

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555223	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER St. John's Hospital Camarillo D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 Antonio Ave Camarillo, CA 93010	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43019</p> <p>Based on observation, interview and record review, the facility failed to ensure one resident (Resident 1) was not exposed to pathogens carried by flies resulting to formation of maggots (the larvae of flies that are typically found in decaying organic matter). Maggots were found in the tracheostomy (an opening in the neck and into the windpipe to help a person breathe) site of the resident .</p> <p>This failure placed Resident 1 at risk for parasitic infection (Myiasis).</p> <p>Findings:</p> <p>During a review of Resident 1 ' s history and Physical (H/P) dated 09/22/21 indicated, an admitted [DATE], with diagnosis that included past medical history (PMH) of coronary artery disease (CAD), Type 2 diabetes mellitus (DMII) and Depression (symptoms that affect how a person feels, thinks, and handles daily activities) who was initially admitted to Surgical Assessment Unit (SAU) Status Post S/P left (Middle Cerebral Artery) (MCA) infarct with resultant expressive Aphasia (Loss of ability to understand or express speech) and Right Hemiplegia (paralysis of the right side of the body after injury to the brain or spinal cord) S/P trach (inserted through the hole and secured in place with a strap around your neck) and PEG placement (is a feeding tube surgically placed through your abdomen into your stomach.)</p> <p>During a review of a Physician Note (PN) dated 8/23/24 for Resident 1, the PN indicated, During a tracheostomy change on 8/22/24, noted to have 5 large (sic larvae- a wormlike form that hatches from the egg of insects) removed during wound care; local wound care measures now include hydrogen peroxide for 7 days and has also been started on ivermectin (a medication used to treat parasitic worms).</p> <p>During an interview and concurrent observation with the Director of Nursing (DON) 8/26/24 at 1:00 pm., the DON indicated, that as soon as the infestation was noted on Resident 1, this was immediately communicated to nurses with consultation with the attending physician , with orders for the treatment of Myiasis).No fly infestations were observed in the facility .</p> <p>During a review of Policies and Procedures (P&P) titled Infection Prevention and Control Plan dated 2024, the P&P indicated, C. Address prioritized risk, limit unprotected exposure to pathogens, limit transmission of infections associated with procedures and the use of medical equipment, devices, and supplies.</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>During an interview on 8/26/24 at 2:15 pm., with Respiratory Therapist (RT1), RT1 verbalized that tracheostomy care (TC) and change of equipment are performed every shift and there is no issues with supplies used to do the TC.</p> <p>During an interview on 8/26/24 at 2:40 pm., with Charge Nurse (LN1) LN1 indicated that dressing changes were also done by the nurses when needed, after the routine TC. LN1 indicated the maggots on Resident 1's tracheostomy site is just recent.</p>		