

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Shandin Hills Behavior Therapy Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4164 North 4th Avenue San Bernardino, CA 92407	

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)
<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47110</p> <p>Based on observation, interview, and record review, the facility failed to implement adequate monitoring and supervision for one of one resident (Resident 1) who had a history of elopement (leaving a designated area without permission), when the facility ' s back door was unlocked and Resident 1 left the facility without staff awareness on January 6, 2025, for 15 hours, before police brought Resident 1 back to the facility at midnight, on January 7, 2025.</p> <p>This failure placed Resident 1 at high risk for accidents and had the potential to place Resident 1's health and safety at risk and for him to experience some serious adverse outcome, due to exposure of the (outdoor) elements, as well as effects of his admitted use of marijuana (a drug than can be smoke, vaporized or consume in milk) and alcohol while he was gone interacting with his prescribed medications.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (a document that gives a summary of resident's information), the Admission Record indicated, Resident 1 was admitted to the facility on [DATE], with diagnoses that included schizophrenia (mental disorder in which people interpret reality abnormally).</p> <p>During a review of Resident 1 ' s Elopement Evaluation (a form used by the facility to assess the risk of a resident leaving the facility) dated November 14, 2024, indicated, Resident 1 has a history of actual elopement or attempted elopement.</p> <p>During a review of the Facility record titled, Investigation Worksheet (document containing Resident 1 interview statement). Resident 1 interview statement was reviewed. In the statement Resident 1 described on January 6, 2025, he left at 9:30 AM. He was pacing when he noticed Mental Health Counselor Programmer (MHCP 1) and the other MHCP (MHCP 2) conducting a group session. A Certified Nurse Assistant (CNA 1) departed for a break, while CNA 2 remained at the nurse's station. So, he walked and tested the door, which opened, and then he hurried out. He hopped over the fence near the laundry room. He had to hang down so he wouldn't fall into the yellow trash cans. Then he dashed down the driveway to the large bus stop beside the 7/11. He got the bus about 10:00 AM and paid \$2.40. He rides it till he reaches the city of [NAME], where several people give him marijuana and he purchased some beer and a cigar from the liquor shop. He used the phone to contact his brother to pick him up, but the cops got him first.</p> <p>(continued on next page)</p>

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: 05A208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Shandin Hills Behavior Therapy Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4164 North 4th Avenue San Bernardino, CA 92407	
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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on January 7, 2025, at 12:39 PM, with the Program Director (PD 1), the PD 1 stated they had a faulty back door that Resident 1 opened; the magnet did not engage, and Resident 1 scaled the fence to exit the premises.</p> <p>During an interview on January 7, 2025, at 1:13 PM, with Resident 1, Resident 1 stated he escaped the facility by going through the back door and jumping over the fence. Resident 1 further stated the door was broken and it could be gently pushed open. Resident 1 stated the hallway was empty, with only a single person at the nurses' station, enabling him to slip away unnoticed. Resident 1 also mentioned he rode a bus to [NAME] and was brought back to the facility by the police.</p> <p>During a review of Resident 1 ' s Minimum Data Set (facility assessment tool), dated October 19, 2024, under Section C, it indicated his Brief Interview for Mental Status (BIMS) score was 15. (A BIMS score of 13 to 15 suggests the patient is cognitively intact.)</p> <p>During an interview on January 7, 2025, at 1:20 PM with a Resident (Resident 2). Resident 2 stated the door was broken yesterday, at around 8:30 - 9:30 AM, stated he knows about it because he heard someone got out.</p> <p>During a review of Resident 2 ' s Minimum Data Set (facility assessment tool), dated November 25, 2024, under Section C, it indicated his Brief Interview for Mental Status (BIMS) score was 15. (A BIMS score of 13 to 15 suggests the patient is cognitively intact.)</p> <p>During an interview on January 7, 2025, at 1:24 PM, with a Resident (Resident 3). Resident 3 stated the door was broken yesterday and no staff was in the hallway.</p> <p>During a review of Resident 3 ' s Minimum Data Set (facility assessment tool), dated December 8, 2024, under Section C, it indicated his Brief Interview for Mental Status (BIMS) score was 15. (A BIMS score of 13 to 15 suggests the patient is cognitively intact.)</p> <p>During an interview on January 7, 2025, at 1:27 PM with the CNA 2, the CNA 2 stated she doesn ' t know exactly the time when the elopement happened. Stated she start her shifts at 6:30 AM and went to lunch from 10:00 AM - 10:30 AM. She added per policy someone should be always on the floor. She further explained that they were having problems with that door not working properly yesterday before the elopement incident happened.</p> <p>During an interview on January 7, 2025, at 1:44 PM, with The MHCP 1, the MHCP 1 stated yesterday, January 6, 2025, she started her shift at 7:00 AM. She believes the elopement happen between 9:30AM - 10:00 AM, because she observed the back door was not locking when they return from coffee break outside. MHCP 1 stated she discovered the door did not close securely and could be easily opened, prompting her to inform the Maintenance Supervisor.</p> <p>During an interview on January 7, 2025, at 2:23 PM, with the Maintenance Supervisor (MS 1), the MS 1 stated he was informed around 9:00 AM, on January 6, 2025, the door was not locking, and he fixed it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Shandin Hills Behavior Therapy Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4164 North 4th Avenue San Bernardino, CA 92407	
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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on January 7, 2025, at 3:00 PM, with the PD 1, the PD 1 stated they are conducting in-service training about heightened supervision and staying at their posts consistently to oversee the residents. She further added, according to policy, there must be always personnel in the hallway.</p> <p>During a review of the facility Policy and Procedure (P&P), titled, Maintenance Service, undated, indicated, . 1. The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner .</p> <p>During a review of the facility Policy and Procedure (P&P) titled, Emergency Procedure - Missing Resident, undated, indicated, .1. Residents at risk for wandering and/or elopement will be monitored, and staff will take necessary precautions to ensure their safety .</p>		