

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 11/15/2024
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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49001</p> <p>Based on interviews and record review, the facility failed to ensure the residents rights to forms of communication were respected for three of six residents (Residents 24, 31 and 66) when Residents 24, 31 and 66 did not receive mail on Saturdays.</p> <p>This failure resulted in Residents 24, 31 and 66's not having means of communication with individuals inside or outside the facility, which could cause psychosocial harm and lead to low self-esteem, feeling irritated, sad, and anxious.</p> <p>Findings:</p> <p>During a review of Resident 24's Admission Record, the Admission Record indicated Resident 24 was admitted to the facility on [DATE], with the diagnoses of schizophrenia (a chronic mental disorder that affects a person's ability to think, perceive, and interact with others), nicotine dependence (a condition where a person has a compulsive need for nicotine, the addictive chemical found in tobacco products) and hyperlipidemia (high levels of fat in the blood).</p> <p>During a review of Resident 31's Admission Record, the Admission Record indicated Resident 31 was admitted to the facility on [DATE], with the diagnoses of nicotine dependence and schizophrenia.</p> <p>During a review of Resident 66's Admission Record, the Admission Record indicated Resident 66 was admitted to the facility on [DATE], with the diagnoses of nicotine dependence and schizophrenia.</p> <p>During an interview on November 13, 2024, at 11:00 AM, with Residents 24, 31, and 66, during Resident Council meeting (a gathering of residents who come together to discuss concerns, share information, and make decisions) conducted , Residents 24, 31, and 66 stated they do not receive mail on Saturdays and only received it during Monday through Friday.</p> <p>During an interview on November 13, 2024 at 11: 40 AM, with the Social Services Director (SSD), the SSD stated, the facility did not have any staff member to distribute mail to the residents on the weekends. The SSD further stated, there just isn't anyone here with access to the mailbox on weekends.</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
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<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a follow up interview on November 13, 2024, 12:18 PM with the SSD, the SSD stated, social services department is responsible for delivering mail. The SSD further stated, the post office delivered the mail on Saturdays into the mailbox, however the residents receive their mail until the following Monday.</p> <p>During a concurrent interview and record review on November 13, 2024, at 12:19 PM with the SSD, the SSD reviewed the facility's policy and procedure (P&P) titled, Mail and Electronic Communication, revised date May 2017. The P&P indicated, . 4. Mail and packages will be delivered to the resident within twenty-four hours of delivery on premises or to the facility's post office box (including Saturday deliveries). The SSD, stated, the policy was not followed but, the facility is working on getting an additional key. The SSD further stated, It is the patients right to receive their unopened mail in a timely manner.</p> <p>During an interview on November 13, 2024, at 12:25PM, with the Administrator, (Admin), the Admin stated, the Social services Director is responsible for the residents mail delivery. The Admin further stated, if the Residents, do get regular mail on Saturdays, then the mail gets distributed on Monday. The Admin stated, it is important the residents receive their mail on Saturdays, it is the Residents rights.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>50575</p> <p>Based on observation, interview, and record review, the facility failed to follow their daily approved menu for lunch when, on November 12, 2024, Dietary [NAME] served a mixture of lettuce, tomato, and cheese together to serve with tacos and used a #24 scoop (1.33 ounces or 2-2/3 tablespoons), instead of 1/4 cup (4 tablespoons) shredded lettuce and diced tomato topping and 1 tablespoon of shredded cheddar cheese.</p> <p>This failure had the potential for residents to compromise their nutritional status when menus are not followed for 78 of 78 medically compromised residents who received food from the kitchen.</p> <p>FINDINGS:</p> <p>During tray line (when cook serves food on plates for each resident according to the menu) observation on November 12, 2024, at 12:11 PM, In Unit 1 Dietary [NAME] served lettuce, tomato, and cheese mixture using a #24 handle scoop (1.33 ounces or 2-2/3 Tablespoon).</p> <p>During a tray line observation on November 12, 2024, at 12:37 PM. In Unit 2 Dietary Aide served lettuce, tomato, and cheese mixture using a #24 handle scoop (1.33 ounces or 2-2/3 tablespoons).</p> <p>During a review of the facility document titled, Diet Guide Sheet, dated November 12, 2024, indicated, Beef Soft Taco with Flour Tortilla .Shredded Lettuce & Diced Tomato Topping 1/4 Cup (4 tablespoons) .Shredded Cheddar Cheese 1 Tbl (tablespoon) .</p> <p>During an interview on November 15,2024, at 10:05 AM, with the Registered Dietician (RD), the RD stated the recipe, and the menu diet guide should be followed.</p> <p>During a review of facility's policy and procedure (P&P) titled, Menus, dated September 2017, the P&P indicated, .6. Menus will be served as written, unless a substitution is provided in response to preference, unavailability of an item, or a special meal .</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50575</p> <p>Based on observation, interview, and record review, the facility failed to follow the menu for dysphagia mechanical soft diet (texture-modified diet that restricts foods that are difficult to chew or swallow) when one of twenty two sampled resident (Resident 16) did not receive her physician ordered therapeutic diet (a meal plan that's prescribed by a doctor and created by a dietician to treat a medical condition) on the following days: Received regular tortilla and regular green chili rice instead of pureed tortilla and pureed green chili rice for lunch on November 12, 2024. Received a whole piece of bread and chopped roast pork instead of pureed bread and ground roast pork for lunch on November 13, 2024.</p> <p>This failure had the potential for Resident 16 that received this diet to be at risk for choking and impact the resident's nutritional needs and health outcomes.</p> <p>FINDINGS:</p> <p>A review of Resident 16's Admission Record, (contains demographic and medical information), indicated Resident 16 was admitted to the facility on [DATE], with diagnoses which included paranoid schizophrenia (is a pattern of behavior where a person feels distrustful and suspicious of other people and acts accordingly), Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), hyperlipidemia (a condition where there are abnormally high levels of lipids, or fats, in the blood)</p> <p>During an observation on November 12,2024, at 12:23 PM, Dietary Aide 1 (DA 1) was plating the food for residents and served Resident 16 a regular diet which consisted of 2 regular beef tacos and scoop of green chili rice.</p> <p>During a record review of the facility's menu diet guide on November 12, 2024, at 1:30 PM, titled, Diet Guide Sheet, indicated on November 12,2024 for Dysphagia Mechanical Soft .Lunch .Pureed tortilla .pureed green chili rice .</p> <p>During an observation on November 13, 2024, at 01:12 PM, observed Resident 16's meal tray for lunch which consisted of chopped pork and slice of bread.</p> <p>During a record review of the facility's menu diet guide on November 13,2024, at 1:45 PM titled, Diet Guide Sheet, indicated on November 13,2024 for Dysphagia Mechanical Soft .Lunch .ground roast pork .pureed bread .</p> <p>During a review on November 13,2024, at 01:13 PM, Resident 16's clinical record physician order indicated on September 5, 2024, Consistent Carbohydrate diet Dysphagia (difficulty swallowing) mechanical soft texture, . for recent choking episode.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review on November 13,2024, at 04:18 PM, Resident 16's progress note, dated September 2,2024, indicated, At approximately 1315 staff reported resident appeared to be choking while eating lunch in her room. Nursing staff proceeded with performing abdominal thrust which resulted in resident vomiting her food. No visible large object noted in throw up. Resident is currently sitting up in her bed with no signs of distress, no pain or discomfort. Resident is educated on chewing her food before swallowing .</p> <p>During a review of Resident 16's record on November 14,2024, at 09:57 AM, Interdisciplinary Progress Note, dated September 12, 2024, indicated, IDT discussed the patient's incident at mealtime where there was an incident where she appeared to be choking. Resident's diet was immediately changed to Dysphagia Mechanical Soft texture.</p> <p>During an interview on November 14, 2024, at 10:21 AM, the Dietary [NAME] (DC) stated she forgot to pureed the tortilla, the rice, and the bread. She confirmed that she should follow according to the menu diet guide.</p> <p>During an interview on November 15,2024, at 10:20 AM, with Registered Dietician (RD), RD stated it was his expectation that meals should be according to the recipe and what the diet guide calls for.</p> <p>During a review of the facility's Diet and Nutrition Care Manual under, Diet and Nutrition Care Manual, under National Dysphagia Diet Levels, Level 2 Dysphagia Mechanically Altered, cohesive, moist, semi-solid, requires some chewing ability, ground or minced meats with fork-mashable fruits and vegetables, moist, ground, soft textured , minced or fork mashable, simple to chew foods that are included in a transition from puree texture to mechanical soft texture, The food forms easily into a cohesive bolus, excludes most bread products, crackers, and other dry foods.</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50575</p> <p>Based on observations, interviews, and record review, the facility failed to ensure when one of one sampled residents (Resident 278) food preferences were not honored when Resident 278 asked for ketchup for his lunch on November 12, 2024 and staff said no.</p> <p>This failure had the potential to result in unmet care of needs for Resident 278 which could potentially affect the residents nutrition status.</p> <p>FINDINGS:</p> <p>A review of Resident 278's Admission Record,(contains demographic and medical information), indicated Resident 278 was admitted to the facility on [DATE], with diagnoses which included schizoaffective disorder (s a mental health condition marked by hallucinations or delusions, and symptoms of a mood disorder, such as mania and depression), enlarged lymph nodes (swollen lymph nodes are your body's natural reaction to illness or infection. These small lumps are soft, tender, and often painful), and nicotine dependence (a chronic disease that makes it difficult to stop using tobacco, even when a person wants to quit).</p> <p>During an observation on November 12,2024, at 12:11 PM, Resident 278 was getting his food for lunch and asked the Dietary [NAME] for ketchup. Dietary [NAME] stated, no, You don't need it. We are not serving fries.</p> <p>During a review of Resident 278's progress note on November 13, 2024, at 11:09 AM, a note dated November 8, 2024, indicated, Resident was waiting in line for his tray when he asked for ketchup. Resident educated that he doesn't have a hot dog. Resident stated, yes I do. Grabbed his pants over his crotch area and stated, I got one right here. Resident educated on appropriate boundaries and redirected to cease inappropriate comments by PD. Resident understood. PD met with the resident to discuss safety planning for the weekend. Resident given another packet to do during his free time for extra group credit. He was able to identify he would remain safe with the mantra calm body, calm mind and identified he would ask staff for a PRN or fresh air outside if he was feeling frustrated or anxious. The resident was praised for identifying safety plans. Resident encouraged that PD would meet with him on Monday to review how his weekend went. Resident to remain on increased supervision to monitor. Continue with focus and goal.</p> <p>During a review of Resident 278's care plan titled, [Resident 278] Resident is at nutritional risk: dated November 1, 2024, the care plan indicated, Interventions .Honor food preferences within meal plan .</p> <p>During a concurrent observation and interview on November 14, 2024, at 1:42 PM, Resident 278 was sitting in his room. He appeared calm, able to make his needs known, and answered questions appropriately. He stated that he likes to have ketchup, salt and pepper, and sugar with his meals to add more flavor.</p> <p>(continued on next page)</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on November 14, 2024, at 2:08 PM, Program Director stated, we were having fish tacos that day and we were verifying if he wanted ketchup. He can have ketchup from what I know.</p> <p>During an interview on November 15, 2024, at 10:05 AM, with Registered Dietician (RD), stated that based on Resident 278's diagnosis and diet order, ketchup should be ok.</p> <p>During a review of the facility's policy and procedure titled, Dining and Food Preferences, dated September 2017, the policy indicated, Policy Statement: Individual dining, food, and beverage preferences are identified for all residents/patients .</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50575</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe, sanitary food preparation, and storage practices in the kitchen when:</p> <ol style="list-style-type: none"> 1. There was two plastic drawers with food crumbs and spill stains inside the drawers. The plastic drawer base and the shelf that the drawers were sitting also had a build-up of food crumbs. 2. There was a black build-up on floor under the three compartment sinks. Looks like black sludge with food. The had the potential for microorganism growth and to attract pests. 3. The meat slicer had old meat crusted on the blade. This had potential to contaminate meat sliced on the slicer. 4. The steam table in unit one dining room was dirty, had grease and grime on the front of the unit and the shelf under the steam table had a buildup and food crumbs. The steam table in unit two dining room had a build-up of a brown substance and food crumbs. And the stainless-steel shelf had a rust like substance on the shelves. This had a potential to contaminate food and attract pests. 5. A dresser was being used in unit two next to the steam table to store condiments and food. The drawers had a buildup of crumbs and stains. The front of the drawers had water damage and warping. this had the potential to contaminate food and for microorganism growth. 6. There was a plumbing repair done that required a wall to be patched. The wall patch was not smooth and easily cleanable. The mesh patch was still visible, and the spackle was bumpy and not smoothed out or painted. This had the potential for buildup to occur and microorganism growth. <p>These facility failures had the potential to attract pests and cause foodborne illness to a population of 78 residents eating facility prepared meals.</p> <p>FINDINGS:</p> <p>1. During an observation on November 12, 2024, at 08:14 AM, two plastic drawers on a shelf under the coffee maker had food crumbs and spill stains inside the drawers. The plastic drawer base and the shelf that the drawers were sitting also had a build-up of food crumbs.</p> <p>During an interview on November 12, 2024, at 08:14 AM, with the Dietary Manager Consultant (DMC), DMC acknowledged that the plastic drawers need to be cleaned.</p> <p>During an interview on November 15, 2024, at 10:05 AM, with the Registered Dietitian (RD), the RD stated his expectation is that the surfaces of the drawers should be maintained clean.</p> <p>During a review of the facility's policy and procedure titled, Environment, dated September 2017, indicated, All food preparation areas, food services areas, and dining areas will be maintained in a clean and sanitary condition.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the FDA Federal Food Code, dated 2022, 4-601.11 indicated, NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. In addition, The objective of cleaning focuses on the need to remove organic matter from food-contact surfaces so that sanitization can occur and to remove soil from nonfood contact surfaces so that pathogenic microorganisms will not be allowed to accumulate and insects and rodents will not be attracted.</p> <p>2. During an observation on November 12, 2024, at 08:19 AM, under the three-compartment sink had black build up that appeared to be black sludge with food.</p> <p>During an interview on November 15,2024, at 10:05 AM, with the RD, the RD stated, the floors should be cleaned on daily basis, everything should be cleaned on the floor.</p> <p>During a review of the facility's policy and procedure titled, Environment, dated September 2017, indicated, All food preparation areas, food services areas, and dining areas will be maintained in a clean and sanitary condition.</p> <p>During a review of the FDA Federal Food Code, dated 2022, 4-601.11 indicated, NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. In addition, The objective of cleaning focuses on the need to remove organic matter from food-contact surfaces so that sanitization can occur and to remove soil from nonfood contact surfaces so that pathogenic microorganisms will not be allowed to accumulate and insects and rodents will not be attracted.</p> <p>3. During an observation on November 12,2024, at 08:24 AM, the meat slicer had meat crusted on the blade.</p> <p>During an interview on November 12,2024, at 08:25 AM, with the Dietary Manager he acknowledged that there is meat crust on the blade of the meat slicer.</p> <p>During an interview on November 15,2024, at 10:06 AM, with the RD, the RD stated the meat slicer should be cleaned and sanitized after every use.</p> <p>During a review of the facility's policy and procedure titled, Environment, dated September 2017, indicated, All food preparation areas, food services areas, and dining areas will be maintained in a clean and sanitary condition.</p> <p>During a review of the FDA Federal Food Code, dated 2022, 4-601.11 indicated, (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. In addition, Microorganisms may be transmitted from a food to other foods by utensils, cutting boards, thermometers, or other food-contact surfaces. Food-contact surfaces and equipment used for time/temperature control for safety foods should be cleaned as needed throughout the day but must be cleaned no less than every 4 hours to prevent the growth of microorganisms on those surfaces.</p> <p>4. During an observation on November 12,2024, at 08:39 AM, the steam table in unit one dining room had grease and grime on the front of the unit and the shelf under the steam table had brown build-up and food crumbs.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on November 12, 2024, at 08:45 AM, the steam table in unit two dining room had brown buildup of brown substance and food crumbs.</p> <p>During an observation on November 12,2024, at 08:46 AM, the stainless-steel shelf had rust like substance on the shelves.</p> <p>During an interview on November 15,2024, at 10:07 AM, with the RD, the RD stated the steam tables in Unit 1 and Unit 2 should be cleaned daily.</p> <p>During a review of the facility's policy and procedure titled, Environment, dated September 2017, indicated, All food preparation areas, food services areas, and dining areas will be maintained in a clean and sanitary condition.</p> <p>During a review of the FDA Federal Food Code, dated 2022, 4-601.11 indicated, NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. In addition, The objective of cleaning focuses on the need to remove organic matter from food-contact surfaces so that sanitization can occur and to remove soil from nonfood contact surfaces so that pathogenic microorganisms will not be allowed to accumulate, and insects and rodents will not be attracted.</p> <p>5. During an observation on November 12,2024, at 08:47 AM, there was a dresser being used in unit two next to the steam table that had three drawers and was storing condiments and food. The drawers had a buildup of crumbs and stains. There was a banana stored in the top drawer with the condiments and a banana stored in the second drawer that was empty but had food crumbs and buildup in the drawer. There was a piece of glass covering the top of the dresser that had water damage. The front of the drawers had water damage and warping.</p> <p>During an interview on November 15,2024, at 10:08 AM, with the RD, the RD stated there should not be water damage.</p> <p>6. During an observation on November 12,2024, at 08:24 AM, there was a drain under the dishwasher that was repaired and wall patch that was completed was rough, raw spackled, not smooth or painted. Able to see the mesh to repair the hole and not completely covered with spackle.</p> <p>During an interview on November 15,2024, at 10:05 AM, with Registered Dietician (RD), RD stated there should be nothing falling off or peeling from the patch.</p> <p>During a review of the facility's policy and procedure titled, Equipment, dated September 2017, was reviewed. The policy indicated, Policy Statement: All foodservice equipment will be clean, sanitary, and in proper working order .</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During further review of the FDA Federal Food Code, dated 2022, under Section: Equipment, Utensils, and Linens, Section 4-101.19 titled, Nonfood-Contact Surfaces, indicated, Nonfood-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, and smooth material. In addition, Nonfood-contact surfaces of equipment routinely exposed to splash or food debris are required to be constructed of nonabsorbent materials to facilitate cleaning. Equipment that is easily cleaned minimizes the presence of pathogenic organisms, moisture, and debris and deters the attraction of rodents and insects.</p> <p>During a review of the FDA Federal Food Code, dated 2022,4-101.19 indicated, NonFOOD-CONTACT SURFACES of EQUIPMENT that are exposed to splash, spillage, or other FOOD soiling or that require frequent cleaning shall be constructed of a CORROSION-RESISTANT, nonabsorbent, and SMOOTH material. In addition, Nonfood-contact surfaces of equipment routinely exposed to splash or food debris are required to be constructed of nonabsorbent materials to facilitate cleaning. Equipment that is easily cleaned minimizes the presence of pathogenic organisms, moisture, and debris and deters the attraction of rodents and insects.h</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 11/15/2024
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 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49001</p> <p>Based on observation and interview, the facility failed to provide a minimum of 80 square feet (sq. ft.- unit of measurement) of livable space per resident for 13 rooms (Rooms 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, and 42).</p> <p>This failure had the potential to limit freedom of movement and affect the health and safety of 29 residents who reside in these rooms.</p> <p>Findings:</p> <p>During an observation and interview with the Facility Maintenance Director (FMD) on November 14, 2024, at 1:53 PM, 13 rooms were measured and found to be less than the required 80 sq. ft. per resident. The residents' rooms and their measurements of livable space were noted as follows:</p> <ul style="list-style-type: none"> i. room [ROOM NUMBER] (two beds) measured 142 sq./ft. (71 sq. ft. per resident) ii. room [ROOM NUMBER] (two beds) measured 144 sq./ft. (72 sq. ft. per resident) iii. room [ROOM NUMBER] (four beds) measured 234 sq./ft. (58.5 sq. ft. per resident) iv room [ROOM NUMBER](three beds) Measured 178 sq./ft. (59.3 sq. ft. per resident) v. room [ROOM NUMBER] (two beds) measured 144 sq./ft. (72 sq. ft. per resident) vi. room [ROOM NUMBER] (two beds) measured 144 sq./ft. (72 sq. ft. per resident) vii. room [ROOM NUMBER] (two beds) measured 144 sq./ft. (72 sq. ft. per resident) viii. room [ROOM NUMBER] (two beds) measured 143 sq./ft. (71.5 sq. ft. per resident) ix. room [ROOM NUMBER] (two beds) measured 143 sq./ft. (71.5 sq. ft. per resident) x. room [ROOM NUMBER] (two beds) measured 141 sq./ft. (70.5 sq. ft. per resident) xi. room [ROOM NUMBER] (two beds) measured 120 sq./ft. (60 sq. ft. per resident) xii. room [ROOM NUMBER] (two beds) measured 142 sq./ft. (71 sq. ft. per resident) xiii. room [ROOM NUMBER] (two beds) measured 141 sq./ft. (70.5 sq. ft. per resident) <p>During an interview with the Administrator (Admin), on November 14, 2024, at 3:04 PM, the Admin stated, he is aware of the measurement.</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 11/15/2024
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 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>There were no complaints of space or room issues from the residents that occupying these rooms. The Residents can walk around the room safely. These rooms appear to be spacious not crowded and did not impose any safety hazards on the Residents at this time.</p> <p>The survey team recommends the approval of the room waiver request for the rooms listed in this deficiency.</p>		