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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>056105 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>07/23/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Balboa Nursing & Rehabilitation Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3520 Fourth Avenue<br>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.

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| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)     |
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>(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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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure physician orders were obtained, signed, and transcribed to maintain continuity of care one of three residents (Resident 1) reviewed with a wound vacuum assisted closure (vac- medical device used to help wounds heal by creating a vacuum over the wound, drawing out excess fluid and infectious materials, and promoting the formation new tissue) device. As a result, Resident 1 was sent to the hospital without a wound vac as ordered post-operatively (OP) and placed Resident 1 at risk for delayed wound healing infection and worsening of their condition due to improper or interrupted treatment. According to the National Library of Medicine at <a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC6739293">https://pmc.ncbi.nlm.nih.gov/articles/PMC6739293</a> titled Vacuum assisted closure (VAC)/negative pressure wound therapy dated 6/19/19, indicated .Negative pressure wound therapy stabilizes the wound environment, reduces wound edema/bacterial load, improves tissue perfusion [circulation], and stimulates granulation [healthy tissue that promotes wound healing] tissue.A review of Resident 1's admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses which included a history of diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).A clinical chart review indicated:- Wound order dated 7/4/25 indicated, .Cleanse left groin area surgical wound with NS [normal saline] pat dry and apply transparent dressing around the open area then apply black foam to wound bed f/b [sic, followed by] transparent dressing then apply wound vac setting at 125mm\ [sic]hg continuous, change dressing q M [Monday]-W [Wednesday]-F [Friday] x 21 days then reassess dc [discontinue] when healed and change as needed for soiled or dislodged.- Care plan initiated 7/8/25 indicated, Disease groin dehiscence with exposed graft nonhealing right BKA, c/f infected L to R fem bypass, s/p wound vac.- Care plan initiated 7/8/25 indicated for .Resident is at risk for skin breakdown related to Peripheral Artery Disease. s/p wound vac.Care plan initiated 7/9/25 indicated, .Surgical Incision: Resident has a surgical incision and is at risk for delayed healing. - Physician's (MD) order dated 7/10/25 indicated, .Send pt [patient] to ER [emergency room] for purulent right groin wound.- Change of Condition (COC) note dated 7/10/25 indicated, .Wound noted with purulent drainage Right Groin Area.Upon MD Assessment resident noted with Purulent drainage and Dehiscence on Right Groin Surgical Site. Wound Cleaned and Redressed with foam dressing to go to hospital. Received order from MD to send resident out to UCSD for further evaluation.Send Resident to UCSD for further evaluation. Family member notified [Name of Family Member]- Skin/wound Note dated 7/10/25 indicated, .All wound cleaned prior to leaving. Wound Vac removed prior to leaving and clean dressing applied.- Discharge Summary-Physician note dated 7/10/25 indicated, .Patient seen today at the facility during routine weekly rounding, Examination revealed purulent drainage from the right groin surgical incision site, accompanied by mild surrounding erythema. A retainer suture is present; no evidence of dehiscence at this time.Nursing staff were notified and instructed to arrange non-emergent transport via BLS. On 7/23/25 at 1:22 P.M., an interview and record review was conducted with Licensed Nurse (LN) 2. LN 2 stated Resident 1 had post-op orders for a wound vac due to a surgical procedure for an infected left (L) and right (R) femoral (relating to location on the upper thigh groin area) bypass (used to treat a blocked femoral artery) graft (replacing damaged tissue). LN 2 stated Resident 1's R groin wound was assessed by the facility's MD that displayed symptoms of infection of the wound site with purulent (containing pus) drainage, and it was dehisced (wound rupture). LN 2 stated Resident 1's L groin (with the wound vac) did not display symptoms of complications when he did the wound care. LN 2 stated Resident 1's L groin was not healed and did not have complications associated with the L groin upon transfer as assessed by the MD. LN 2 stated Resident 1 did not have parameters to remove the L groin wound vac prior to reassessment after 21 days (Resident 1 was sent out on day 7 of facility stay on 7/10/25). LN 2 stated the purpose of a wound vac was to promote healing and prevent complications of wound infections and if not used as prescribed could lead to complications (poor healing and infections). LN 2 stated he removed Resident 1's L groin wound vac prior to transfer to the hospital because the facility MD wanted to asses Resident 1's L groin wound so the wound vac was removed. LN 2 stated if there was no complications found on the L groin wound vac area the wound vac should have stayed on. LN 2 stated he did not transcribe and/or document an MD order to discontinue Resident 1's L groin wound vac and did not follow up with Resident 1's surgeon regarding the L groin wound vac removal. On 7/24/25 at 4P.M., an interview and record review with LN 1 was conducted. LN 1 stated she was the LN who did Resident 1's admission and confirmed orders with the hospital nurses and</p> |  |  |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and record review, the facility failed to supervise residents who smoke according to resident's smoking assessment for one of three sampled residents (Resident 2).As a result, Resident 2 was not supervised as required, which could have led to potential safety risks