

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555890	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2025
NAME OF PROVIDER OR SUPPLIER Hillcrest Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 4280 Cypress Drive 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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Residents did not have a dignified experience when residents were sitting at a table and one resident was served lunch and the others had to wait 15 minutes for their lunch on September 29, 2025 Based on observation, interview, and record review, the facility failed to ensure residents who were sitting on the same table were served at the same time for three of five residents reviewed for dining observation (Residents 23, 29, and 36) when Residents 23, 29, and 36 receive their food 10 minutes after Residents 5 and 47 were served their lunch. This failure had the potential for Residents 29, 23, and 36 to feel less dignified and respected because they had to sit and watch other residents eat their lunch. Findings: During an observation on September 29, 2025, at 12:05 pm, in the north dining room, there were multiple dining tables pushed together to make one long table. Five residents were seated at this table (Residents 5, 23, 29, 36, and 47). Two (Residents 5 and 47) of the five residents were served their lunch. The remaining three residents (Residents 23, 29, and 36) were waiting for their food. During an interview with the Dietary Supervisor (DS), in the north dining room, on September 29, 2025, at 12:13 PM, the DS stated the food cart that transports the food from the kitchen to the dining room was limited on how many trays it held. The DS further stated Residents 23, 29, and 36's meals should be coming in the next cart. During further observation, in the north dining room, on September 29, 2025, at 12:15 PM, Residents 23, 29, and 36 received their food, while Residents 5 and 47, who received their food earlier, were finished with their meals. During an interview with the DS, on September 30, 2025, at 2:05 PM, the DS stated residents who were sitting at the table should be eating at the same time. The DS further stated one person should not be eating while the others were waiting for their food. During a review of the facility's policy and procedure titled, Meal Service, dated 2023, it indicated, 5. All residents at the same table should be served at the same time.		

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility did not implement antibiotic stewardship program according to facility policy. Based on interview and record review, the facility failed to implement its policy and procedure on antibiotic stewardship (a set of practices aimed at ensuring the safe and effective use of antibiotics [medications used to treat infections]) for two of six residents reviewed for antibiotic use (Residents 1 and 17) when Residents 1 and 17's Loeb's [a set of clinical guidelines for healthcare providers in long-term care facilities to help them decide when to start antibiotics for residents] Minimum Criteria for Initiating Antibiotic Therapy form were not filled out completely. This failure had the potential to place Residents 1 and 17 at risk for adverse events (undesirable physical side effects or harm resulting from medical treatment), including the development of antibiotic-resistant organisms (bacteria that are no longer killed by the antibiotics designed to destroy them), from unnecessary or inappropriate antibiotic use. Findings: 1. During a review of Resident 1's face sheet, it indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included cystitis (condition when bladder gets swollen and sore) and paranoid schizophrenia (type of a serious brain illness that makes it hard for a person to tell the difference between what is real and what is not real). During a review on of Resident 1's physician's order, dated November 13, 2025, it indicated, Cephalexin [aka Keflex- antibiotic medication used to treat a wide range of bacterial infections in the body] Oral Tablet 500 MG [milligram - unit of measure]. Give 1 tablet by mouth three times a day for r/t [related to] skin tear with redness to (R) [right] hip for 7 Days. A review of Resident 1's Medication Administration Record (MAR) for the month of November 2025, indicated Resident 1 received the prescribed Cephalexin oral tablet from November 13, 2025, through November 17, 2025. During an interview and concurrent record review on November 17, 2025, at 3:45 PM, with the ICP nurse, the ICP nurse reviewed Resident 1's Loeb's [a set of clinical guidelines for healthcare providers in long-term care facilities to help them decide when to start antibiotics for residents] Minimum Criteria for Initiating Antibiotic Therapy form, dated November 10, 2025, which indicated Resident 1 had a suspected Skin and Soft Tissue Infection, and the criteria selected was new or increasing purulent drainage [the medical way of saying a wound is leaking thick, often yellowish, fluid from an infected cut or wound]. The portion of the form indicating whether SSTI was evaluated or whether the criteria were met was left blank. The ICP nurse confirmed the form was incomplete and stated that it should have been completed to indicate whether the initiation of antibiotics was appropriate for Resident 1. 2. During a review of Resident 17's face sheet, it indicated Resident 17 was admitted to the facility on [DATE], with diagnoses which included paranoid schizophrenia and hyperlipidemia (abnormally high level of fats in the blood). During a review of Resident 17's physician's order, dated November 10, 2025, it indicated, . Keflex Oral Capsule Give 500 mg by mouth three times a day for mole on forearm r/t redness and dry yellow drainage for 10 Days. A review of Resident 17's MAR for the month of November 2025, indicated Resident 1 received the prescribed Keflex oral capsule from November 10, 2025, through November 17, 2025. During an interview and concurrent record review on November 17, 2025, at 3:45 PM, with the ICP nurse, the ICP nurse reviewed Resident 17's Loeb's Minimum Criteria for Initiating Antibiotic Therapy form, dated November 10, 2025, which indicated Resident 17 had a suspected Skin and Soft Tissue Infection, and the criteria selected was new or increasing purulent drainage. The portion of the form indicating whether the information gathered, was evaluated or whether the criteria were met, was left blank. The ICP nurse confirmed the form was incomplete and stated that it should have been completed to indicate whether the initiation of antibiotics was appropriate for Resident 17. During a follow up interview on November 17, 2025, at 4:20 PM, with the ICP nurse, the ICP nurse stated The facility used the Loeb Criteria to help us decide if it's real infection or just symptoms that look like an infection. This process helps ensure that we administer antibiotics only when indicated by the criteria. During a concurrent interview and record review on November 17, 2025, at 4:30 PM, (continued on next page)		

