

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

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Helen Bernardy Center D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49330</p> <p>Based on interview and record review, the facility failed to ensure the Minimum Data Set (MDS - health status screening and assessment tool) was accurately completed for 1 of 6 sampled residents (Resident 3).</p> <p>This failure had the potential for Resident 3 to receive inappropriate care.</p> <p>Findings:</p> <p>According to the Admission and Discharge Record, Resident 3 was admitted on [DATE] with diagnoses that included cerebral palsy (a condition that affects movement and posture) and traumatic brain injury (damage to the brain caused by an outside force).</p> <p>During a record review for Resident 3, the Nursing Communication indicated, During the day, CIC [Intermittent Catheterization, a procedure where a tube is inserted into the bladder to drain urine) .Foley (foley catheterization, a tube is inserted to drain urine and is left in) for continuous drainage from 8pm to 8am .</p> <p>During a record review for Resident 3, the MDS dated [DATE] Section H- Bladder and Bowel indicated .C. Ostomy (including urostomy, ileostomy, and colostomy). The MDS indicated Resident 3 did not receive intermittent or foley catheterization.</p> <p>On 11/21/24 at 12:54 P.M., an interview was conducted with Licensed Nurse (LN) 11. LN 11 stated the MDS is important because .it triggers the nurse for what the patient needs .if its inaccurate someone could think [the resident] has [medical problems] when they really don't .</p> <p>On 11/22/24 at 1:27 P.M., an interview and record review was conducted with the Program Manager (PM). The PM stated Resident 3 did not have an ostomy. The PM stated the MDS for 9/4/24 was inaccurate, and Resident 3 had intermittent catheterization and a foley catheter. The PM stated it was important for an accurate MDS to be completed to ensure proper care is communicated to nursing staff.</p> <p>On 11/22/24 at 1:38 P.M., a concurrent interview and record review was conducted with the Director of Nursing (DON). The DON stated the purpose of the Minimum Data Set was .to drive the care. The DON stated her expectation was for the MDS data to be accurate. The DON stated .It ensures we're providing excellent care and reporting accurate data to the government about the care kids are getting .</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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility policy titled, Assessment of New Admission and Care Plan Policy, revised September 2024 indicated, .An RN .is responsible for certifying that all parts of the assessment are completed and accurate .The Program Manager RN reviews, verifies, and signs the MDS assessment attesting to its accuracy and completion .		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49330</p> <p>Based on interview and record review, the facility failed to revise a comprehensive care plan for intermittent and indwelling catheterization (a procedure where a tube is inserted to remove urine from the bladder) for one of six sampled residents (Resident 3).</p> <p>This failure had the potential for Resident 3 to have negative clinical outcomes.</p> <p>Findings:</p> <p>A review of the facility's Admission and Discharge Record indicated Resident 3 was admitted on [DATE] with diagnoses which included cerebral palsy (abnormal brain development causing a disorder of movement, muscle tone or posture), and severe developmental delay.</p> <p>A review of Resident 3's medical record indicated, Insert foley overnight from 8pm to 8am, prior to removal at 8am please instill gent [SIC] irrigation solution through connector to foley bag, allow to drain via void. Use sterile or clean technique with alcohol swabs to the attaching ends . and .During the day, CIC [SIC] at 1400 with gentamicin flushes (8am and 1400). Foley at night for continuous drainage from 8pm to 8am. Foley is a 14 FR .</p> <p>On 11/22/24 at 1:27 P.M., a concurrent interview and record review was conducted with the Director of Nursing (DON). A review of Resident 3's Care Plan for Urinary Incontinence, dated 6/2/24 indicated instructions for foley catheterization and antibiotic flushes. The DON stated, .[Resident 3's] problem is urinary retention .I see a problem with the care plan .[Resident 3] was getting [urinary tract infections] and retaining [urine] . The DON acknowledged the care plan was not personalized for Resident 3. The DON stated it was important to have an individualized care plan for Resident 3 to communicate care to various members of the healthcare team. The DON stated, .for example if a traveler [nurse] comes in, they need to have more information. We do have more floaters [staff from other units], we're hiring more people. We need to get the nurses doing it [creating personalized care plans] more .</p> <p>A review of the facility policy titled, Assessment of New Admission and Care Plan Policy indicated, .2.5.1 Care plans are based on a comprehensive resident assessment by all disciplines and with the attending physician's plan of medical care. Care plans include the resident's identified problems, needs, strengths, goals/target dates, interventions, disciplines responsible for each intervention .2.5.3 Care plans are reviewed by the assigned nurse case manager as well as the nursing team and may be updated on an as needed basis due to changes in a resident's health care condition .