

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 11/17/2025
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)		
F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. Based on observation, interview, and record review, the facility failed to ensure the dietary staff were competent on the ambient temperature (the temperature of the surrounding air, room temperature) food cool down process and cooked food cool down process for Time/Temperature Control for Safety Food (TCS- foods that can rapidly spoil and cause illness). These failures placed the facility's residents who consumed food prepared in the kitchen at risk of foodborne illness. Findings:According to the Federal Food and Drug Administration (FDA) Food Code 2017, Section 3-501.14 Cooling, Time/Temperature control for Safety Food shall be cooled within 4 hours to 5oC (degrees Celsius) (41oF) (degrees Fahrenheit) or less if prepared from ingredients at ambient temperature, such as .canned tuna.According to the FDA's online job aid titled Cooling Cooked Time/Temperature Control for Safety Foods and the FDA's Food Code: For Food Employees dated July 2024, indicated, .Bacteria or other pathogens that cause foodborne illness can grow rapidly on TCS foods when they are not cooled properly. The 'Temperature Danger Zone' is when food is most susceptible to pathogen growth- usually between 41 F and 135 F (5 C and 57 C). The amount of time food spends in this range needs to be minimized by proper cooling. Cooling typically occurs when: Leftovers are put into the refrigerator to be stored. After preparing hot foods, but before you intend to serve them. After preparing foods from room temperature that are not getting used immediately. The FDA Food Code requires a two-step cooling process for cooked TCS Food: 1. A two-hour rapid cool from 135 F to 70 F (57 C to 21 C) 2. Followed by a 4-hour window where foods must be cooled to 41 F or less (21 C to 5 C) This means that within two hours, the food must be cooled from cooking temperature (135 F) to 70 F in order to eliminate risk of pathogen growth. Over the next 4 hours the food must be cooled from 70 F to 41 F or less. Retrieved: www.fda.gov/retailfoodprotectionOn 9/28/25 at 7:48 A.M., an initial kitchen tour was conducted with Dietary Aid (DA) 1. During the kitchen tour, some hard-boiled eggs in a pot were observed on the stove. DA 1 stated some of the boiled eggs were served to a resident who requested them for breakfast and the leftovers were cooled down to make egg salad sandwiches for the residents. When DA 1 was asked about the cool down process and cool down logs for the boiled eggs, DA 1 reviewed a binder that contained a cool down log for macaroni salad and stated they did not have a cool down log for boiled eggs. During the dry storage tour, large canned tunas were observed on the shelves. The temperature in the dry storage room was 75.5 degrees F.During the inspection of the reach-in refrigerator, tuna salad sandwiches made on 9/27/25 were observed. When DA 1 was asked about the cool down process and cool down log for ambient temperature prepared food, DA 1 reviewed the cool down log and stated she only had entries for macaroni salad. DA 1 stated they did not have cool down logs for the ambient temperature prepared food. DA 1 stated the canned tunas were always kept in dry storage.On 9/30/25 at 10:19 A.M., an interview was conducted with the FSD and the Administrator (ADM). The kitchen findings were discussed with the FSD. The FSD stated the canned tuna and boiled eggs should have been cooled down properly and cool down logs kept since they were prepared later after being cooked and made starting at an ambient temperature. The FSD acknowledged cool down process was not being followed in the facility for tuna salad and leftover boiled eggs and stated the staff should have been trained on that. On 9/30/25 (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555870
		If continuation sheet Page 1 of 9

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	at 1:38 P.M., an interview was conducted with the Registered Dietitian Consultant (RDC). The kitchen findings were discussed with the RDC. The RDC stated she was not aware that the kitchen did not have ambient temperature prepared tuna salad and boiled egg cool down logs but there should have been a cool down process and cool down logs kept for those food items. The RDC stated following the cool down process was important because the food needs to reach safe temperatures within the safe timeline. A review of the facility's policy titled Kitchen Cool Down Policy revised unknown date, indicated, .Improper cooling is a leading cause of food borne illness and will not be permitted. Dietary staff are responsible for monitoring, documenting, and verifying proper cooling procedure.Dietary Supervisor reviews logs daily to ensure compliance.