for smoke related injuries and for other residents who smoke.A review of Resident 2's admission Record indicated Resident 2 was re-admitted to the facility on [DATE] with diagnoses which included a history of hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness of the arm, leg and trunk on the same side of the body) affecting the left side of the body. A record review of Resident 2's minimum data set (MDS - a federally mandated resident assessment tool) dated 6/30/25 indicated, a Brief Interview for Mental Status (BIMS- developed by reviewing the resident's status during the prior seven-day period) score of 14 points out of 15 possible points which indicated Resident 14 had no cognitive (pertaining to memory, judgement and reasoning ability) deficits. On 7/23/25 at 12:47 P.M., an interview was conducted with Resident 1, in Resident 1's room. Resident 1 had a MDS dated [DATE] BIMS score of 14 which indicated he had no cognitive deficits. Resident 1 stated that the facility did not have scheduled smoking times and that he was free to smoke at any time if it was outside of the facility perimeter (indoor/outdoor areas such as the parking lots) because there was no designated areas to smoke within the facility perimeter. Resident 1 stated when residents smoke outside of the facility no staff members ever supervised. Resident 1 stated he signed a smoking waiver to not smoke anywhere around the premises of the facility and that it was on the residents to find a place to smoke. On 7/23/25 at 1:00 P.M., an interview was conducted with Resident 2, in Resident 2's room. Resident 2 stated, it would be safer if the facility had a designated area to smoke but the facility is a non-smoking facility so that's why they don't have it. Resident 2 stated the facility did not have designated times to smoke and smoked anytime. Resident 2 stated whenever he smoked there was no supervision provided by staff and further stated, it can be dark at night and that's why we should have a designated area to feel safer. On 7/23/25 at 1:30 P.M., an interview was conducted with the Activities Director (AD). The AD stated that the facility currently does not have a smoking program/process for residents who smoke. The AD stated that they try to supervise and check on them (facility residents who smoke) but it's not always the case. The AD stated they don't currently have a smoking attended because they currently are still in-progress of making a smoking program. The AD stated Resident 2 smoked unattended and did not need to be supervised. The AD stated smoke related injuries can occur if residents who need to be supervised are not supervised according to their smoking evaluations/assessments and care plans. The AD stated they [the facility] don't have designated smoking times and areas. The AD stated residents who smoke were free to smoke outside the facility and not on the premises (facility indoor/outdoor areas) at their own risk. A record review was conducted on Resident 2's clinical chart that indicated:- MDS dated [DATE] indicated that Resident 2 was a smoker, had falls in the past and had impairments to his upper and lower body. - Resident 2's care plan dated 6/26/25 indicated, .Resident is a smoker and is at risk for smoking related injury as evidenced by poor safety awareness. and .Supervision provided while resident is smoking . - Resident 2's interdisciplinary team (IDT) note dated 6/26/25 indicated, .requires supervision when smoking .- Resident 2's Smoking Observation/assessment dated [DATE] indicated, .visual impairment. and .Supervision required.On 7/30/25 at 10:19 A.M., an interview was conducted with the Quality Assurance (QA) nurse. The QA nurse stated the facility was still working on their smoking program and that it was still in-progress. The QA nurse stated Resident 2 should be supervised while smoking to prevent smoking related injuries that can happen such as burns. A review of the facility's policy and procedure titled Smoking Policy dated October 2023, did not indicate smoking safety for staff supervision.</p> |  |  |

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| <p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on observation, interview and record review, the facility failed to ensure the presence of a full-time Director of Nursing (DON) to manage and oversee nursing services. This deficient practice placed all 188 residents at risk for uncoordinated care, delays in addressing clinical concerns, and inconsistent implementation of nursing policies and procedures. On 7/23/25 10:30 A.M., a complaint investigation was initiated with the Administrator (ADM). The ADM stated the facility did not have a Director of Nursing (DON) and would be assisted by the Quality Assurance (QA) nurse for any assistance during the complaint investigation. On 7/23/25 at 1:22 P.M., an interview was conducted with LN 2. LN 2 stated we don't have a full-time DON yet. LN 2 stated the QA nurse was the former DON. On 7/24/25 at 4:02 P.M., an interview was conducted with the Director of Staff Development (DSD). The DSD stated she had only been working as a DSD for one month, so she was not sure if the facility was short or had any staffing waivers. The DSD stated the facility did not have a DON. On 7/30/25 at 10:06 A.M., an interview was conducted with the QA nurse. The QA nurse stated, we are still interviewing and in the process of hiring a full-time DON. The QA nurse stated they have a consultant who is available for the facility but was not present during the first day of the complaint investigation (7/23/25). The QA nurse stated it was important to have a full-time DON because the DON oversees the clinical care of residents' care planning and coordination for the safety and well-being of residents by addressing clinical concerns. A review of the facility's policy and procedure titled DIRECTOR of NURSING SERVICES (DNS) dated August 2022, indicated .1. The director is employed full-time (40-hours per week) and is responsible for, but is not necessarily limited to: a. developing and periodically updating the nursing service objectives and statements of philosophy; b. overseeing standards of nursing practice.</p> |  |  |