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with the Director of Nursing (DON) and the ICP nurse, the DON and ICP nurse reviewed Residents 1 and 17's clinical records and were not able to locate any documentation showing any analysis (looking for trends, spikes, or unusual patterns in the data) to determine if infection was present before antibiotic were used. The ICP nurse stated that he should have been ensuring the completion Loeb Criteria and conducting an analysis to confirm the real infection, to support the appropriate use of antibiotic for Resident 1 and 17. During an interview and concurrent record review on November 17, 2025, at 4:35 PM, with the DON and ICP nurse, the DON and ICP nurse reviewed the facility's policy and procedure (P&P) titled, Antibiotic Stewardship [programs to ensure effective and safe use of antibiotics] - Review and Surveillance [process of continuously and systematically collecting, analyzing, and sharing data] of Antibiotic Use and Outcomes. The P&P indicated, Policy Statement. Antibiotic usage and outcome data will be collected and documented using a facility-approved antibiotic surveillance tracking form. The data will be used to guide decisions for-improvement of individual resident antibiotic prescribing practices and facility-wide antibiotic stewardship. Policy Interpretation and Implementation. 1. As part of the facility antibiotic stewardship program, all clinical Infections treated with antibiotics will undergo review by the infection preventionist, or designee. 2. The IP, or designee, will review antibiotic utilization as part of the antibiotic stewardship program and identify specific situations that are not consistent with the appropriate use of antibiotics. 3. At the conclusion of the review, the provider will be notified of the review findings . The DON stated the analysis should have been conducted to identify trends in antibiotics use, prevent unnecessary prescriptions, and reduce the spread of drug-resistant infections, but it was not. The DON further stated that the facility's P&P was not followed. During an interview and concurrent record review on November 17, 2025, at 4:45 PM with ICP nurse, the ICP nurse reviewed the facility's P&P titled, Infection Preventionist, dated 2001, which indicated, Policy statement. The infection preventionist is responsible for coordinating the implementation and updating of the infection prevention and control program. Policy Interpretation and Implementation. 5. The infection preventionist collects, analyzes and provides infection and antibiotic usage data and trends to nursing staff and health care practitioners. The ICP nurse stated he was responsible for the oversight of the facility infection control program. The ICP nurse further stated that the facility's P&P was not followed.		

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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** Three rooms have less than 80 square feet per resident in rooms [ROOM NUMBER].Based on observation, interview, and record review, the facility failed to provide a minimum of 80 square feet (sq. ft.) of livable space per resident for three of 32 resident rooms (rooms [ROOM NUMBER]). This failure had the potential for the residents housed in rooms [ROOM NUMBER] to not have the ability to move about freely if the square footage limited their personal space. Findings:During a concurrent interview and record review, with the Administrator (Admin), on September 29, 2025, at 8:45 AM, the Admin reviewed the Entrance Conference Checklist and stated the facility had room waivers for rooms [ROOM NUMBER], which had less than the required square footage of livable space (less than 80 square feet). During an environmental tour with the Maintenance Supervisor (MS), on November 18, 2025, at 2:00 PM, rooms [ROOM NUMBER] were inspected and the residents' rooms and their measurements of livable space were noted as follows:1. room [ROOM NUMBER] (two beds) measured 151.66 sq. ft = 75.8 sq. ft. per resident2. room [ROOM NUMBER] (two beds) measured: 141.16 sq. ft = 70.6 sq. ft. per resident3. room [ROOM NUMBER] (two beds) measured: 141.67 sq. ft = 70.8 sq. ft. per resident During a follow-up interview with the Admin on November 18, 2025, at 2:15 PM, the Admin confirmed the measurements of the three resident rooms, and stated rooms [ROOM NUMBER] did not meet the 80 sq. ft per resident requirement. The Admin further stated the rooms were not crowded, did not impose any safety hazards to the residents and there were no complaints about space or room issues from the residents occupying these rooms.The survey team recommends the approval of the room waiver request for the rooms listed in this deficiency.		