive heart failure (a chronic condition where the heart muscle is too weak or stiff to pump blood efficiently) and muscle weakness.A review of Resident 3's Minimum Data Set assessment dated [DATE], indicated the resident's BIMS was 12 out of 15, indicating the resident's cognition was moderately impaired. 4. A review of Resident 4's admission Record indicated the resident was admitted to the facility on [DATE] with quadriplegia (a form of paralysis that causes the loss of movement and feeling in all four limbs and the torso) and pressure ulcers (an area of damaged skin and tissue caused by prolonged pressure, friction, or shear, usually over bony areas like the heels, hips, or tailbone).A review of Resident 4's Minimum Data Set assessment dated [DATE], indicated the resident's BIMS was 10 out of 15, indicating the resident's cognition was moderately impaired. 5. A review of Resident 5's admission Record indicated the resident was admitted to the facility on [DATE] with hemiplegia and hemiparesis affecting left side of her body.A review of Resident 5's Minimum Data Set assessment dated [DATE], indicated the resident's BIMS was 13 out of 15, indicating the resident was cognitively intact. 6. A review of Resident 7's admission Record indicated the resident was admitted to the facility on [DATE] with pressure ulcers and (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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	fracture of fifth cervical vertebra (one of the seven bony segments in the neck).A review of Resident 7's Minimum Data Set assessment dated [DATE], indicated the resident's BIMS was 15 out of 15, indicating the resident was cognitively intact. On 2/18/26 at 2:34 P.M., an interview with Resident 1 was conducted. Resident 1 stated when CNA 1 comes into the room she would say What do you want? your light is on. Resident 1 stated when she called for a brief change, CNA 1 checked the brief and told her Don't fucking call if you're not wet when CNA 1 felt that Resident 1 was not wet enough to be changed. Resident 1 stated that CNA 1 would throw soiled linens and towels on the floor, which left stains on the wall. Resident 1 further stated that CNA 1 did not greet her or explain procedures before starting. On 2/18/26 at 2:50 P.M., an interview was conducted with Resident 2. Resident 2 stated she felt CNA 1 was rude, uncaring, and had an attitude. Resident 1 stated CNA 1 would treat her as if passing you up as nothing. Resident 2 stated CNA 1 would say What do you want? upon entering her room which made her feel disrespected. Furthermore, Resident 2 stated CNA 1 did not help assist her with turning the TV and told her to Just turn it a little bit and walked out of the room. Resident 2 stated she felt she could not reach CNA 1 when she needed help. On 2/18/26 at 4:10 P.M., a follow-up interview was conducted with Resident 1 and her daughter. Resident 1 stated CNA 1 was always rude, and her actions made Resident 1 feel she was not heard and disrespected. Resident 1's daughter stated she was worried that someone like CNA 1 was assigned to her mother and stated that she was worried for the other residents who were more vulnerable. On 2/19/26 at 7:08 A.M., a phone interview was conducted with CNA 1. CNA 1 denied the allegations. On 2/19/26 at 7:54 A.M., an interview with Licensed Nurse (LN) 1 was conducted. LN 1 stated Resident 1 was quiet and sweet, only calling for brief changes and pain meds at night, with very minimal calls for assistance. LN 1 stated Resident 1 was alert and that she has never heard Resident 1 making false accusations regarding staff. LN 1 stated she did not want to work with CNA 1 because CNA 1's work performance was not consistent and the way she spoke made staff feel uncomfortable. LN 1 stated staff should not use profanity or act rudely toward residents. On 2/19/26 at 8:20 A.M., a phone interview was conducted with CNA 2. CNA 2 stated CNA 1 was careless in performing resident care. On 2/19/26 at 11:55 A.M., a follow-up phone interview with LN 1 was conducted. LN 1 stated Resident 1's experience should not have occurred. LN 1 stated Resident 3 refused to have CNA 1 assigned but did not explain why. On 3/24/26 at 10:38 A.M, a phone interview with Charge Nurse (CN) was conducted. CN stated she heard CNA 1 say what do you want while rounding. CN stated she observed CNA 1 demonstrated no compassion or empathy toward the residents. CN stated CNA 1 became very defensive when given feedback about her patient care. CN stated CNA 1 wore a hoodie on her head, and this scared Resident 2. CN stated it was important for the leadership to address CNA 1's behavioral concerns to create a safe space for residents, as they should not feel fearful or disrespected by staff. CN stated CNA 1 should never have been verbally abrasive or rough during care. CN stated it was disheartening to hear her residents' experiences with CNA 1.A review of text message conversations initiated by CN to notify the Director of Nursing (DON) and Director of Staff Development (DSD) regarding CNA 1's behavioral concerns dated 1/5/26, 1/23/26, and 1/30/26, indicated:On 1/5/26 at 11:12 A.M., CN reported, Big concern related to [CNA1], new NOC shift CNA. [Resident 4], [Resident 5] Fears her, [Resident 7], [Resident 3], [Resident 1] say she is really rude, she is rough when changing, tells them [Residents 1, 2, and 3] not to turn on [Call] light if she has changed them once during shift. [Resident 7] is alert and ambulatory was told by her he can do [what he asked her to do] for himself why is he calling, [resident 3] says she rude and rough doesn't come for. [Resident 1] says she is rude and used a dirty washcloth after being changed to clean her face or says she saw her use the dirty one. All these patients state they do NOT want her to provide care at all. Please find a new home section for her. So, I can reassure my patients she will not be back.DON response: This is not good. This is not the first time I had ask [sic] her and (name of staff) one Sunday coz the pts were not changes [sic].CN : She [CNA 1] doesn't seem to care. I told her this morning to remove the hood of sweater when providing care. [Resident 5] is terrified of her crying (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	DON stated the residents have the right to exercise their rights as residents of the facility. After hearing what some of the residents experienced with CNA 1, the DON acknowledged resident rights were not protected when CNA 1 was not treating the residents with respect and dignity. The DON stated CNA 1 should have treated the residents with not only respect and dignity but also should have treated them as her own family.A review of facility policy titled Resident Rights, dated December 2016, indicated, .Employees shall treat all residents with kindness, respect, and dignity.1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignifies existence, b. be treated with respect, kindness, and dignity, c. be free from abuse, neglect, misappropriation of property, and exploitation.g. exercise his or her rights as a resident of the facility and as a resident.