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 03/05/2026

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review the facility failed to ensure the use of unnecessary drugs by administering antibiotics without adequate indication, monitoring or appropriate duration, for two of three sampled residents (Resident 1, Resident 2, and Resident 3) reviewed from 12 residents identified on the Infection Preventionist (IP) list of health-care associated infection (HAI-infections acquired at the facility) for urinary tract infections (UTI- an infection in the bladder/urinary tract) when:1. Resident 1 received an order for an antibiotic on 1/9/26 for Macrobid (a commonly prescribed antibiotic used specifically to treat bacterial urinary tract infections) without supporting documentation for monitoring UTI symptoms and/or side effect monitoring. Resident 1 received two antibiotics Levofloxacin (used to treat bacterial infections in many different parts of the body) for UTI and Methenamine Hippurate(an antibiotic used to prevent or treat recurring urinary tract infections) for infection prophylaxis (prevention) both ordered on 2/11/26; however, the infection screening dated 2/11/26 documented no symptoms of infection with an evaluation score of 0 (no infection symptoms). Despite the absence of an infection screening evaluation confirming a UTI diagnosis, and the Methenamine Hippurate order did not include a documented diagnosis supporting infection prophylaxis (prevention) or a stop date.2. Resident 3 was prescribed an antibiotic (Ciprofloxacin-antibiotic used to treat serious bacterial infections) order on 2/8/26 for a suspected UTI; however clinical documentation indicated the antibiotic was initiated based on confusion, which did not meet the diagnostic criteria for UTI. In addition, no infection screening evaluation was completed prior to initiating antibiotic therapy, and no monitoring of UTI symptoms and side effects during the course of antibiotic therapy, indicating the medication was initiated and continued without adequate clinical indication or appropriate monitoring, consistent with unnecessary drug use.Findings:1. A review of Resident 1's admission Record indicated Resident 1 was re-admitted to the facility on [DATE] with diagnoses which included history of quadriplegia (paralysis from the neck down, including legs, and arms, usually due to a spinal cord injury) and immunodeficiency (group of conditions that make it hard for the body to fight infections).A record review of Resident 1's minimum data set (MDS - a federally mandated resident assessment tool) dated1/28/26 indicated, a Brief Interview for Mental Status (BIMS- developed by reviewing the resident's status during the prior seven-day period) score of 15 points out of 15 possible points which indicated Resident 1 had no (pertaining to memory, judgement and reasoning ability) deficits. On 3/4/26 at 1:35 P.M., an interview and record review was conducted with the Infection Prevention (IP) nurse. The IP nurse stated the facility tracked residents with UTIs using an infection surveillance list and monitored infections through infection tracking and mapping. The IP stated the facility used a clinical document titled Infection Screening Evaluation to assess and/or evaluate residents for signs and symptoms of infection prior to initiating antibiotic therapy as part of the facility's infection prevention and antibiotic stewardship program. The IP nurse stated Resident 1 had a suprapubic catheter and a history of recurrent UTI's and had a care plan which had addressed risk for infection dated initiated 2/6/26. The IP nurse stated Resident 1's Infection Screening Evaluation was completed on 2/11/26 that indicated no symptoms consistent with UTI.On 3/5/26 at 1:13 PM a follow-up interview and record review was conducted with the IP nurse. The (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

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	03/05/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	record reviews indicated:Resident 1's clinical document titled, Infection Screening Evaluation showed scores of 50 (symptom/s of infection) on 1/12/26 with acute dysuria (one symptom for UTI) and was manually triggered (regardless of score) to indicate active infection. Resident 1's urine culture on 1/9/26 indicated, .Gram Positive Cocci [round bacteria that turn purple under a microscope when stained, indicating a thick, protective outer layer] Colony count 50,000-90,000. Resident 1's physicians (MD) order Macrobid 100 mg was started on 1/9/26 through 1/16/26 for the treatment of UTI. No supporting documentation for monitoring UTI symptoms and/or side effect monitoring for antibiotic use.Resident 1's clinical document titled, Infection Screening Evaluation showed a score of zero on 2/11/26 (no symptom of infection). Resident 1's urine culture result on 1/9/26 indicated .Gram Positive Cocci Colony count 50,000-90,000.; despite this Resident 1 was prescribed Levofloxacin 250 mg on 2/10/26 through 2/17/26 for UTI and Methenamine Hippurate 1 gram for infection prophylaxis without a stop date. No supporting documentation for monitoring UTI symptoms and/or side effect monitoring for antibiotic use.The IP nurse stated Resident 1 should have been monitored for signs and symptoms of UTI during antibiotic therapy, which included the time when receiving Macrobid and Levofloxacin. The IP further stated Resident 1's MD order Methenamine Hippurate should have included a stop date and the diagnosis of infection prophylaxis required clarification, as it did not identify specific symptoms or criteria for monitoring. The IP nurse stated antibiotics should have a defined duration and monitoring plan