

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  06/27/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40610</p> <p>Based on interview and record review, the facility failed to ensure the responsible party (RP) was notified timely of resident's skin issues and resident's change of condition (COC) for one of seven residents (Resident 1), reviewed for quality of care.</p> <p>This failure resulted in Resident 1's responsible party unaware of Resident 1's current health status.</p> <p>Findings:</p> <p>An unannounced onsite to the facility was conducted on 6/10/24 related to complaints on quality of care that happened in 2022.</p> <p>Resident 1 was admitted to the facility on [DATE], with diagnoses which included bacteremia (blood stream infection) and diabetes (high blood sugar), per the facility's Admission Record. The admission record indicated the RP, and first emergency contact number was Resident 1's family member (FM).</p> <p>On 6/10/24, 6/13/24 and 6/25/24, Resident 1's clinical record was reviewed:</p> <p>The Minimum Data Set (MDS, a clinical assessment tool), dated 1/13/22, listed a cognitive (ability to recall) score of six out of 15 (0-7, indicating severe cognitive impairment, 8-12, indicating moderate cognitive impairment, 13-15 suggests cognition is intact).</p> <p>a. The skin and wound evaluation form, effective date of 1/7/22, indicated Licensed Nurse (LN) 1 conducted skin assessment on Resident 1. The form indicated Resident 1 had the following skin issues:</p> <ul style="list-style-type: none"> <li>- Abrasion to the left elbow,</li> <li>- Abrasion to left outer forearm,</li> <li>- Rash on spine [sic],</li> <li>- Rash on upper left abdomen,</li> <li>- Rash on sternum [sic],</li> </ul> <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
---	-------	-----------

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  06/27/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- MASD on coccyx, and</p> <p>- MASD on groin.</p> <p>On 6/13/24 at 5:17 P.M., a telephone interview with License Nurse (LN) 1 was conducted. LN 1 stated she admitted Resident 1 and conducted an initial skin assessment. LN 1 stated she took pictures of Resident 1's skin issues on 1/7/22. LN 1 stated she notified the resident related to her skin issues. LN 1 stated she did not know who the RP for Resident 1 was.</p> <p>b. On 6/10/24 at 4:08 P.M., a joint review of Resident 1's clinical record and an interview with LN 2 was conducted. LN 2 stated she did not remember the resident because it was long time ago. LN 2 stated per her progress notes, Resident 1 had changed of condition on 1/28/22. LN 2 stated she documented, RP [name of the RP] called no answer, will call in AM. LN 2 stated there was no documentation that a follow up call was made to inform the RP of Resident 1's new diagnosis and new medication orders.</p> <p>On 6/27/24 at 3:23 P.M., a telephone interview with the Director of Nursing (DON) was conducted. The DON stated Resident 1's RP should have been notified of the resident's skin issues to make the RP aware of what was the health status of the resident. The DON stated the facility did not have a policy related to RP notification.</p>

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  06/27/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40610</p> <p>Based on interview and record review, the facility failed to consistently provide skin care and administer intravenous (IV) antibiotics (anti-infective) medication, as ordered by the physician, for one of seven residents (Resident 1) reviewed for quality of care.</p> <p>These failures had the potential to affect Resident 1's health and well-being.</p> <p>Findings:</p> <p>An unannounced onsite to the facility was conducted on 6/10/24 related to complaints on quality of care that happened in 2022.</p> <p>1. Resident 1 was admitted to the facility on [DATE], with diagnoses which included bacteremia (blood stream infection) and diabetes (high blood sugar), per the facility's Admission Record.</p> <p>On 6/13/24 and 6/25/24, Resident 1's clinical record was reviewed:</p> <p>The Minimum Data Set (MDS, a clinical assessment tool), dated 1/13/22, listed a cognitive (ability to recall) score of six out of 15 (0-7, indicating severe cognitive impairment, 8-12, indicating moderate cognitive impairment, 13-15 suggests cognition is intact).</p> <p>1a. According to the physician's orders, dated 1/14/22, Bacitracin ointment (topical antibiotic ointment) apply to right eyebrow topically in the morning for skin cut for 21 Days Cleanse with normal saline (NS), pat dry then apply Bacitracin QD [sic, every day] x 21 days, re-assess d/c [sic, discontinue] when healed .</p> <p>According to the January 2022 Treatment Administration Record (TAR, a document for recording skin treatments), Resident 1 had no wound treatments applied to Resident 1's right eyebrow on 1/15/22, 1/16/22, 1/18/22, 1/19/22, 1/22/22, 1/29/22, and 1/30/22.</p> <p>1b. According to the physician's orders, dated 1/7/22, Vitamins A &amp;D Ointment Apply to left elbow topically every day shift for abrasions (superficial injury) with scabs for 21 Days x 21 days and reassess or discontinue when healed .</p> <p>According to the January 2022 TAR, Resident 1 had no wound treatments applied to Resident 1's left elbow on 1/8/22, 1/10/22, 1/15/22, 1/16/22, 1/18/22, 1/19/22, and 1/22/22.</p> <p>1c. According to the physician's orders, dated 1/7/22, Vitamins A &amp;D Ointment Apply to left outer forearm (FA) topically every day shift for abrasions (superficial injury) with scabs for 21 Days x 21 days and reassess or discontinue when healed .</p> <p>According to the January 2022 TAR, Resident 1 had no wound treatments applied to Resident 1's left outer forearm on 1/8/22, 1/10/22, 1/15/22, 1/16/22, 1/18/22, 1/19/22, and 1/22/22.</p> <p>(continued on next page)</p>