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 ensure practices that mitigated the risk of resident food contamination were followed when: Fruit flies were observed flying around the kitchen. An open food thickener container was placed right next to the open trash can. A staff food cart was stored in the kitchen. An expired cream cheese was found in the walk-in refrigerator. Tuna salad sandwiches and hard-boiled eggs were not cooled down (a two-stage method for rapidly cooling food to prevent the growth of bacteria) properly. Washed dishes were stacked wet and with food residue on them. Washed coffee mugs had residue on them. Cooked chicken did not have a temperature taken before being plated and placed in the meal cart. These failures had the potential to cause foodborne illnesses among residents who received food from the kitchen. Findings: On 9/28/25 at 7:48 A.M., an initial kitchen tour was conducted with Dietary Aid (DA) 1. During the kitchen tour, some fruit flies were seen flying around where onions, potatoes, and bananas were stored in boxes under a prep table. DA1 stated the fruit flies could have entered through the exit screen door because the holes were large enough for them to pass through. DA1 stated the facility's protocol was to notify the Food Service Director (FSD) if pests were in the kitchen. Under the same prep table, an open trash can was observed next to an open food thickener container. DA1 stated both container's lids should have been closed to prevent cross-contamination. Next to the walk-in refrigerator, there was a cart with food, seasonings, condiments, and cooking equipment. DA 1 stated the food cart was for employee use. In the walk-in refrigerator, a container of cream cheese labeled Use By Date (indicates the last day a product is recommended for use) of 9/24/25 was found. DA 1 stated they followed the Use By Date, not the expiration date on the container from manufacturer. DA 1 stated the cream cheese should have been thrown away. On the stove, some hard-boiled eggs in a pot were observed. DA 1 stated some of the eggs were served to a resident who requested them for breakfast and the leftovers were used to make egg salad sandwiches for residents. When asked about the cool down process and cool down log, DA 1 reviewed a binder that contained a cool down log for cooked macaroni. DA 1 stated they did not have a cool down process or cool down log for boiled eggs. In the reach-in refrigerator, tuna sandwiches made on 9/27/25 were observed. DA 1 reviewed cool down log which only had entries for macaroni salad and stated they do not have cool down process or cool down log for tuna sandwiches. DA 1 stated the canned tuna were always kept in the dry storage. During an observation of the dry storage room, cans of tuna were observed on a shelf. The temperature in the dry storage room was 75.5 degrees F. During the observation of the drying rack, about one hundred pitchers, four ice apple sauce cup containers, five food storage containers (1.5 Liters), and five quart containers were stacked wet. Two measuring cups were also observed with a thick clear residue on one of them. DA 1 stated wet stacked containers could grow mold and other organisms on them and that the dishes should have been fully dried before being stacked. DA 1 stated one of the measuring cups with the thick clear residue was not properly washed. Next to the beverage dispensers, there were two trays of approximately forty dry black coffee mugs with residue inside. One mug had red residue at the rim that resembled lipstick. DA 1 stated she would not want to use the mugs with residue on them if she were a resident. DA 1 stated she had a previous conversation with the dishwasher staff that the mugs were not washed to her expectations. On 9/29/25 at 11:40 A.M., an observation of lunch tray line was conducted. Several kitchen staff and the FSD were working in the kitchen to prepare lunch trays for the residents. After checking temperatures of food items on the steam table, the [NAME] started plating the food. The [NAME] checked a meal ticket of a resident who requested chicken and plated a piece of cooked chicken breast out of a metal container that was not on the steam table without checking its temperature. The FSD stated it was her expectation for the staff to have checked the temperature of the chicken before plating. On 9/30/25 at 10:19 A.M., an interview was conducted with the FSD and the Administrator (ADM). The kitchen findings were (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	discussed with the FSD. The FSD stated the solid kitchen exit door should be kept shut to prevent fruit flies from entering the kitchen, The FSD stated no flies should be in the kitchen. The FSD stated the food thickener container and trash can should not be placed next to each other. The