

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555870	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Bella Vista Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>41493</p> <p>Based on record review, interview, and facility policy review, the facility failed to ensure a Level I Preadmission Screening and Resident Review (PASRR) accurately reflected the presence of a diagnosed mental disorder for 1 (Resident #44) of 5 residents reviewed for PASRR requirements.</p> <p>Findings included:</p> <p>An undated facility policy titled, Preadmission Screening and Resident Review revealed, Purpose: To ensure that all facility applicants are screened for mental illness and/or intellectual disability and to ensure coordination with the appropriate state agencies if indicated. The policy specified, II. The Facility, ensures that PASRR Level I is completed either by the transferring general acute care hospital (GACH), or by the Facility for all applicants, regardless of Payor source, prior to admission to determine if they have a serious mental illness (SMI) and/or intellectual disability, developmental disability or related condition(s) (ID/DD/RC).</p> <p>An Admission Record revealed the facility admitted Resident #44 on 06/04/2024. According to the Admission Record, the resident had a medical history that included a diagnosis of major depressive disorder, with an onset date of 06/04/2024.</p> <p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/08/2024, revealed Resident #44 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. The MDS indicated the resident had an active diagnosis of depression.</p> <p>Resident #44's care plan included a Focus area initiated on 06/05/2024, that indicated the resident exhibited negative mood/behaviors related to depression. A Focus area, initiated on 06/06/2024, indicated the resident received citalopram (an antidepressant medication) related to a diagnosis of mental illness, specifically depression.</p> <p>Resident #44's Preadmission Screening and Resident Review (PASRR) Level I Screening, dated 06/03/2024, revealed the resident's diagnosis of major depressive disorder was not reflected. The question related to whether the resident had a serious diagnosed mental disorder such as depressive disorder, anxiety disorder, panic disorder, schizophrenia/schizoaffective disorder, or symptoms of psychosis, delusions, and/or mood disturbance was answered no, resulting in a negative screening; thus, a Level II evaluation was not required.</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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/25/2024 at 10:54 AM, Medical Records (MR) Staff #1 stated that she was responsible for reviewing PASRRs completed by the hospital to make sure they were correct. MR Staff #1 said if a resident had a mental illness, it had to be reflected on their PASRR. MR Staff #1 said she was responsible for submitting another PASRR if the one completed by the hospital was not accurate and did not reflect all diagnoses.</p> <p>During an interview on 07/26/2024 at 10:00 AM, the Director of Nursing (DON) stated facility staff pulled PASRRs from the system but indicated they should be reviewing them for accuracy and updating them if needed.</p> <p>During an interview on 07/26/2024 at 10:55 AM, the Administrator stated she expected PASRRs to be complete and accurate.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>41493</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure expired medications and/or biologicals were removed from 1 (Station 1) of 2 medication storage rooms and 1 of 1 central supply closet.</p> <p>Findings included:</p> <p>A facility policy titled, Storage of Medications, revised in 11/2020, indicated, The facility stores all drugs and biologicals in a safe, secure, and orderly manner. The policy specified, Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed.</p> <p>An observation on 07/24/2024 at 12:07 PM of the medication storage room located on Station 1 revealed a Nozin Nasal Sanitizer with an expiration date of 03/2024.</p> <p>During an interview on 07/25/2024 at 12:09 PM, Registered Nurse (RN) #3 stated the Nozin Nasal Sanitizer was not supposed to be in the medication storage room, because it was expired.</p> <p>An observation on 07/24/2024 at 12:16 PM of the central supply closet revealed two boxes of Tucks (medicated pads) with an expiration date of 03/2024.</p> <p>During an interview on 07/25/2024 at 12:13 PM, the Director of Nursing (DON) said a routine check of stored medications should be conducted weekly. The DON said when expired medications were found, they should be discarded. The DON confirmed the Nozin Nasal Sanitizer and two boxes of Tucks should have been discarded prior to the survey.</p> <p>During an interview on 07/26/2024 at 10:57 AM, the Administrator said there should be no expired medications in any medication storage areas. The Administrator stated expired medications should be removed and disposed of.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide and implement an infection prevention and control program.</p> <p>29673</p> <p>Based on interview and review of the Centers for Disease Control and Prevention (CDC) publication titled, Infection Control Guidance: SARS-CoV-2 [COVID-19], the facility failed to ensure 161 of 162 facility staff with direct exposure to COVID-19 positive residents and who were required to wear N95 masks during a COVID-19 outbreak were fit tested to ensure a proper fit and seal of their N95 mask.</p> <p>Findings included:</p> <p>The CDC publication titled, Infection Control Guidance: SARS-CoV-2, dated 06/24/2024, revealed, This guidance applies to all U.S. settings where healthcare is delivered, including nursing homes and home health. The publication specified, Personal Protective Equipment -HCP [health care personnel] who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH [National Institute of Occupational Health and Safety]Approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e. [id est, that is], goggles or a face shield that covers the front and sides of the face). -Respirators should be used in the context of a comprehensive respiratory protection program, which includes medical evaluations, fit testing and training in accordance with the Occupational Safety and Health Administration's (OSHA) Respiratory Protection standard.</p> <p>During an interview on 07/26/2024 at 10:16 AM, the Director of staff Development (DSD) stated she was also serving as the facility's Infection Preventionist (IP). The DSD stated the facility's most recent COVID-19 outbreak started on 06/21/2024, and their last positive result was on 07/10/2024. The IP said that during the outbreak, all staff wore N95 masks; however, the DSD indicated that despite arranging a certified fit tester, facility staff had not yet been fit tested . The DSD stated she was the only staff member that had been fit tested as of the time of the survey. The DSD said it was her understanding that fit testing was recommended but not required.</p> <p>During a follow-up interview on 07/26/2024 at 11:48 AM, the DSD stated that all staff working in the departments of nursing, management, housekeeping, maintenance, activities, and therapy went into the rooms of residents who were positive for COVID-19. She also stated laundry staff sorted the laundry coming from rooms with COVID-19 positive residents.</p> <p>During an interview on 07/26/2024 at 10:54 AM, the Director of Nursing (DON) said N95 mask fit testing was recommended but not required. The DON said the facility had arranged for staff to be fit tested , but it had not been completed yet.</p> <p>During an interview on 07/26/2024 at 10:56 AM, the Administrator said it was recommended that staff be fit tested for N95 masks. The Administrator said the facility arranged for fit testing, but the only staff member fit tested thus far was the DSD.</p>		