

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 01/02/2025
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>40610</p> <p>Based on observation, interview, and record review, the facility failed to ensure the floor in the hallway was safe for the residents, staff, and visitors.</p> <p>This failure had the potential for residents, staff and visitors passing the hallway to be at risk for stumbling and injuries.</p> <p>Findings:</p> <p>On 12/30/24, the Department received a complaint related to the facility's physical environment.</p> <p>On 1/2/25, an unannounced visit to the facility was conducted.</p> <p>On 1/2/25 at 11:10 A.M., an observation of the hallway going to station 3 was conducted. There were holes and cracks on the floor in the hallway going to station 3 from the kitchen to the nurses' station. There were two residents by the hallway ambulating with a walker, one resident wheeling himself and one in a wheelchair pushed by a staff.</p> <p>On 1/2/25 at 4:09 P.M., a concurrent observation of the flooring in the hallway and an interview with the Maintenance Director (MaD) was conducted. The MaD stated, We are scheduled to change the vinyl floor. I am going to order the floor so we can replace those temporarily for the residents' safety.</p> <p>On 1/2/25 at 4:45 P.M., a concurrent observation of the flooring in the hallway and an interview with the Director of Nursing (DON) was conducted. The DON stated, The flooring should be safe for everybody.</p> <p>According to the facility's policy titled, Grounds, revised May 2008, .3. Areas around the buildings (i.e., sidewalks, patios, gardens, etc.) shall be maintained in a safe and orderly manner at all times. The policy did not indicate maintaining the floor in the building.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555076
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