

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  03/26/2025
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46235</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure current infection control practices were followed when the facility did not designate dedicated vital signs (VS) equipment (blood pressure cuff, stethoscope and thermometer) for two of two residents with clostridium difficile (C. diff- highly contagious bacteria in the large intestine causing diarrhea) infection reviewed for infection control. (Resident 1 and 4)</p> <p>This failure had the potential to spread infection throughout the facility.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses including sepsis (the body ' s extreme and life-threatening response to an infection) according to the Admission Record.</p> <p>During an observation on 3/26/25 at 9:27 A.M., Resident 1 ' s room door was closed with two signs posted outside the room. One sign indicated, .ENTERIC (pertaining to the intestines) CONTACT . The other sign indicated, .STOP .CONTACT PRECAUTIONS (measure to prevent the spread of infections that are transmitted through direct contact with an infected person or their environment) .Use dedicated or disposable equipment . A small, white cart with three drawers was outside Resident 1 ' s room.</p> <p>An observation and interview on 3/26/25 at 9:58 A.M. with Certified Nurse Assistant (CNA) 2 was conducted. CNA 2 stated Resident 1 was on isolation for C.diff. CNA 2 stated residents who were on isolation had a dedicated vital signs equipment inside the residents ' rooms. CNA 2 stated the thermometers were single use thermometers which were also in the residents ' rooms. CNA 2 was observed with a surgical mask (a medical face mask) on. CNA 2 applied a blue gown and gloves, then entered Resident 1 ' s room. CNA 2 was observed searching Resident 1 ' s room for the VS equipment. CNA 2 stated she did not find any VS equipment in Resident 1 ' s room. CNA 2 checked the white cart outside the room and there was no VS equipment on the cart. CNA 2 stated she was off yesterday, 3/25/25 and did not know if there was VS equipment in the room.</p> <p>A review of Resident 1 ' s care plan was conducted. A care plan initiated on 3/15/25 for Resident 1 indicated, .Isolation . is required for .C.DIFF INFECTION. At risk of transmitting an infection .Approaches .Dedicate equipment for isolation room .</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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(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>Resident 4 was admitted to the facility on [DATE] with diagnoses including cellulitis (deep infection of the skin caused by bacteria) of right and left lower limb (legs) according to the Admission Record.</p> <p>During an observation on 3/26/25 at 10:10 A.M., Resident 4 ' s room door was closed and there were three signs on the wall outside.</p> <p>The first sign indicated, MANUAL VITAL SIGNS ONLY NO MACHINE IN THIS ROOM. The second sign indicated, .STOP .CONTACT PRECAUTIONS .Use dedicated or disposable equipment . The third sign indicated, .ENTERIC CONTACT .</p> <p>An observation and interview on 3/26/25 at 10:10 A.M. with CNA 2 was conducted. CNA 2 was observed with a surgical mask (a medical face mask) on. CNA 2 entered Resident 4 ' s room after applying a blue gown and gloves were applied inside the room entrance. Upon exiting Resident 4 ' s room, CNA 2 stated there was no VS equipment inside Resident 4 ' s room or in the cart outside the room. CNA 2 stated VS equipment should be inside isolation rooms to prevent contamination and prevent C. diff spores (dormant, highly resistant bacteria) from spreading.</p> <p>A review of Resident 4 ' s care plan was conducted. A care plan initiated on 2/26/25 for Resident 4 indicated, .Isolation is required for .C-diff. At risk of transmitting an infection .Approaches .Dedicate equipment for isolation room .</p> <p>During an interview on 3/26/25 at 10:24 A.M. with licensed nurse (LN) 1, LN 1 stated Resident 1 and Resident 4 had C. diff infections. LN 1 stated VS equipment for Resident 1 and Resident 4 should be in the residents ' rooms. LN 1 stated the VS equipment should only be used for the specific resident in the room to prevent the spread of infection.</p> <p>An interview on 3/26/25 at 11:49 A.M. was conducted with the Infection Preventionist (IP- a healthcare professional who specializes in preventing and controlling the spread of infections in healthcare settings, ensuring safety of patients, staff, and visitors). The IP stated she expected facility staff to use a manual VS equipment and to disinfect the equipment after each use. The IP stated the VS equipment should be kept in the resident ' s room or cart outside the room if the resident was on isolation. The IP stated it was important for each resident on isolation to have his or her own VS equipment to prevent the spread of infection, prevent contamination of one resident to the other. The IP stated she was responsible for checking the rooms and carts for dedicated VS equipment.</p> <p>During an interview on 4/2/25 at 1:43 P.M. with the Director of Nursing (DON), the DON stated a dedicated vital sign equipment should be at each resident ' s room on contact isolation to control the infection and not spread the infection in the facility.</p> <p>A review of the facility ' s policy and procedure (P&amp;P) titled, Clostridium Difficile, dated October 2018 was conducted. The P&amp;P indicated, .Precautions are taken while caring for residents with C.difficile to prevent transmission to others [sic] residents .Spores can persist on resident-care items and surfaces for several months and are resistant to some common cleaning and disinfection methods .Enhance infection control measures may be used .including .reduced sharing of or dedicated medical equipment .</p>		