</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49330</p> <p>Based on observation, interview and record review, the facility failed to ensure food safety and sanitation practices were met in the kitchen according to standards of practice when:</p> <ol style="list-style-type: none"> 1. Two (2) floor sinks had piping without an air gap of at least 1 (inch) between the pipe and drain. 2. Three (3) cutting boards with deep cuts and food stains were stored in the clean area. 3. Two (2) ice machines had debris inside the storage parts of the ice bin. 4. Food thermometers were not calibrated per facility policy. <p>These failures exposed residents to unsanitary practices, which had the potential to place them at risk of developing foodborne illness.</p> <p>1. During the initial kitchen tour conducted on 11/19/24 at 8:44 A.M., a floor sink drain next to the salad prep/catering area was observed with the PVC (polyvinyl chloride) white pipe extending into the floor drain. Also, a brown pipe that extended from a walk-in freezer was observed disconnected from the freezer door and laying directly into a floor sink drain. The Director of Food Services (DFS) acknowledged the two pipes going into the floor sinks and stated they should not extend into the floor drain without an appropriate air gap.</p> <p>According to the 2022 Federal FDA Food Code, section 5-402.11(A), .A direct connection may not exist between the sewage system and a drain originating from equipment in which food, portable equipment .are placed .</p> <p>A review of the facility's policy titled, Food Storage dated 3/2022 indicated, .Dry or staple items shall be stored .and not subject to sewage or waste water back flow .</p> <p>2. On 11/20/24 at 1:46 P.M., an observation and interview was conducted with the Head Chef (HC) and the DFS in the dish washing area of the kitchen. A green cutting board, a white cutting board and a brown cutting board were observed hanging on the clean storage shelf. The cutting boards had multiple deep scratches on the surface with brown stains embedded in the scratches. The HC stated he checks the cutting boards once a month for stains/deep cuts and replaced them as needed. The DFS stated, .There's always a possibility of something in there .you see this groove (in the cutting board)? It could be remnants of things and should be replaced .</p> <p>According to the 2022 Federal FDA Food Code, section 4-501.12, Cutting surfaces such as cutting boards and blocks that become scratched and scored may be difficult to clean and sanitize. As a result, pathogenic microorganisms transmissible through food may build up or accumulate. These microorganisms may be transferred to foods that are prepared on such surfaces .</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. During a kitchen tour on 11/20/24 at 2:11 P.M., an observation and interview with the DFS and HC was conducted. A Surveyor wiped the inside of the ice machine bin #1 with a white paper towel and there was dark grayish colored debris on the paper towel. The DFS acknowledged the discolored debris and stated plant operations was responsible for cleaning/sanitizing the ice machine's interior and exterior parts.</p> <p>During a kitchen tour on 11/20/24 at 2:39 P.M., an observation and interview was conducted with the DFS and Plant Operations Engineer ([NAME]). A surveyor wiped the stainless steel beam inside of ice machine #2's bin with a white paper towel and there was bright orange-colored debris on the paper towel. The DFS and [NAME] both acknowledged the discolored debris. The [NAME] stated a third party company was responsible for cleaning the ice machines. The [NAME] stated, We don't touch it. The DFS stated the kitchen does not do any cleaning or maintenance to the ice machine.</p> <p>On 11/22/24 at 9:36 A.M., an interview was conducted with the Plant Operations and Maintenance Director (POMD). The POMD stated .[the ice machines] need to be cleaned . The POMD stated his expectation was the ice machines .be spotless and clean .</p> <p>According to the 2022 Federal FDA Food Code section 4-602.11, Equipment Food-Contact Surfaces and Utensils. Ice bins and components of ice makers need to be cleaned: (a) At a frequency specified by the manufacturer, or (b) Absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold .Ice makers and ice bins must be cleaned on a routine basis to prevent the development of slime, mold, or soil residues that may contribute to an accumulation of microorganisms .</p> <p>A review of the facility's policy titled, Ice Machines dated 11/2022 indicated, PERFORMED BY: Food Service .To ensure that ice machines are maintained by POM and used in a sanitary manner .The exterior of each machine will be cleaned daily using liquid sanitizer .Clean and sanitize the machine's water system in accordance with manufacturer recommended guidelines .</p> <p>4. During a kitchen tour on 11/20/24 at 1:46 P.M., an interview was conducted with the HC. The HC stated food thermometers were calibrated twice a week. The HC stated he chose 4-5 random employees and calibrated their thermometers.</p> <p>A review of the facility's Thermometer Calibration Log indicated food thermometers were calibrated on nine out of thirty-one days in October 10/1, 10/4, 10/8, 10/11, 10/15, 10/18, 10/23, 10/25, and 10/30) and on four out of thirty days in November (11/1, 11/8, 11/18, and 11/20).</p> <p>On 11/20/24 at 2 P.M., an interview was conducted with the Head Food Service Worker (HFSW). The HFSW stated it was important to calibrate food thermometers per policy. The HFSW stated, Its important for accuracy. For example, if we're cooking chicken, we need to make sure its safe, so the patients don't get sick .