STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555870	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bella Vista Health Center	7922 Palm Street Lemon Grove, CA 91945

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to administer medication as ordered for one of four sampled residents (1). As a result, Resident 1 was at increased risk of medication side effects.Findings: Per the facility's admission Record, Resident 1 was admitted to the facility on [DATE] with diagnoses to include fibromyalgia (a pain disorder). Per the facility's Medication Administration Record (MAR), dated April 2026, Resident 1 had an order for oxycodone (a pain medication) 10 milligram (mg) 1 tablet every six hours as needed for pain. On 4/4/26 at 12:24 P.M., Licensed Nurse (LN) 2 signed that he administered one tablet to Resident 1. Per the facility's Medication Count sheet for oxycodone 10mg, LN 2 signed out two tablets for Resident 1 on 4/4/26 at 12:24 P.M. On 4/17/26 at 4:22 P.M., a telephone interview was conducted with LN 2. LN 2 stated he did not remember why he signed out two tablets for Resident 1's 10mg oxycodone on 4/4/26. On 4/22/26 at 2:09 P.M., a telephone interview was conducted with the Director of Nursing (DON). The DON stated, on 4/4/26 LN 2 gave Resident 1 two tablets of oxycodone instead of one because he did not realize the order had changed. The DON further stated, that LN 2 should have read the order when administering the medication, and only given one tablet of oxycodone. Per the facility's undated policy, titled Medication Administration & Documentation Policy Medications must be administered according to physician orders, facility protocols, and professional standards of practice.

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