

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555076	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/23/2024
NAME OF PROVIDER OR SUPPLIER  Stillwater Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  510 E. Washington Avenue El Cajon, CA 92020	

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 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>39449</p> <p>Based on observation, interview and record review, the facility failed to follow infection control practices when the facility.</p> <p>a. did not elevate the medical supplies above the floor.</p> <p>b. the storage area had water leak damaging the medical supplies.</p> <p>c. an employee entered an isolation room without appropriate personal protective equipment (PPE)</p> <p>This failure had the potential to spread germs and placed residents at risk for infections.</p> <p>Findings:</p> <p>On 3/6/24 and 3/12/24, the Department of Public Health received two complaints related to Infection Control.</p> <p>a. On 3/12/24 at 2:17 P.M., an observation and interview with the Infection Preventionist (IP) was conducted. The storage for medical supplies including personal protective equipment (PPE like face mask, disposable gloves, gowns) were not elevated above the floor. The IP stated the medical supplies should have been elevated to keep off the floor and prevent contamination.</p> <p>b. During a concurrent observation and interview on 3/12/24 at 2:34 PM. with the IP, the other storage room was outside the facility building. The outside storage was observed with boxes of medical supplies in disarray, had darkened water spots and bubbled packages that was remnant of water damage. The ceiling had darkened water circles remnant of dripping water. The blue tarp did not cover the entire storage exposing the medical supplies. The central supply personnel (CS) stated he tried to organize but when it rained it leaked here. CS pointed to the ceiling with black spots remnant of previous leaks and a plastic bin to collect the water dripping from the leaking ceiling.</p> <p>The Maintenance Director (MD) stated he was aware to elevate the medical supplies for cross contamination. The MD stated the gloves boxes got soggy and threw the gloves away.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>C. During a concurrent observation and interview on 3/12/24 at 5:12 P.M. with the Director of Nursing (DON), an employee was observed in an isolation room without wearing an isolation gown. The room had a sign posted by the doorway and indicated STOP .report to nurse before entering . The certified nurse assistant 1 (CNA 1) stated she was passing meal tray and should have worn the correct PPE using a gown. CNA 1 stated the posted sign had encircled A to wash hands, B: to wear gown and face mask and D to wear gloves. CNA stated she should have worn the correct PPE for safety and protection and prevent contamination from patient to patient.</p> <p>On 3/12/24 at 5:31 P.M., an interview was conducted the DON. The DON stated CNA 1 should have worn a gown</p> <p>Per the facility policy entitled Carbapenem-Resistant Organisms [germs resistant to drugs] (Pseudomonas, Acinetobacter species[types of germs])revised date 3/29/022 indicated .A. All residents found to have CRAB will be placed on contact precautions .</p> <p>Per the facility policy entitled Isolation-Categories of Transmission-Based Precautions, revised date October 2018, indicate .5. When a resident is placed on transmission-based precautions, appropriate notification is placed on the room entrance door .so that personnel .are aware of the need for and type of precaution .a. The signage informs the staff of the type of CDC precautions(s), instructions for use of PPE .</p>		