STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A208	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shandin Hills Behavior Therapy Center	4164 N 4th Ave 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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to maintain a sanitary kitchen in accordance with professional standards for food safety when: 1. A turkey meat product wrapped in foil was in the freezer, uncovered in a tray.2. One open box of fish filet was in the freezer with the inner plastic bag not properly sealed.3. One open box of frozen chocolate chip cookie dough had the inner plastic bag left open.4. Heavy grease, carbonized food residue (burnt food that has hardened and turned black due to heat and was not cleaned from surfaces) and burnt buildup were observed on cooking surfaces, ovens, and drip trays.5. Visible grease accumulation was observed on interior and exterior oven surfaces.6. Dark buildup and debris were observed on the oven door pane and bottom tray.7. The emergency food storage room was observed unclean with dust accumulation on the floor shelving, water bottles, and dry leaves on the floor.These failures had the potential for microorganism growth that could be inadvertently transferred to food of 78 medically compromised residents who received food from the kitchen. During a concurrent observation and interview on February 17, 2026, at 8:05 AM, with the Account Manager (AM 1), the walk-in refrigerator was inspected. On the right bottom shelf, a turkey meat product wrapped in aluminum foil was observed placed inside a metal tray. The foil wrapping was not tightly sealed, and no additional protective covering was observed. The tray contained visible yellow-dark liquid accumulation on the bottom. The tray label indicated item: Turkey, Preparation date February 16. 2026. The AM 1 stated the turkey should be covered with plastic wrap to prevent contamination.During a concurrent observation and interview on February 17, 2026, at 8:12 AM, in the kitchen freezer, there was an open box containing a blue inner plastic bag; inside the bag was some uncovered filets of white fish. The box was labeled 10 LB (LB - pounds, unit of measurement), with the Received Date (RD) February 9, 2026. The AM 1 confirmed the bag was not properly sealed and stated staff should have ensured the bag was fully closed to avoid freezer burn and to prevent contamination. During a concurrent observation and interview on February 17, 2026, at 8:15 AM, in the kitchen freezer, there was an open box labeled Chocolate Chip Frozen Cookie Dough, the inner clear plastic bag was open and the dough was exposed. The label indicated a Received Date (RD) of February 2, 2026, and Use by (UB) date of May 2, 2026; the bag did not indicate the date when it was opened. The AM 1 stated the bag should not be left open to prevent contamination and acknowledged the open date was not written. During a concurrent observation and interview on February 17, 2026, at 8:25 AM, in the kitchen, a heavy grease accumulation, carbonized food residue, and burnt buildup were observed on the cooking surface and surrounding areas. Thick, dark residue and accumulated grease were observed beneath the stove knobs on the drip tray (a removable metal tray designed to catch grease and food debris) with visible debris and food particles present on the foil lining. The AM 1 stated that the kitchen equipment is expected to be maintained in a clean and sanitary condition.During a concurrent record review and interview on February 20, 2026, at 11:58 AM, with the Account Manager (AM 1) the policy and procedure titled Food Storage: Cold Foods Revised 2/2023 was reviewed. The P&P indicated, . 5. All foods will be stored wrapped in covered containers, labeled and dated and arranged in a manner to prevent cross -contamination. The AM 1, confirmed that the policy was not followed.During a concurrent observation and interview on February 17, 2026, (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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	at 8:27 AM, with the AM 1, in the kitchen, visible grease accumulation was observed on the interior and exterior surfaces of the ovens located beneath the stove. Grease residue was observed along the oven door edges, exterior surfaces, and interior walls. The accumulation was visible on multiple surfaces of the equipment at the time of observation. The AM 1, acknowledged and stated that it should be clean. During a concurrent observation and interview on February 17, 2026, at 8:29 AM, with the AM 1, in the kitchen, dark buildup and debris were observed on the oven door pane and bottom tray of the ovens located beneath the stove. The left lower oven had heavier accumulation of dark residue and debris on the interior surfaces and bottom tray. The lower right oven also had dark buildup and debris present on interior surfaces and racks. The AM 1 confirmed and stated that it should be clean.During a concurrent interview and record review on February 20, 2026, at 12:29 PM, with Account Manager (AM 1), the facility policy titled Environment, revised June 2025, was reviewed. The Policy indicted, All food preparation areas, food services and dining areas will be maintained in a clean and sanitary condition. 