</p> <p>A review of the facility policy titled, Thermometer Use and Calibration dated 5/2023 indicated, . Thermometers should be calibrated on a daily basis as well using to measure very hot and then very cold foods, or if the unit has been dropped .</p>		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47956</p> <p>Based on interview and record review, the facility failed to upload the Minimum Data Set (MDS) for three of three residents (59, 63, 66) within an appropriate time frame.</p> <p>This failure had the potential of not having the residents not receiving the appropriate care.</p> <p>Findings:</p> <p>During an interview with the Program Manager (PM) 11/21/24 at 3:34 P.M., the PM stated the Minimum Data Set (MDS, a standardized tool to identify a resident's health needs and strengths to develop an individualized care plan) was used to create care plans. The PM stated the MDS needed to be accurate to ensure the residents were getting the appropriate care.</p> <p>During an interview with the Director of Nursing (DON) 11/22/24 at 1:37 P.M., the DON stated the expectation is to have documentation completed the same shift. The DON further stated .a reasonable time frame for loading it [the MDS assessment] into EPIC [the electronic health record] would be within the week. Months would not be acceptable.</p> <p>During a review of Resident 59's electronic health record, the record indicated the MDS assessment dated [DATE] had not been upload into the record until 07/17/24. The record further indicated that MDS assessment dated [DATE] had not been upload until 9/18/24.</p> <p>During a review of Resident 63's electronic medical health record, the record indicated the MDS assessment dated [DATE] had not been uploaded until 7/15/24. The record further indicated that the MDS assessment dated [DATE] had not been uploaded until 8/29/24.</p> <p>During a review of Resident 66's electronic medical health record, the record indicated the MDS assessment dated [DATE] had not been uploaded until 7/12/24. The record further indicated that the MDS assessment dated [DATE] had not been uploaded until 10/31/24.</p> <p>During a review of the facility policy titled Assessment of New Admission and Care Plan Policy revised September 2024, the policy indicated .1.11 Once the MDS is complete it will be scanned into the resident's electronic health record within a reasonable time frame.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49330</p> <p>Based on observation, interview and record review, the facility failed to follow infection control practices when a licensed nurse did not perform hand hygiene after administering medications via gastrostomy tube (GT- a tube inserted directly into the stomach used to provide nutrition and medication) and before doing tracheostomy (a surgical opening created through the neck to help someone breathe) site care to one of five residents observed for medication pass.</p> <p>As a result, there was the potential for cross contamination of microorganisms (bacteria, virus, fungus).</p> <p>Findings:</p> <p>According to the Admission and Discharge Record, Resident 115 was admitted on [DATE] with diagnoses that included cerebral palsy (a condition that affects movement and posture), gastrostomy tube dependent, and chronic lung disease.</p> <p>On 11/22/24 at 7:53 A.M., a medication administration observation was conducted with Licensed Nurse (LN) 1. LN 1 was observed administering medications to Resident 115 via GT. After all the medications were administered via GT, LN 1 was observed pouring a liquid wound solution onto a stack of clean gauze. LN 1 used the gauze to clean Resident 115's tracheostomy site. LN 1 then removed gauze with a large amount of sputum from the left side of Resident 115's tracheostomy site. LN 1 applied a topical medication to the tracheostomy site using a cotton tipped applicator. Using the same gloves, LN 1 picked up sterile sponge dressings and placed it around Resident 1's tracheostomy site. LN 1 placed the gloved left index and middle fingers under the clean trach tie.</p> <p>On 11/22/24 at 10:24 A.M., an interview was conducted with LN 1. LN 1 stated she should have done hand hygiene and put on new gloves after administering Resident 1's medications via G-tube, and again before she placed the sterile sponge dressing on Resident 1's tracheostomy site. LN 1 stated it was important to do hand hygiene between procedures .so we're not getting the clean stuff contaminated with anything .</p> <p>On 11/22/24 at 1:45 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated it was her expectation for staff to do hand hygiene after removing soiled dressings, and before placing new dressings on tracheostomy sites. The DON stated, .[doing hand hygiene] decreases transmission of bugs, viruses .you want to do the dirty to dirty and clean to clean. You don't want to use the same gloves for everything .</p> <p>A review of the facility policy titled, Hand Hygiene dated March 2022 indicated, Purpose .to .reduce transmission of pathogenic microorganisms to patients and personnel in healthcare settings .decontaminate hands before and after contact with a patient's intact skin .decontaminate hands before and after contact with body fluids or excretions, mucous membranes, non-intact skin, or would [sic] dressings .</p> <p>A review of the facility policy titled, Care of a Tracheostomy dated June 2024 indicated, .Prior to performing tracheostomy care or suctioning .Perform hand hygiene and don clean gloves .</p>		