to prevent inappropriate antibiotic use and reduce the risk of antibiotic resistance and infection.On 3/5/26 at 2:41 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated the facility expected staff to follow appropriate clinical criteria and physician diagnosis when initiating antibiotic therapy. The DON stated it was important to follow McGreer (a standardized set of rules to determine if a resident has a true UTI) criteria when evaluating residents for UTI prior to initiating antibiotics. The DON further stated when a new antibiotic order was received, the IP nurse should complete the Infection Screening Evaluation and notify the physician if the resident did not meet the criteria for antibiotic therapy, and alternative interventions should be considered prior to initiating antibiotics.A review of the facility's policy and procedure titled, Urinary Tract infection/Bacteriuria - Clinical Protocol dated April 2018, indicated .Nurses should observe, document, and report signs and symptoms (for example, fever or hematuria) in detail and avoid premature diagnostic conclusions.When a resident has a persistent or recurrent urinary tract infection after treatment with antibiotics, the physician will review the situation carefully with the nursing staff and consider other or additional issues (such as urinary obstruction or indwelling catheter change or removal) before prescribing additional courses of antibiotics.Physicians should justify continuing or resuming antibiotic treatment beyond an initial course.2. A review of Resident 3's admission Record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses which included history of Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).A record review of Resident 3's minimum data set (MDS - a federally mandated resident assessment tool) dated 1/29/26 indicated, a Brief Interview for Mental Status (BIMS- developed by reviewing the resident's status during the prior seven-day period) score of 13 points out of 15 possible points which indicated Resident 3 had moderate cognitive (pertaining to memory, judgement and reasoning ability) deficits. On 3/4/26 at 2:49 P.M., an interview and record review was conducted with the Infection Prevention (IP) nurse. The IP nurse stated Resident 3's physicians (MD) order Ciprofloxacin 500mg started on 2/8/26 through 2/15/26 for a suspected UTI for confusion and a urinalysis showing a colony count (measure of bacteria) greater than 100,000 Escherichia (ecoli- bacteria found in the gut). The IP nurse stated according to McGeer (a standardized set of rules to determine if a resident has a true UTI) criteria, residents without an indwelling catheter must exhibit two or more clinical symptoms in addition to a positive culture to support the diagnosis of UTI, and confusion alone did not meet the diagnostic criteria for initiating antibiotic therapy. The IP nurse stated McGeer criteria should be used to evaluate whether a resident has a true infection prior to initiating antibiotic therapy. The IP nurse (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	stated that the clinical document titled Infection Screening Evaluation was not completed and should have been completed to ensure antibiotics were prescribed appropriately and to reduce the risk of antibiotic resistance and additional infections.On 3/5/26 at 2:41 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated the facility expected staff to follow appropriate clinical criteria and physician diagnosis when initiating antibiotic therapy. The DON stated it was important to follow McGreer criteria when evaluating residents for UTI prior to initiating antibiotics. The DON further stated when a new antibiotic order was received, the IP nurse should complete the Infection Screening Evaluation and notify the physician if the resident did not meet the criteria for antibiotic therapy, and alternative interventions should be considered prior to initiating antibiotics.A review of the facility's policy and procedure titled, Urinary Tract infection/Bacteriuria - Clinical Protocol dated April 2018, indicated .Nurses should observe, document, and report signs and symptoms (for example, fever or hematuria) in detail and avoid premature diagnostic conclusions. New onset of nonspecific or general symptoms alone (change in mental status, decline in appetite, etc.) is not enough to diagnose a UTI.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review the facility failed to implement an effective infection control prevention and antibiotic (medication for infection) stewardship (responsible use) process for three of three sampled residents (Resident 1, Resident 2, and Resident 3) reviewed from 12 residents identified on the Infection Preventionist (IP) list of health-care associated infection (HAI-infections acquired at the facility) for urinary tract infections (UTI- an infection in the bladder/urinary tract) when:1. Resident 1 received an order for an antibiotic on 1/9/26 for Macrobid (a commonly prescribed antibiotic used specifically to treat bacterial urinary tract infections) without supporting documentation for monitoring UTI symptoms and/or side effect monitoring. Resident 1 received two antibiotics Levofloxacin (used to treat bacterial infections in many different parts of the body) for UTI and Methenamine Hippurate (an antibiotic used to prevent or treat recurring urinary tract infections) for infection prophylaxis (prevention) both ordered on 2/11/26; however, the infection screening dated 2/11/26 documented no symptoms of infection with an evaluation score of 0 (no infection symptoms). Despite the absence of an infection screening evaluation confirming a UTI diagnosis, and the Methenamine Hippurate order did not