

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Stanford Court Skilled Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8778 Cuyamaca Street Santee, CA 92071	

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** 46235</p> <p>Based on observation, interview, and record review, the facility failed to ensure current infection control practices were followed for two of five residents reviewed for infection control when:</p> <ol style="list-style-type: none"> 1. Staff wore an N-95 (a fitted filtering mask) mask over a surgical mask, 2. Staff did not use a face shield upon entrance into a room with COVID-19 (a very contagious respiratory virus). <p>This failure resulted in staff being exposed to COVID-19 and had the potential to spread infection to all residents residing in the facility.</p> <p>1. Resident 1 was admitted to the facility on [DATE] according to the facility's Admission Record. The change in condition progress note for Resident 1 dated 2/3/25 at 4:08 P.M. indicated, .Covid tested via rapid test with positive result .</p> <p>An observation of Resident 1's room on 2/6/25 at 9:02 A.M. was conducted. Resident 1's room had a sign on the wall outside which indicated, Special Droplet [spread of germs passed through speaking, sneezing or coughing] Contact [prevention of infection by direct or indirect contact] Precautions .N-95 . A white, plastic cart with drawers were also observed outside Resident 1's room.</p> <p>An observation and interview was conducted on 2/6/25 at 9:10 A.M. with Certified Nurse Assistant (CNA) 1. CNA 1 stated residents who were positive for COVID-19 had a blood pressure cuff and stethoscope inside the room. CNA 1 stated Resident 1 was positive for COVID-19 and will check the room for a blood pressure cuff and stethoscope. CNA 1 put on a gown, an N-95 mask over her surgical mask (a medical face mask) and face shield.</p> <p>On 2/6/25 at 9:41 A.M. CNA 2 was observed prior to entering Resident 1's room. CNA 2 was observed put on a gown then an N-95 mask on top of the surgical mask.</p> <p>An interview on 2/6/25 at 10:03 A.M. was conducted with CNA 1. CNA 1 stated she saw others putting an N-95 on top of a surgical mask and that was what she followed.</p> <p>An interview on 2/6/25 at 9:59 A.M. was conducted with LN 2. LN 2 stated it was her expectation for staff to not put on an N-95 mask on top of the surgical mask.</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>An interview on 2/6/25 at 10:52 A.M. was conducted with LN 3. LN 3 stated staff should remove the surgical mask prior to putting on an N-95 mask for protection.</p> <p>2. Resident 3 was admitted to the facility on [DATE] according to the facility's Admission Record. The progress notes for Resident 3 dated 1/27/25 at 4:15 P.M. indicated, .Pt [patient] tested positive for covid-19 .</p> <p>An observation and interview were conducted on 2/6/25 at 9:26 A.M. Resident 3's room, a sign outside the room indicated, Special Droplet Contact Precautions. Licensed Nurse (LN) 1 stated a blood pressure cuff and stethoscope were kept in rooms with residents who were positive for COVID-19. Prior to entering Resident 3's room LN 1 removed her surgical mask, put on an N-95 mask then a gown. LN 1 entered the room without a face shield. LN 1 exited Resident 3's room without the gown and N-95 and a joint observation of the precaution sign outside the room was conducted. LN 1 stated the precaution sign indicated, Wear eye protection, face shield or goggles. LN 1 stated she usually had the face shield over her eyeglasses, but the cart did not have any. LN 1 further stated she should have put on the face shield as protection.</p> <p>During an interview on 2/6/25 at 11:20 A.M. with the infection prevention nurse (IPN), the IPN stated staff should use a face shield inside a COVID room not prescription glasses. The IPN further stated an N-95 mask should not be placed on top of a surgical mask because it made the N-95 ineffective.</p> <p>An interview with the Director of Nurses (DON) was conducted on 2/18/25 at 3:44 P.M. The DON stated staff should not double mask because it compromised the seal of the N-95 mask. The DON further stated it was important to use a face shield inside a room with COVID because it was extra protection for the staff.</p> <p>A review of the facility's policy and procedure (P&P) titled, Coronavirus Disease (COVID-19)-Identification and Management of Ill Residents, dated November 2024 was conducted. The P&P indicated, .Staff who enter the room of a resident with suspected or confirmed SARS-CoV-2 [COVID-19] infection will adhere to standard precaution and use .N95a NIOSH [National Institute for Occupational Safety and Health- a federal agency]-approved particulate respirator [mask that filters particles] with N95 filters or higher, gown, gloves, and eye protection .Provide supplies including masks for source control .</p>		