STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A292	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Helen Bernardy Center D/P Snf	8060 Frost St San Diego, CA 92123

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not honor a resident's responsible party's preference for showers for one of 13 residents (Res 1).As a result, Resident 1 did not receive showers in over two years as requested by the responsible party. Findings:Per the Facility admission Record, Resident (Res) 32 was admitted to the facility on [DATE], with diagnosis that included epilepsy (a chronic neurological {brain and nerve} disorder characterized by seizures {a sudden surge of abnormal electrical activity in the brain, leading to symptoms like uncontrollable muscle jerking, staring spells, confusion, or loss of consciousness}). Res 32 was dependent on a ventilator (a life-support machine that breathes for patients unable to breathe sufficiently on their own due to illness, trauma, or surgery) and depended on staff for all activities of daily living (ADL-dressing, eating, bathing, washing and oral hygiene, mobility, and control of bladder and bowels). Res 32 is unable to move voluntarily or hold herself in a sitting or upright position without support.On 03/11/2026 at 8:50 A.M., Res 32's family member (FM 32) was interviewed by telephone. The FM 32 stated he has complained to multiple staff about no shower for Res 32. FM 32 also stated Res 32 has been receiving bed baths, and has not had a proper shower in over two years total, since before her admission to the facility. FM 32 stated he was not understanding why it takes so long to get Res 32 a shower. FM 32 stated a shower would be more relaxing for Res 32, and calming for her. FM 32 stated while a bed bath was good, a shower is preferred for full cleanliness of Res 32's skin and avoiding skin issues. On 03/11/26 at 9:50 A.M., an interview was held with Certified Nursing Assistant (CNA-helps people with ADL tasks and bedside care under a nurses' supervision) 11. CNA 11 stated Res 32 is the only resident that receives all bed baths. The other residents have been showered in the shower room. CNA 11 stated she believed Res 32 would enjoy the shower and be more relaxed after a shower. On 03/11/26 at 10:15 A.M., an interview was conducted with Occupational Therapist (OT-health care provider that assists persons to adapt or receive special equipment needed after an illness or injury) 1. OT 1 stated she became aware of Res 32 needing a solution to have a shower in December, 2025. OT 1 stated multiple options were assessed and discarded for Res 32: a normal adult-sized shower bed was too large for the current shower room. Res 32 was not only too tall for the pediatric shower bed, but also too wide to be turned safely for bathing Res 32's back side. OT 1 stated it will be 90 days from that date for delivery of the personalized shower chair. OT 1 stated each of these steps took time. OT 1 could not state why she only learned of Res 32 needing a solution to shower 5-6 months after Res 32's admission to the facility. On 03/11/26 at 11:40 A.M., a joint interview was held with the Director of Nursing (DON) and the facility Administrator (ADM) regarding Res 32. The DON and ADM both stated they were aware of RFM 32's concerns. DON stated it had been a process, to satisfy FM 32. The ADM and DON stated a shower can be better for mental health and skin, and overall hygiene and relaxation. Resident 32's Care Plan (a written document that describes care to be given by staff) was reviewed, and reflected [Res32] will be bathed/showered/shampooed on regular schedule [sic].and [Res 32] will be given ample time to enjoy hygiene.

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to ensure a resident's privacy and dignity were protected during personal care for one of 13 residents (Res 4). This had the potential to cause embarrassment for Res 4 by being exposed during personal care.According to the Resident admission Record, Resident 4 (Res 4) was admitted to the facility on [DATE], with diagnosis that included cerebral palsy (a group of permanent disorders that affect movement, muscle tone, and posture, caused by abnormal brain development or brain injury) and repeated Urinary Tract Infections (UTI- common bacterial infection). Res 4 does not speak, and is dependent on staff for all Activities of Daily Living (ADL's-movement, eating, oral hygiene, dressing, transfer, change of position, and bathing). Res 4 cannot control bladder and bowels, and is changed by staff. On 3/8/26 at 1:32 P.M. CNA 12 and 13 were observed from the doorway at Res 4's room. The bed and Res 4 were visible, and a privacy curtain was pushed back to the head of the bed and looped closed. CNA 12 and 13 stood one on each side of the bed and provided a brief change for Res 4. Res 4 was rolled to face the window, and bare buttocks were observed from the door. Res 4 was assisted to turn back to the doorway by CNA 12 and 13, and Res 4's legs and genitals were exposed to view while being turned, cleaned, and a new brief was applied to Res 4. CNA 12 stood near Res 4's waist to support Res 4 while being turned. On 3/8/26 at 1:40 P.M. CNA 12 was interviewed. CNA 12 stated our [facility] policy is to provide privacy by blocking with our bodies and also stated she used pillows at times to block the view of a resident during care. CNA 12 stated We don't pull the curtains. On 3/10/26 at 1:05 P.M , an interview was conducted with the Administrator (ADM). The ADM stated she was present in the hallway on 3/8/26 and observed Res 4 being exposed during care. The ADM stated CNA 12 misquoted facilty policy, and the facility allowed for a privacy curtain to be used if there were two (2) staff present for care. The ADM explained the facility no curtain pull policy evolved for resident safety, and no staff were allowed alone behind a curtain with non-verbal residents. The ADM stated brief changes are private, and Res 4's dignity was not respected when Res 4 was changed without privacy.A policy titled Safety Practices to Promote a Safe Environment for Children and Vulnerable Adults, dated 3/10/2006 and last updated 09/2024, was provided and reviewed.The policy reflected: Section III. Open Door Policy: Facility's practice of an open door environment when providing resident [sic] care will continue. Open door policy is defined as keeping the bedroom, shower room and activity area doors open at all times when providing paatient care unless a second care giver is present. 1. Privacy curtains will remain open for .procedures where a child's clothing is not removed.4. When privacy curtains are used to protect the privacy and dignity of a resident [sic] during .direct patient [sic] care a second staff member must be present to serve as the second set of eyes for these procedures.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to implement and maintain infection control practices when a tube feeding syringe for 1 of 13 sampled residents (22) was found hanging on the tube feeding pole and not in its plastic bag. This failure had the potential to spread bacteria to Resident 22. Per the facility admission record, Resident 22 was admitted to the facility on [DATE] with diagnoses that included gastrostomy status (placement of a plastic tube into the stomach to administer medications, nutrition and fluids). On 3/8/26 at 1:00 P.M., an observation of Resident 22's room was conducted. An inspection of Resident 22's tube feeding equipment was done and a tube feeding syringe (device used to administer medications, fluids and nutrition) was found hung on the pole and not in the plastic bag. On 3/11/26 at 11:30 A.M., an interview was conducted with the administrator and the director of nursing (DON). The DON stated it was her expectation that the tube feeding syringe be placed back into the plastic bag and that the importance of this was for infection control. A review of the facility policy titled Gastrostomy Tube Feeding, dated January 2026, indicated .Syringes used for flushing are .placed in manufacturer bag for storage .A review of the facility policy titled Preparation, Storage, and Administration of Medications, dated 11/7/2025, .For safe handling of syringes, . place in the open Ziploc bag in the resident's bedside cabinet or on their IV (intravenous) pole.A review of the facility policy titled Infection Prevention and Control Management Plan, dated January 2026, indicated that the facility had plans .to reduce infection related risk related to medical instruments .