FSD also stated they should have their covers closed to prevent trash from falling into the thickener container. The FSD stated that the staff food cart should not have been kept inside the kitchen. The FSD stated the cream cheese beyond Use By Date should have been thrown away. The FSD stated the canned tuna and boiled eggs should have been cooled down properly and cool down logs kept since they were prepared ambient temperature (the temperature of the surrounding air, room temperature). The FSD stated the dishwasher staff skipped the air-drying process and took a short cut. The FSD stated stacked wet dishes and food containers could grow mold which could become an infection control risk. The FSD stated her expectation was to follow the proper protocol and use the mug brush to wash coffee mugs thoroughly. The FSD stated washed cooking or eating equipment should not have any food or lipstick residue on them. The FSD stated the cooked chicken temperature should have been taken before plating. On 9/30/25 at 1:38 P.M., an interview was conducted with the Registered Dietitian Consultant (RDC). The RDC stated it was important to eliminate fruit flies from the kitchen because they could carry bacteria. The RDC stated the food thickener container and trash can lids should be closed when not in active use. The RDC stated that the staff food cart should not be stored in the kitchen. The RDC stated she was not aware that the kitchen did not have ambient temperature prepared tuna and egg cool down logs but there should have been a cool down process and cool down logs kept for those food items. The RDC stated following the cool down process was important because the food needed to reach safe temperatures within the safe timeline. The RDC stated it was important to make sure wet dishes and equipment were dry to prevent bacterial growth on them. The RDC stated she expected no residue on washed coffee mugs and cooking equipment. The RDC stated all food should be checked for their core temperatures before plating. According to the Federal Food and Drug Administration (FDA) Food Code 2017, Section 3-501.14 Cooling, Time/Temperature control for Safety Food shall be cooled within 4 hours to 5oC (degrees Celsius) (41oF) (degrees Fahrenheit) or less if prepared from ingredients at ambient temperature, such as .canned tuna.According to the FDA's online job aid titled Cooling Cooked Time/Temperature Control for Safety Foods and the FDA's Food Code: For Food Employees dated July 2024, indicated, .Bacteria or other pathogens that cause foodborne illness can grow rapidly on TCS foods when they are not cooled properly. The 'Temperature Danger Zone' is when food is most susceptible to pathogen growth- usually between 41 F and 135 F (5 C and 57 C). The amount of time food spends in this range needs to be minimized by proper cooling. Cooling typically occurs when: Leftovers are put into the refrigerator to be stored. After preparing hot foods, but before you intend to serve them. After preparing foods from room temperature that are not getting used immediately. The FDA Food Code requires a two-step cooling process for cooked TCS Food: 1. A two-hour rapid cool from 135 F to 70 F (57 C to 21 C) 2. Followed by a 4-hour window where foods must be cooled to 41 F or less (21 C to 5 C) This means that within two hours, the food must be cooled from cooking temperature (135 F) to 70 F in order to eliminate risk of pathogen growth. Over the next 4 hours the food must be cooled from 70 F to 41 F or less. Retrieved: www.fda.gov/retailfoodprotection.A review of the facility's policy titled Kitchen Cool Down Policy revised unknown date, indicated, .Improper cooling is a leading cause of food borne illness and will not be permitted. Dietary staff are responsible for monitoring, documenting, and verifying proper cooling procedure.Dietary Supervisor reviews logs daily to ensure compliance.A review of the facility's policy titled Employee Personal Items and Food Storage in Dietary Services revised unknown date, indicated, .2. Staff food and beverages must be placed only in the employee break room refrigerator or other approved staff- designated food storage area. All personal food must be labeled with employee name and date. Items not labeled or expired will be discarded.A review of the facility's policy titled Kitchen Storage and Labeling Policy revised unknown date, indicated, .2. Leftovers.labeled and dated; discard within 72 hours unless frozen.A review of the facility's policy (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	titled Dishwashing Policy revised unknown date, indicated, .Drying Dishes must be air dried in racks before stacking or storing.A review of the facility's policy titled Tray Line Food Temperature Policy revised unknown date, indicated, .1. Food temperatures must be taken before tray line begins.		