3. All food contact surfaces will be cleaned and sanitized after each use. 4. The Dining Services Director will ensure that a routine cleaning schedule is in place for all cooking equipment, food storage areas and surfaces. The AM 1 confirmed that the policy was not followed. During a concurrent observation and interview on February 17, 2026, at 8:46 AM, with the AM 1, in the emergency food storage room, the area was observed unclean. Visible dust accumulation was noted on the floor surfaces and shelving units. There was dust on multiple large blue water containers stored on the shelving. A total of nine large blue water containers were stored in the room. Additionally dry leaves and debris were scattered on the floor throughout the storage area. The surrounding floor surfaces appeared unclean with visible buildup and debris present. The AM 1, was present during the observation, confirmed the condition of the storage room and stated the area should be kept clean to ensure proper sanitation of stored emergency food and water supplies. During a follow up interview on February 20, 2026, at 12:18 PM, with the Admin, the Admin stated the facility did not have an established cleaning schedule for the emergency supplies room and confirmed that the last time it was cleaned was December 2025. The Admin further stated the facility did not have cleaning log in place and reported plans to initiate a cleaning log beginning February 20, 2026. During a concurrent interview and record review on February 20, 2026, at 12:23 PM, with Account Manager (AM 1), the facility policy titled Food Storage: Dry Goods Revised February 2023 was reviewed. The policy indicated that all dry goods will be appropriately stored in accordance with the FDA Food Code. 5. All packed and canned food items will be kept clean, dry and properly sealed. 6. Store areas will be neat, arrange for easy identification, and date marked as appropriate. The AM 1, confirmed that the policy was not followed. During a review of the FDA Food Code 2022, 6-501.12 Cleaning Frequency and Restrictions, indicated, (A) PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure a secure environment for 78 of 78 residents when multiples keys that open the main locked gate and doors to the facility were left hanging on the outside gate.This failure had the potential to place 78 residents at risk from unauthorized individual entering the building and or the residents leaving the facility through the unlocked door. During an observation on February 18, 2026, at 7:27 AM, surveyor found multiple keys that opened locked behavior doors and units hanging on the outside of the main entrance gate. There were no staff at the gate. Once the surveyors entered the building through the main entrance door, they proceeded through a second door, which leads directly to the resident's dining room.During a concurrent observation and interview on February 18, 2026, at 7:29 AM, with Licensed Vocational Nurse (LVN) 1 inside the building, LVN 1 stated, the main entrance door should be locked at all the time. LVN 1 stated, her keys were in her pocket, however as she Searched her pocket for the keys, she did not find them. LVN 1 stated, Oh may be at the door, let me see where I left it. LVN 1 walked to the main gate to look for her keys. Surveyor informed her she had the keys from the gate and gave them to LVN 1.During a concurrent interview and record review on February 18, 2026, at 8:28 AM, with Administrator (Admin), the facility's policy and procedure (P&P) titled, Facility Security and Locked Door, undated, was reviewed. The P&P indicated, The policy statement the facility maintains a secure therapeutic environment. Locked doors and controlled access measures are utilized. 6. Access control procedures, Exterior doors remain secured. Admin, stated, it is a safety issue, door must be always locked. Admin stated the keys should not have been left on the gate. Admin further stated, the keys must always be with staff and staff are not to leave keys anywhere. Admin stated, staff reviewed and signed the competency Skills for possession of door key. Admin acknowledged the facility P&P was not followed. During a concurrent interview and record review on February 19, 2026, at 1:51 PM, with LVN 1 the facility's Competency skills: Staff Possession of Door Key in A locked Unit, (date [undated]) was reviewed. The Competency Skills indicated, Staff must secure (as part of the uniform) the door/gate key used to enter and exit the facility, key to lock the unit and not leaving it anywhere. Staff must immediately inform the supervisor if door/gate key is missing. LVN 1 stated she should not have left the keys at the gate. LVN 1 stated, she was educated and signed the competency. LVN 1 stated the risk of leaving the key at the gate, that unwanted visitors can enter the building, and the safety of the residents can be compromised.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observation, interview, and record review, the facility did not ensure proper disposal of garbage when the recycling dumpster located in the front area of the building was observed overflowing with cardboard and debris, preventing the lid from closing, with visible staining and debris on surrounding surfaces.This failure had the potential to attract vermin (pests or animals that spread diseases) in the facility that cares for 78 medically compromised residents.During a concurrent observation and interview on February 17, 2026, at 8:46 AM, with the Account Manager (AM 1), the recycling dumpster located in the front area of the building was inspected. The dumpster was overflowing with cardboard and debris, preventing the lid from fully closing. There was staining and buildup on the exterior surfaces, and debris was present on the surrounding ground area. The AM 1 confirmed the condition and stated the lid should remain close to prevent pest attraction.During an interview on February 19, 2026, at 1:54 PM, with the Administrator (Admin), the Admin, stated the lid should remain closed and the area maintained to prevent pest attraction.During a record review of the facility policy titled Food - Related Garbage and Refuse Disposal Revised October 2017, indicated, . 2. All garbage and refuse containers are provided with tight -fitting lids or covers and must be kept covered when stored or not in continuous use. 3. Housekeeping personnel will empty garbage and refuse containers daily and will clean the containers at least daily on the outside and at least weekly on the inside, taking care not to contaminate food, equipment, utensils, or food preparation areas while cleaning. 6. Storage areas will be kept clean at all times, and shall not constitute a nuisance. 7. Outside dumpsters provided by garbage pickup services will be kept closed and free of surrounding litter. During a review of the FDA (Food and Drug Administration) Food Code 2022, 5-501.15, indicated, (A) Receptacles and waste handling units for REFUSE, recyclables, and returnable used with materials containing FOOD residue and used outside the FOOD ESTABLISHMENT shall be designed and constructed to have tight-fitting lids, doors, or covers.

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and measurement, the facility failed to ensure resident bedrooms provide a minimum of 80 square feet (the amount of space in the room) per resident in multiple resident rooms for 13 of 13 resident rooms reviewed (Rooms 30 through 42) located in Unit 2, affecting 29 of 29 residents residing in these rooms.This failure had the potential to limit residents' freedom of movement, increase the risk of accidents, interfere with safe mobility within the environment, and negatively impact on residents' health, safety, and quality of life.During an observation and measurement conducted on February 18, 2026, at 9:34 AM, in the presence of Maintenance Director (MDIR), resident rooms located in Unit 2 were measured using a tape measure to determine total livable floor space. Measurements were taken in inches and converted to square feet. The following measurements were obtained: room [ROOM NUMBER] (two Bed) measured 142 sq ft (71 sq feet per resident) room [ROOM NUMBER] (Two beds) measured 146 sq ft (73 sq feet per resident)room [ROOM NUMBER] (four beds) measured 233 sq ft (58.3 sq ft per resident) room [ROOM NUMBER] (three beds) measured 176 sq ft (58.6 sq ft per resident) room [ROOM NUMBER] (two beds) measured 143 sq ft (71.5 sq ft per resident) room [ROOM NUMBER] (two beds) measured 145 sq ft (72.5 sq ft per resident) room [ROOM NUMBER] (two beds) measured144 sq ft (72 sq ft per resident)room [ROOM NUMBER] (two beds) measured 145 sq ft (72.5 sq ft per resident) room [ROOM NUMBER] (two beds) measured 140 sq ft (70 sq ft per resident) room [ROOM NUMBER] (two beds) measured 141 sq ft 70.5 sq feet per resident) room [ROOM NUMBER] (two beds) measured 119 sq ft (59.5 sq feet per resident) room [ROOM NUMBER] (two beds) measured 142 sq ft (71 sq per resident) room [ROOM NUMBER] (two beds) measured 141 sq ft (70.5 sq ft per resident) The available square footage per resident in each of the rooms measured was below the required minimum of 80 square feet per resident as required by regulation and facility policy. During the observation, residents occupying the rooms were observed utilizing the available space without immediate safety concerns Room configurations appeared consistent with the current facility layout. During an interview conducted on February 18, 2026, 9:45 AM with MDIR, the MDIR confirmed the measurements obtained and stated there have been no additions or structural changes made to increase size of the resident rooms in Unit 2. During a concurrent interview and record reviewed on February 19, 2026, at 5:21 PM, with the Administrator, (Admin) the facility policy and procedure (P&P) titled Bedrooms revised January 2025. was reviewed. The P&P indicated, 2. Bedrooms measure at least 80 square feet or usable living space per resident in double rooms and at least 100 square feet of usable living space in single rooms. The Admin confirmed the policy requirements were not followed. Measurements obtained during the survey confirmed the resident rooms did not meet the minimum square footage required by facility policy.