include a documented diagnosis supporting infection prophylaxis (prevention) or a stop date.2. Resident 2 received an antibiotic (Cefuroxime Axetil- antibiotic used to kill bacteria causing various infections) on 2/4/26 for dysuria (Double check) for seven days; however, the facility did not complete an infection evaluation screening to assess for UTI prior to initiating antibiotic therapy.3. Resident 3 was prescribed an antibiotic (Ciprofloxacin- antibiotic used to treat serious bacterial infections) order on 2/8/26 for a suspected UTI; however clinical documentation indicated the antibiotic was initiated based on confusion, which did not meet the diagnostic criteria for UTI. In addition, no infection screening evaluation was completed prior to initiating antibiotic therapy, and no monitoring of UTI symptoms while on antibiotic treatment, indicating lack of appropriate assessment and antibiotic stewardship oversite.These deficient practices placed all three residents at risk for receiving unnecessary antibiotic treatment, delayed identification of actual infection, development of antibiotic resistance, and potential medication-related adverse effects.Cross-reference F757.Findings:1. A review of Resident 1's admission Record indicated Resident 1 was re-admitted to the facility on [DATE] with diagnoses which included history of quadriplegia (paralysis from the neck down, including legs, and arms, usually due to a spinal cord injury) and immunodeficiency (group of conditions that make it hard for the body to fight infections).A record review of Resident 1's minimum data set (MDS - a federally mandated resident assessment tool) dated1/28/26 indicated, a Brief Interview for Mental Status (BIMS- developed by reviewing the resident's status during the prior seven-day period) score of 15 points out of 15 possible points which indicated Resident 1 had no (pertaining to memory, judgement and reasoning ability) deficits. On 3/4/26 at 1:35 P.M., an interview and record review was conducted with the Infection Prevention (IP) nurse. The IP nurse stated the facility tracked residents with UTIs using an infection surveillance list and monitored infections through infection tracking and mapping. The IP stated used a clinical document titled Infection Screening Evaluation to assess and/or evaluate residents for signs and symptoms of infection prior to initiating antibiotic therapy as part of the facility's infection prevention and antibiotic stewardship program. The IP nurse stated Resident 1 had a suprapubic catheter and a history of recurrent UTIs and had a care plan addressing risk for infection dated initiated 2/6/26. The IP nurse stated Resident 1's Infection Screening Evaluation was completed on 2/11/26 that indicated no symptoms consistent with UTI.On 3/5/26 at 1:13 PM a follow-up interview and record review was conducted with the IP nurse. The record reviews indicated:- Resident 1's clinical document titled, Infection Screening Evaluation showed scores of 50 (symptom/s of infection) on 1/12/26 with acute dysuria (one symptom for UTI) and was manually triggered (regardless of score) to indicate active infection. Resident 1's urine culture on 1/9/26 (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	indicated, .Gram Positive Cocci [round bacteria that turn purple under a microscope when stained, indicating a thick, protective outer layer] Colony count 50,000-90,000. Resident 1's physicians (MD) order Macrobid 100 mg was started on 1/9/26 through 1/16/26 for the treatment of UTI. No supporting documentation for monitoring UTI symptoms and/or side effect monitoring for antibiotic use.- Resident 1's clinical document titled, Infection Screening Evaluation showed a score of zero on 2/11/26 (no symptom of infection). Resident 1's urine culture result on 1/9/26 indicated .Gram Positive Cocci Colony count 50,000-90,000.; despite this Resident 1 was prescribed Levofloxacin 250 mg on 2/10/26 through 2/17/26 for UTI and Methenamine Hippurate 1 gram for infection prophylaxis without a stop date. No supporting documentation for monitoring UTI symptoms and/or side effect monitoring for antibiotic use.The IP nurse stated Resident 1 should have been monitored for signs and symptoms of UTI during antibiotic therapy, including while receiving Macrobid and Levofloxacin. The IP further stated Resident 1's MD order Methenamine Hippurate should have included a stop date and the diagnosis of infection prophylaxis required clarification, as it did not identify specific symptoms or criteria for monitoring. The IP nurse stated antibiotics should have a defined duration and monitoring plan to prevent inappropriate antibiotic use and reduce the risk of antibiotic resistance and infection.On 3/5/26 at 2:41 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated the facility expected staff to follow appropriate clinical criteria and physician diagnosis when initiating antibiotic therapy. The DON stated it was important to follow McGreer criteria (a standardized set of rules to determine if a resident has a true UTI) when evaluating residents for UTI prior to initiating antibiotics. The DON further stated when a new antibiotic order was received, the IP nurse should complete the Infection Screening Evaluation and notify the physician if the resident did not meet the criteria for antibiotic therapy, and alternative interventions should be considered prior to initiating antibiotics. A review of the facility's policy and procedure titled, Antibiotic Stewardship dated December 2016, indicated .1. The purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents .4. If an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following elements. d.Duration of treatment: (1) Start and