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a policy regarding use and storage of foods brought to residents by family and other visitors. Based on the observation, interview, and record review, the facility failed to ensure safe storage of resident food brought from outside of the facility when: Resident food was stored in the resident refrigerator for over 72 hours. Resident food containers were not properly labeled. The thermometer located in the resident food refrigerator was broken and the temperatures entered in the log were consistently over 41 degrees F (Fahrenheit). Staff food items were found in the designated resident refrigerator. The facility did not implement its policy titled Food Brought from Outside.As a result, the residents were at risk of consuming potentially contaminated food.Findings: On 09/28/25 at 12:13 P.M., an observation of the resident refrigerator and interview with Certified Nurse Assistant (CNA) 1 was conducted. CNA 1 stated the refrigerator located in the dining hall stored resident food brought from outside the facility. A temperature log and a sign with All items in this refrigerator must be dated and label [sic]. Open food good for 3 days only was observed on the outside of the refrigerator. The temperature log entries were greater than 41 degrees F 27 out of 28 days for A.M. shift and 24 out of 27 days for P.M. shift during the month of September 2025. CNA 1 opened the refrigerator and checked the temperature. CNA 1 stated the temperature was 50 degrees F which was warm. When asked who checked the temperature and food items inside the refrigerator, CNA 1 stated the checks were done by the kitchen staff. During the observation of the resident refrigerator contents, food items that did not have proper labeling were found: - A ketchup bottle with handwritten 12/21/24 and NOC on it.- A clear container with lemon wedges dated 9/28/25 without a resident's name.- A white container with a hard-boiled egg inside dated 9/23/25 with resident name. CNA 1 stated the staff labeled the received food items with the resident's name and date/time. CNA 1 stated all resident food items should have been properly labeled and thrown away according to the policy. CNA 1 also stated that the ketchup bottle was a staff food item, and it should not have been stored in the resident refrigerator. On 9/30/25 at 9:35 A.M., an interview with the Food Service Director (FSD) was conducted. The FSD stated Dietary Aids were expected to check the residents' refrigerator for the expiration date of food and to record the temperatures of the refrigerator daily. The FSD stated the logged temperatures were not in the right range and should have been kept between 36 to 41 degrees F. The FSD stated the Dietary Aids should have reported the temperatures to her when out of range. The FSD stated the thermometer inside the refrigerator was broken, therefore the temperatures entered on the log were wrong. Regarding the resident food items inappropriately labeled or left in the refrigerator for longer than three days, the FSD stated all resident food should have been clearly labeled with their names and date the food was received. The FSD also stated no staff food should have been kept in the resident refrigerator. On 9/30/25 at 10:13 A.M., an interview was conducted with the Dietary Aid (DA) 2. DA 2 stated she checked the refrigerator temperatures. DA 2 stated it was important to keep the refrigerator temperatures below 41 degrees F. DA 2 stated if the temperature was out of range, she would report it to the FSD and would throw away the food exceeding three days. DA 2 stated that if food did not have a proper label, it would also be thrown away. A review of the facility's policy titled Food Brought from Outside revised unknown date, indicated, .stored, and labeled properly to prevent foodborne illness and cross-contamination.All outside food must be consumed or discarded within safe timeframes.2. All food items must be: Labeled with resident's name, date, and time received.Foods not consumed within 72 hours (perishable) will be discarded.A review of the facility's policy titled Employee Personal Items and Food Storage in Dietary Services revised unknown date, indicated, .2. Staff food and beverages must be placed only in the employee break room refrigerator or other approved staff- designated food storage area. All personal food must be labeled with employee name and date. Items not labeled or expired will be discarded.A review of the facility's policy titled Kitchen Storage and Labeling Policy revised unknown date, indicated, .4.Staff personal food is stored only in employee breakroom refrigerator, not in kitchen prep or resident storage areas.		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Pre-admission Screening and Resident Review Level II (PASARR II - an evaluation of the resident's psychiatric treatment requirements) was followed up on and completed for two of four residents (Resident 26 and 49) reviewed for PASARR. This failure had the potential for Resident 26 and Resident 49 to not receive necessary mental health care services in an appropriate healthcare setting. Findings: A review of Resident 26's admission Record indicated the resident was admitted to the facility on [DATE] with a diagnosis of schizophrenia, unspecified (a mental health condition that combines symptoms such as hallucinations and delusions), major depressive disorder (a mood disorder causing persistent feelings of sadness, hopelessness, and a loss of interest in activities), and bipolar disorder (a mental health disorder with mood swings). A review of Resident 26's Level I PASARR 1 screening from the Health Care Services dated 6/5/25, indicated the resident was positive for Serious Mental Illness (SMI). A review of Resident 26's Determination Report dated 6/5/25, indicated .the individual has a condition expected to require less than fifteen days of care in a nursing facility. No further evaluation is required at this time. A review of Resident 49's admission Record indicated the resident was admitted to facility on 7/23/25 with a diagnosis of schizophrenia disorder, unspecified. A review of Resident 49's Level I PASARR 1 screening from the Health Care Services dated 7/22/25 indicated the resident was positive for Serious Mental Illness (SMI). A review of Resident 49's Determination Report dated 7/22/25, indicated .the individual has a condition expected to require less than fifteen days of care in a nursing facility. No further evaluation is required at this time. On 10/01/25 9:25 A.M., an interview and record review was conducted with Medical Record Director (MRD). The MRD stated she was responsible for reviewing, tracking, and submitting PASARR 1 screenings and following up on the residents' PASARR 1 in the facility. The MRD reviewed Resident 26's PASSR level 1 screening dated 6/5/25 which was positive for SMI. The MRD reviewed Resident 26's Determination Report dated 6/5/25 that indicated .the individual has a condition expected to require less than fifteen days of care in a nursing facility. No further evaluation is required at this time. The MRD stated Resident 26 had become a custodial resident on 6/22/25. The MRD then reviewed Resident 49's PASSR level 1 screening dated 7/22/25 which was positive for SMI. The MR reviewed Resident 49's Determination Report dated 7/22/25, that indicated .the individual has a condition expected to require less than fifteen days of care in a nursing facility. No further evaluation is required at this time. The MRD stated she should have followed up PASRR screening for PASRR level II for Resident 26 and Resident 49 after the residents stayed longer than fifteen days in the facility. On 11/17/25 at 2:35 P.M., an interview and record review was conducted with the Director of Nursing (DON). The DON stated it was important to follow up on the PASSR screenings for patient safety and care. The DON stated that the Medical Records Director should have followed up on Resident 26 and Resident 49 when they became permanent residents in the facility so that they would have been evaluated for PASRR level II screening. A review of the facility's policy and procedure titled, PASRR, undated indicated .No individual with a known or suspected serious mental illness (SMI), intellectual disability (ID), or related condition (RC) will be admitted to the facility without the required Level 1 screening, if indicated, a level II evaluation. The facility will ensure PASRR determinations are integrated into the care planning process.		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review, the facility failed to provide pharmaceutical services according to acceptable standards of practice when the documentation on the Controlled Drug Record (CDR) and the Medication Administration Record (MAR) documentation in the medical record that a resident received a medication) did not reconcile for one of three randomly selected residents (Resident 14). This failure had the potential for drug diversion (illegal acquisition, misuse, or transfer of prescription medication for an unauthorized purpose) and/or inadequate pain management. Findings: A review of Resident 14's admission Record indicated he was admitted to facility on 2/8/25 with a diagnosis of surgical aftercare following surgery on the skin and subcutaneous tissue (fatty tissue). A review of Resident 14's order summary dated 8/27/25, indicated the resident was to receive Morphine Sulfate (medication used to treat pain) oral tablet 15 milligrams (mg) every four hours as needed for moderate to severe pain. On 9/29/2025 at 11:22 A.M., an interview and record review was conducted with Licensed Nurse (11). LN 11 stated it was important the controlled drug count to be correct for patient safety and for medications to be accounted for. LN11 reviewed Resident 14's CDR and MAR for September 2025 for Morphine 15 mg tablet on the following dates: On 9/9/25 at 3 P.M., Resident 14's Morphine 15 mg tablet was removed from storage and documented on the CDR, but not documented on the MAR. On 9/14/25 at 2 P.M., Resident 14's Morphine 15 mg tablet was removed from storage and documented on the CDR, but not documented on the MAR. On 9/18/25 at 6:30 A.M., Resident 14's Morphine 15 mg tablet was removed from storage and documented on the CDR, but not documented on the MAR. On 9/19/25 at 5:30 A.M., Resident 14's Morphine 15 mg tablet was removed from storage and documented on the CDR, but not documented on the MAR. On 9/24/25 at 7 A.M., Resident 14's Morphine 15 mg tablet was removed from storage and documented on the CDR, but not documented on the MAR. On 9/24/25 at 1 P.M., Resident 14's Morphine 15 mg tablet was removed from storage and documented on the CDR, but not documented on the MAR. On 9/27/25 at 3 P.M., Resident 14's Morphine 15 mg tablet was removed from storage and documented on the CDR, but not documented on the MAR. LN 11 stated Resident 14's Morphine 15 mg had been removed from storage and documented on the CDR, but he did not see it documented on the MAR. LN 11 stated CDR and MAR did not match and they should have. LN 11 stated documentation on the CDR and MAR should occur at the same time medication was given to the resident. On 10/01/25 at 9:01 A.M., an interview and record review was conducted with the Director of Nursing (DON). The DON reviewed Resident 14's CDR and MAR. The DON stated it was important to keep track of controlled medications for residents' comfort, pain management and to avoid potential drug diversion. The DON stated her expectation was for licensed nurses to check the residents' orders, dispense the controlled medication, administer the medication and then document. A review of facility's undated policy titled Medication Administration & Documentation Policy indicated .2. Document medication immediately after administration, never before. 3. Record each administration in narcotic log and MAR. Report discrepancies immediately to the DON and Administrator.		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide outside dental resources and services in a timely manner for one resident (Resident 6). As a result, Resident 6 waited over 11 months to be evaluated for a new denture and was at risk for potential issues with the fitting of the new denture caused by the delay in receiving dental care and treatment. Findings: A review of Resident 6's admission Record indicated the resident was admitted to the facility on [DATE]. On 9/28/25 at 9:43 A.M., an interview was conducted with Resident 6. When the resident was asked if she had any issues with her care, she stated she was waiting for her teeth. On 9/30/25 at 9:11A.M., a joint interview and record review was conducted with the Social Services Director (SSD). The SSD reviewed Resident 6's Dental Progress Notes dated 10/31/24 and stated Resident 6 was waiting for a denture evaluation by a dentist from the newly approved dental program, because the resident insurance did not cover dentures. On 10/1/25 at 8:05 A.M., a joint interview and record review was conducted with the Charge Nurse (CN). The CN reviewed Resident 6's last Dental Progress Notes dated 10/24/25 and stated she requested a denture last year. On 10/1/25 at 10:29 A.M., a joint interview and record review was conducted with the SSD. The SSD reviewed Resident 6's clinical record and acknowledged that it had been a year since the resident requested a denture. The SSD stated this was a delay of care and the resident could have lost the ability to fit a denture in her mouth due to the length of the delay. On 11/17/25 at 2:53 A.M., an interview was conducted with the Director of Nursing (DON). The DON stated that Resident 6's denture request should have been addressed using all the resources. The DON stated Resident 6 should have been evaluated for dentures and that a new denture should have been made within a few months of the resident's request. The DON stated the process should not have taken almost a year. A review of the facility's policy titled Ancillary referral revised unknown date, indicated, .maintain or improve their [residents] highest practicable physical.well-being.		