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  06/27/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1d. According to the physician's orders, dated 1/7/22, Hydrocortisone Cream 1 % Apply to abdominal areas topically every day and evening shift for Rash for 21 Days twice a day x 21 days then reassess or discontinue when cleared .</p> <p>According to the January 2022 TAR, Resident 1 had no treatments applied to Resident 1's abdominal areas on day shifts on 1/8/22, 1/10/22, 1/15/22, and 1/16/22.</p> <p>1e. According to the physician's orders, dated 1/18/22, Hydrocortisone Cream 1 % Apply to abdomen topically three times a day for Rash for 5 Days reassess or discontinue when cleared .</p> <p>According to the January 2022 TAR, Resident 1 had no treatments applied to Resident 1's abdomen at 9 A. M. and 1 P.M. on 1/18/22, 1/19/22, and 1/22/22.</p> <p>1f. According to the physician's orders, dated 1/7/22, Hydrocortisone Cream 1 % Apply to chest area topically every day and evening shift for Rash for 21 Days twice a day x 21 days then reassess or discontinue when cleared.</p> <p>According to the January 2022 TAR, Resident 1 had no treatments applied to Resident 1's chest area on day shifts on 1/8/22, 1/10/22, 1/15/22, and 1/16/22.</p> <p>1g. According to the physician's orders, dated 1/7/22, Hydrocortisone Cream 1 % Apply to entire back topically every day and evening shift for Rash for 21 Days twice a day x 21 days then reassess or discontinue when cleared .</p> <p>According to the January 2022 TAR, Resident 1 had no treatments applied to Resident 1's entire back on day shifts on 1/8/22, 1/10/22, 1/15/22, and 1/16/22.</p> <p>1h. According to the physician's orders, dated 1/7/22, Miconazole (antifungal) Nitrate Powder 2 % Apply to groin areas topically every day and evening shift for MASD [sic, moisture associated skin damage - term for skin damage that occurs when skin is exposed to moisture as sweats, urine] for 10 Days, Wash with soap and water, pat and dry, apply powder BID x10 days then reassess, d/c when cleared .</p> <p>According to the January 2022 TAR, Resident 1 had no treatments applied to Resident 1's groin on day shifts on 1/10/22, 1/15/22, and 1/16/22.</p> <p>1i. According to the physician's orders, dated 1/7/22, Miconazole Nitrate Powder 2 % Apply to perianal area topically every day and evening shift for MASD for 10 Days, Wash with soap and water, pat and dry, apply powder BID x10 days then reassess, d/c when cleared .</p> <p>According to the January 2022 TAR, Resident 1 had no treatments applied to Resident 1's perianal area on day shifts on 1/10/22, 1/15/22, and 1/16/22.</p> <p>During a telephone interview with the Director of Nursing (DON) on 6/26/24 at 4:18 P.M., the DON stated the LNs were to follow whatever the physician order was for the resident, and they were to sign the electronic TAR.</p> <p>(continued on next page)</p>		