stop date; or (2) Number of days of therapy.2. A review of Resident 2's admission Record indicated Resident 2 was re-admitted to the facility on [DATE] with diagnoses which included history of Parkinson's (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements).A record review of Resident 2's minimum data set (MDS - a federally mandated resident assessment tool) dated 12/12/25 indicated, a Brief Interview for Mental Status (BIMS- developed by reviewing the resident's status during the prior seven-day period) score of 13 points out of 15 possible points which indicated Resident 2 had moderate cognitive (pertaining to memory, judgement and reasoning ability) deficits. On 3/4/26 at 1:46 P.M., an interview and record review was conducted with the Infection Prevention (IP) nurse. The IP nurse stated Resident 2 complained of dysuria (difficulty urinating) on 2/2/26 and had a urinalysis (medical test for urine) completed on 2/3/26 which indicated the presence of .many bacteria. LN 2 stated Resident 2 was prescribed Cefuroxime Axetil 250 mg for seven days beginning 2/4/26 through 2/11/26 for treatment of a suspected UTI. The IP nurse stated Resident 2 was at baseline incontinent (the involuntary or accidental leakage of urine/bladder control or feces/bowel control) and did not have a urinary catheter at the time symptoms were reported.On 3/5/26 at 1:42 P.M., a follow-up interview and record review was conducted with the Infection Prevention (IP) nurse. The IP nurse stated only one progress note dated 2/10/26 at 22:30 (10:30 P.M.) documented monitoring of UTI symptoms, which stated, .Continue on ABT for UTI. no c/o bladder discomfort. The IP nurse stated nursing staff should monitor and document signs and symptoms of UTI throughout the duration of antibiotic therapy to evaluate the effectiveness of treatment and ensure antibiotics were used appropriately. The IP nurse stated that the clinical document titled Infection Screening Evaluation was not completed prior to initiating antibiotic therapy to determine whether Resident 2 met diagnostic criteria for UTI according to the McGeer (a standardized set of rules to determine if a resident has a true UTI) criteria. The IP nurse (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	further stated no consistent monitoring for UTI symptoms was documented during the course of antibiotic treatment.On 3/5/26 at 2:41 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated the facility expected staff to follow appropriate clinical criteria and physician diagnosis when initiating antibiotic therapy. The DON stated it was important to follow McGreer criteria when evaluating residents for UTI prior to initiating antibiotics. The DON further stated when a new antibiotic order was received, the IP nurse should complete the Infection Screening Evaluation and notify the physician if the resident did not meet the criteria for antibiotic therapy, and alternative interventions should be considered prior to initiating antibiotics.A review of the facility's policy and procedure titled, Antibiotic Stewardship dated December 2016, indicated .1. The purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents .3. A review of Resident 3's admission Record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses which included history of Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).A record review of Resident 3's minimum data set (MDS - a federally mandated resident assessment tool) dated 1/29/26 indicated, a Brief Interview for Mental Status (BIMS- developed by reviewing the resident's status during the prior seven-day period) score of 13 points out of 15 possible points which indicated Resident 3 had moderate cognitive (pertaining to memory, judgement and reasoning ability) deficits. On 3/4/26 at 2:49 P.M., an interview and record review was conducted with the Infection Prevention (IP) nurse. The IP nurse stated Resident 3's physicians (MD) order Ciprofloxacin 500mg started on 2/8/26 through 2/15/26 for a suspected UTI for confusion and a urinalysis showing a colony count (measure of bacteria) greater than 100,000 Escherichia (ecoli- bacteria found in the gut). The IP nurse stated according to McGeer (a standardized set of rules to determine if a resident has a true UTI) criteria, residents without an indwelling catheter must exhibit two or more clinical symptoms in addition to a positive culture to support the diagnosis of UTI, and confusion alone did not meet the diagnostic criteria for initiating antibiotic therapy. The IP nurse stated McGeer criteria should be used to evaluate whether a resident has a true infection prior to initiating antibiotic therapy. The IP nurse stated that the clinical document titled Infection Screening Evaluation was not completed and should have been completed to ensure antibiotics were prescribed appropriately and to reduce the risk of antibiotic resistance and additional infections.On 3/5/26 at 2:41 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated the facility expected staff to follow appropriate clinical criteria and physician diagnosis when initiating antibiotic therapy. The DON stated it was important to follow McGreer criteria when evaluating residents for UTI prior to initiating antibiotics. The DON further stated when a new antibiotic order was received, the IP nurse should complete the Infection Screening Evaluation and notify the physician if the resident did not meet the criteria for antibiotic therapy, and alternative interventions should be considered prior to initiating antibiotics.A review of the facility's policy and procedure titled, Antibiotic Stewardship dated December 2016, indicated .1. The purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents .