

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 04/03/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40610</p> <p>Based on interview, and record review, the facility failed to ensure Licensed Nurses (LNs) assessed a resident prior to sending the resident to the general acute care hospital (GACH), for one of three sampled residents (Resident 1).</p> <p>This deficient practice had the potential in a delay in the resident receiving treatment to address the onset of infection and placed Resident 1's health at risk.</p> <p>Findings:</p> <p>On 2/28/25, the Department received a complaint related to quality of care.</p> <p>On 3/4/25 at 10:40 A.M., an unannounced onsite visit to the facility was conducted.</p> <p>Resident 1 was admitted to the facility on [DATE], with diagnoses which included chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing) and congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), per the facility's Admission Record.</p> <p>A review of Resident 1's history and physical dated 10/10/24, indicated Resident 1 had the capacity to understand and make decisions.</p> <p>A review of Resident 1's GACH record dated 12/1/24 was conducted. Resident 1's clinical record indicated the clinical impression for Resident 1 at the GACH was pneumonia (an infection/inflammation in the lungs) due to an infectious organism and acute (unwelcome situation) respiratory failure with hypoxia (when the tissues of your body don't have enough oxygen). Resident 1's clinical record indicated Resident 1 was transferred to another GACH in critical care.</p> <p>On 3/4/25 at 12:16 P.M., an interview was conducted with Certified Nursing Assistant (CNA) 1. CNA 1 stated she remembered Resident 1 to have respiratory problems and received breathing treatments.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/4/25 at 1:17 P.M., a joint review of Resident 1's clinical record and an interview was conducted with Licensed Nurse (LN) 2. LN 2 stated Resident 1 had respiratory diagnosis. LN 2 stated LN 2 worked with Resident 1 during the last few days he (Resident 1) was at the facility. LN 2 stated Resident 1's responsible party (RP, is usually a friend, family member or guardian who looks out for the interests of a resident of the nursing home, making major decisions for the resident) requested the LNs to send Resident 1 out to GACH.</p> <p>On 3/4/25 at 2:09 P.M., a telephone interview was conducted with LN 3. LN 3 stated, He (Resident 1) did not appear to be in distress. I didn't see any reason for him (Resident 1) to be sent out. It was not a doctor's order, so we don't document.</p> <p>On 3/4/25 at 3:04 P.M., a joint review of Resident 1's clinical record and an interview was conducted with the Director of Nursing (DON). The DON read LN 3's change of condition (COC) charting/ notes dated 11/29/24 for Resident 1. The DON stated LNs did not assess Resident 1 per the COC notes as Resident 1's transfer to GACH was per the RP's request. The DON stated the LNs should have assessed Resident 1 when the RP requested Resident 1 to be sent out and prior to sending Resident 1 to GACH.</p> <p>A review of the facility's policy, titled Change in a Resident's Condition or Status, revised 5/2017, indicated, Our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.) . 1. The nurse will notify the resident's Attending Physician or physician on call when there has been a(an) .d. significant change in the resident's physical/emotional/mental condition .d. Ultimately is based on the judgment of the clinical staff .</p>