STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056401	A. Building B. Wing	03/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Hills Post Acute Care	3680 Reynard Way 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 46235

Based on observation, interview, and record review, the facility failed to protect 1 of 5 residents from physical abuse from another resident of the facility. (Resident 2).

This failure resulted in Resident 2 being kicked in the shins. In addition, there was a potential for a repeat physical abuse from the same resident.

Findings:

Resident 2 was admitted to the facility on [DATE] with diagnoses including muscle weakness and anxiety (feeling of fear, dread and uneasiness) according to the facility's Admission Record.

An interview was conducted on 3/4/25 at 9:45 A.M. with Resident 2. Resident 2 was on a wheelchair in her room. Resident 2 stated she had another altercation with Resident 1 whose room was two doors away from her room. Resident 2 stated Resident 1 came to the doorway and offered coffee to her roommate. Resident 2 stated she told Resident 1 not to enter the room and Resident 1 got angry and told Resident 2 that the room was not just hers. Resident 2 stated she responded that it was her room and Resident 1 attempted to hit her chest but could not reach her and hit both her hands instead. Resident 2 stated Resident 1 then kicked both her shins, and she kicked Resident 1 back on his shins. Resident 2 further stated this was the second time she had an altercation with Resident 2.

During an interview on 3/4/25 at 10:20 A.M. with Certified Nurse Assistant (CNA) 2, CNA 2 stated Resident 1 had gotten irritated with other residents.

Resident 1 was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease (a brain disorder that slowly destroys memory, thinking skills and eventually the ability to carry out simple tasks) according to the facility's Admission Record.

An interview was conducted with Resident 1 on 3/4/25 at 10:34 A.M. in his room. Resident 1 stated he had another fight with another resident and could not remember why and where he hit the other resident. Resident 1 stated he still saw the other resident when out of his room.

(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: 056401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Hills Post Acute Care	3680 Reynard Way San Diego, CA 92103

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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 3/4/25 at 11:15 A.M. with Licensed Nurse (LN) 1. LN 1 stated Resident 1 was recently moved to her section. LN stated she was not sure if Resident 1 had an altercation with another resident. LN stated it was important to know if there was an altercation to monitor resident's behavior and to keep both residents safe. During an interview on 3/4/25 at 11:17 A.M. with the Assistant Director of Nursing (ADON), the ADON stated staff monitored Resident 1 and Resident 2 throughout the day but there was no formalized monitoring system used. During an interview on 3/4/25 at 12:59 P.M. with CNA 3, CNA 3 stated Resident 1 had gotten agitated if someone was in the way of the coffee cart or the bathroom. CNA 3 further stated Resident 1 would hit, yell or throw a cup at another resident. During an interview on 3/4/25 at 4:18 P.M. with CNA 4, CNA 4 stated Resident 1 entered other residents' rooms and needed staff to redirect Resident 1. CNA 4 stated she was not aware of the altercation between Resident 1 and Resident 2. A review of care plans for Resident 1 was conducted. The care plans did not indicate Resident 1's behaviors according to staff interviews. An interview was conducted with the Director of Nursing (DON) on 3/7/25 at 3:08 P.M. The DON stated it was important for staff to know which residents had an altercation in order for staff to keep them separated. A review of the facility's policy and procedure (P&P) titled, Reporting Alleged Violations of Abuse, Neglect, Exploitation or Mistreatment, dated 11/2023 was conducted. The P&P indicated, .It is the policy of this Facility that each resident has the right to be free from abuse .mistreatment .Residents must not be subjected to abuse by anyone, including .other residents .immediately put effective measures in place to ensure that further potential abuse .does not occur .