STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056105	A. Building B. Wing	08/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Balboa Nursing & Rehabilitation Center	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46980 Based on observation, interview and document review, the facility failed to prevent Resident 1 from physically assaulting Resident 2. This failure resulted in Resident 2 sustaining a physical injury and feeling fearful. Findings: Resident 1 was admitted to the facility on [DATE] with diagnoses that included bipolar disorder (a mental health condition that causes extreme mood swings). Resident 2 was admitted to the facility on [DATE] with diagnoses that included displaced fracture of 6thand 7th vertebra (bones of the spine). On 7/22/24 the State Agency (SA) received a report from the facility which indicated, (Resident 1) walked up to (Resident 2) and hit him on the left cheek.(Resident 2) had verbalized he did not feel safe until (Resident 1) was discharged . On 8/2/24 at 9:50 AM, a concurrent interview and record review of the 7/21/24 11:26 A.M. Event Note was conducted with the Director of Nursing (DON). The Event Note indicated, (Resident 1) was noted striking (Resident 2) in the dining room by staff member . with closed hand on the left cheek. A concurrent review of Resident 1 ' s antipsychotic medication care plan indicated, Monitor episodes of Bipolar 1 disorder as evidenced by angry outbursts. Initiated 5/13/24. Intervene as necessary to protect the rights and safety of others. Initiated 7/7/24. The DON stated she did not know why those interventions were in Resident 1 ' s care plan. On 8/2/24 at 10:27 A.M. an interview was conducted with housekeeper (HK) 1 who stated I saw (Resident 1) next to (Resident 2) and heard the sound of a smack. I tried to separate them and (Resident 1) tried to hit me. On 8/2/24 at 10:45 A.M. an observation and interview were conducted with Resident 2 who was seated in his wheelchair. Resident 2 was noted to have a yellowish healing bruise on his left cheekbone. Resident 2 stated, On my first night here (Resident 1) was half-way down my bed at 3 A.M. Another time he was trying to take off my neck brace from the back. I told the staff about these events but nothing happened. (continued on next page)

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
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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility policy entitled Abuse and Neglect revised March 2018 indicated, The physician and staff will help identify risk factors for abuse within the facility; for example, significant numbers of residents/ patients with unmanaged problematic behavior.