

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Balboa Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3520 Fourth Avenue San Diego, CA 92103	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40610</p> <p>Based on interview and record review, the facility failed to ensure that medical records were accurate for one of two sampled residents (Resident 1) when Resident 1's medical record indicated a licensed vocational nurse (LVN 1) administered an intravenous (IV) antibiotics (anti-infective) medication.</p> <p>As a result, documenting that an IV medication was administered to Resident 1 by a LVN, was not acceptable per standards of practice and could cause confusion among the healthcare providers.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses which included osteomyelitis (inflammation or swelling that occurs in the bone) of the backbone, per the facility's Admission Record.</p> <p>During a record review of Resident 1's Medication Administration Record (MAR, is used to document medications taken by a patient that includes the type of medication given and the signature of the licensed staff member) for May 2024, the MAR for 5/15/24 at 12 midnight and at 4 A.M. indicated LVN 1 signed the MAR for Resident 1's IV antibiotics.</p> <p>During a telephone interview with LVN 1 on 5/16/24 at 9:42 A.M., LVN 1 stated she worked on 5/15/24, and has not given Resident 1 any IV medications. LVN 1 stated RN 1 worked on the same day and the same shift. LVN 1 stated she did not know why her signatures appeared on Resident 1's MAR on 5/15/24.</p> <p>During a telephone interview with RN 1 on 5/16/24 at 11:32 A.M., RN 1 stated he worked on 5/15/24 and gave Resident 1 his IV antibiotics at 12 midnight and at 4 A.M. RN 1 stated his password to the MAR did not function on 5/15/24 and he requested LVN 1 to share her password with him. RN 1 stated Resident 1's MAR was a legal document, and he did not call the Director of Nursing (DON) which he should have to help him acquire new password. RN 1 stated he totally forgot. RN 1 stated he should not be using other licensed staff passwords for accuracy of the resident's clinical record.</p> <p>During a telephone interview with the DON on 5/21/24 at 4:19 P.M., the DON stated the staff should not be sharing passwords per the scope of practice and for accuracy of the resident's medical record.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy titled, Administering Medications ., revised April 2019, indicated, Medications are administered in a safe and timely manner, and as prescribed .1. Only persons licensed or permitted by this state to prepare, administer and document the administration of medications may do so .</p>		