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  06/27/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Per the facility's policy titled, Administering Medication, revised April 2019, Policy Statement: Medications are administered in a safe and timely manner, and as prescribed .4. Medications are administered in accordance with prescriber orders .24. Topical medications used in treatments are recorded on the resident's treatment record (TAR) .</p> <p>2. Resident 1 was admitted to the facility on [DATE], with diagnoses which included bacteremia (blood stream infection) and diabetes (high blood sugar), per the facility's Admission Record.</p> <p>On 6/13/24 and 6/25/24, Resident 1's clinical record was reviewed:</p> <p>2a. According to the physician's order, dated 1/7/22, Ampicillin Sodium (medication used to treat certain bacterial infections) Solution Reconstituted 2 GM Use 2 gram intravenously every 6 hours for .Bacteremia for 27 Days .</p> <p>According to the January and February 2022 Medication Administration Record (MAR, a document for recording medications administered to the resident), Ampicillin medication administration was scheduled at 12 MN (00), 6 AM, 12 PM, 1800 (6PM). There were missed entries on the following dates and time:</p> <ul style="list-style-type: none"> <li>- 1/9/22 - missed at 6 A.M.</li> <li>- 1/11/22 - missed at 6 A.M.</li> <li>- 1/16/22 - missed at 6 A.M.</li> <li>- 1/17/22 - missed at 12 M.N., 6 A.M., 6 P.M.</li> <li>- 1/18/22 - missed at 6 A.M.</li> <li>- 1/21/22 - missed at 12 P.M</li> <li>- 1/23/22 - missed at 6 A.M.</li> <li>- 1/27/22 - missed at 12 P.M.</li> <li>- 1/29/22 - missed at 6 A.M.</li> <li>- 2/1/22 - missed at 12 P.M.</li> <li>- 2/2/22 - missed at 6 A.M., 12 P.M.</li> </ul> <p>2b. According to the physician's order, dated 1/7/22, Ceftriaxone Sodium (antibiotics) Solution Reconstituted 1 GM Use 2 gram intravenously every 12 hours for .Bacteremia for 27 Days .</p> <p>According to the January and February 2022 MAR, Ceftriaxone medication administration was scheduled at 0900 (9 A.M.) and 2100 (9 P.M.) There were missed entries on the following dates and time:</p> <ul style="list-style-type: none"> <li>- 1/17/22 - missed at 9 P.M.</li> </ul> <p>(continued on next page)</p>		

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  06/27/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 1/21/22 - missed at 9 A.M.</p> <p>- 1/27/22 - missed at 9 A.M.</p> <p>- 2/1/22 - missed at 9 P.M.</p> <p>- 2/2/22 - missed at 9 A.M. and 9 P.M.</p> <p>During a telephone interview with the Director of Nursing (DON) on 6/26/24 at 4:18 P.M., the DON stated the LNs were to follow whatever the physician order was for the resident, and they were to sign the electronic MAR.</p> <p>Per the facility's policy titled, Administering Medication, revised April 2019, Policy Statement: Medications are administered in a safe and timely manner, and as prescribed .4. Medications are administered in accordance with prescriber orders .22. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication .</p>

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  06/27/2024
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40610</p> <p>Based on interview and record review, the facility failed to ensure a Licensed Nurse (LN) 1 signed a resident's initial skin evaluation timely for one of one sampled resident (Resident 1) reviewed for skin conditions.</p> <p>As a result, Resident 1's medical record did not reflect timely completion of assessment.</p> <p>Findings:</p> <p>An unannounced onsite to the facility was conducted on 6/10/24 related to complaints on quality of care that happened in 2022.</p> <p>Resident 1 was admitted to the facility on [DATE], per the Admission Record. Resident 1 was discharged from the facility on 2/5/22.</p> <p>On 6/10/24 and 6/25/24, Resident 1's clinical record was reviewed:</p> <p>According to the skin and wound evaluation conducted to Resident 1 on 1/7/22, LN 1 conducted the skin assessment on Resident 1. LN 1 identified the following Resident 1's skin conditions on admission:</p> <ul style="list-style-type: none"> <li>- Abrasion to the left elbow,</li> <li>- Abrasion to left outer forearm,</li> <li>- Rash on spine [sic],</li> <li>- Rash on upper left abdomen,</li> <li>- Rash on sternum [sic],</li> <li>- MASD on coccyx, and</li> <li>- MASD on groin.</li> </ul> <p>The documents indicated LN 1 signed the evaluation forms on 4/22/22.</p> <p>On 6/13/24 at 5:17 P.M., a telephone interview with LN 1 was conducted. LN 1 stated she admitted Resident 1 on 1/7/22 and conducted an initial skin assessment. LN 1 stated she took pictures of Resident 1's skin issues and noted them in her documentation. LN 1 stated the skin evaluation forms indicated she signed them on 4/22/22. LN 1 stated, I don't know what happened, but the pictures indicated it was done when she [Resident 1] was admitted on [DATE].</p> <p>(continued on next page)</p>

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  06/27/2024
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>On 6/27/24 at 3:23 P.M., a telephone interview with the Director of Nursing (DON) was conducted. The DON stated the LNs were expected to sign the forms upon completion of each assessment for timely completion of the resident's medical record. The DON stated the facility did not have a policy related to timely completion of medical records.</p>