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	04/23/2026

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record reviews, the facility staff failed to report an allegation of abuse for one of three sampled resident (Resident 1). This failure had the potential for further abuse to Resident 1. Findings: On 4/14/26 at 6:48 P.M. the Department received a complaint from a hospital staff. The hospital staff stated a resident (Resident 1) who came from (name of facility) skilled nursing facility (SNF) told him that he was physically assaulted by a staff at the SNF where he was residing. On 4/22/26 at 9:55 A.M., an unannounced visit was conducted at the facility to investigate an abuse allegation involving Resident 1. Per the Facility's admission Record, Resident 1 was admitted to the facility on [DATE] with diagnoses which included Depression (a serious, common mental health condition causing persistent sadness, low interest and low energy) and Chronic Obstructive Pulmonary Disease (a chronic lung disease causing difficulty in breathing). A review of Resident 1's Minimum Data Set (MDS - a federally mandated assessment tool) dated 4/2/26 indicated a brief interview for mental status (BIMS) score of 15 which indicated Resident 1's cognition (thought process) was intact. On 4/22/26 at 4:19 P.M., an interview with the DON was conducted. The DON stated on 4/17/26 she received a report that Resident 1 reported to the hospital staff that he was physically assaulted. The DON stated she did not do anything with this information and acknowledged she did not report it to the Department. The DON indicated it was important to report allegations of abuse to keep residents safe and to start the investigation timely. This was not done for Resident 1. A review of the facility's policy titled, Abuse, Neglect , Exploitation and Misappropriation Prevention Program dated April 2021, indicated, 9. investigate and report any allegations within time frames required by federal requirements.

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