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Form Approved OMB
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555326	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carmel Mountain Rehabilitation & Healthcare Center	11895 Avenue of Industry San Diego, CA 92128

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to adhere to infection prevention protocols in 3 out of 3 rooms on Enhanced Barrier Precautions (an infection control measure requiring staff to wear gowns and gloves during high-contact resident care) when: A foley catheter bag was observed on the floor.A staff member was observed handling soiled linen and trash in the hallway.A staff member did not perform hand hygiene before entering and exiting a room of a resident on Enhanced Barrier Precaution. These failures had the potential to spread bacteria within vulnerable residents of the subacute unit, and to staff and visitors.Findings:1.) During a record review on 1/22/26, the admission Record indicated Resident 1 was admitted on [DATE] with diagnoses which included malfunction of tracheostomy (a surgically created opening in the neck) and neuromuscular dysfunction of bladder (nerve damage which causes problems with urination).During a record review on 1/22/26, Resident 1's physician's orders indicated, ENHANCED BARRIER PRECAUTIONS FOR CARBAPENEM ACINETOBACTER BAUMANII [a type of bacteria resistant to antibiotics], Catheter, GT [gastrostomy- a tube used to provide medications and food directly into the stomach].During an observation on 1/22/26 at 10:32 A.M., Resident 1 was observed in bed. A foley catheter bag was observed on the floor, next to Resident 1's bed.During a joint observation and interview with CNA 1 on 1/22/26 at 11:18 A.M., CNA 1 stated the foley catheter bag should have been hanged on Resident 1's bed frame. CNA 1 stated, [The foley catheter bag] isn't supposed to be on the floor, because its contaminated.During an interview with the DSD on 1/22/26 at 11:25 A.M., the DSD stated, The foley bag should never be on the floor, for infection control.The facility's policy titled IPCP Standard and Transmission-Based Precautions, revised 6/25, did not provide guidance regarding the placement of foley catheter bags.2.) During a record review on 1/22/26, the admission Record indicated Resident 2 was admitted on [DATE] with diagnoses which included dependence on respirator (ventilator- a machine used to help a person breathe) and gastrostomy (a tube inserted into the stomach to provide nutrition, fluids, and medicine).During a record review on 1/22/26, Resident 2's physician's orders dated 4/12/24 indicated, Enhanced barrier precautions due to tracheostomy and G-tube placement.During an observation on 1/22/26 at 10:40 A.M., Certified Nursing Assistant (CNA) 2 was observed doffing (removing) Personal Protective Equipment (PPE-gown, gloves) inside Resident 1's bedroom. CNA 2 then placed a new pair of gloves on, picked up a clear plastic trash bag and brought it to the hallway. CNA 2 was observed opening the plastic bag and separating the contents and placing the soiled linen in a gray bin, and the trash in a white bin.During an interview with CNA 2 on 1/22/26 at 10:48 A.M., CNA 2 stated she had provided peri-care to Resident 2. CNA 2 stated she separated Resident 1's soiled briefs and dirty linens in the hallway because she only had one trash bag. During an interview with the Director of Staff Development (DSD) on 1/22/26 at 11:25 A.M., the DSD stated CNA 2 did not practice proper infection control when she separated soiled linen and trash in the hallway. The DSD stated CNA 2 should have placed soiled linen and trash in two separate bags while inside Resident 2's (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2026
NAME OF PROVIDER OR SUPPLIER Carmel Mountain Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11895 Avenue of Industry San Diego, CA 92128	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	bedroom. The DSD stated I would have asked someone to bring me another trash bag. The DSD further stated CNA 2 should have performed hand hygiene after doffing PPE, and prior to leaving Resident 2's bedroom.During an interview with the Director of Nursing on 1/22/26 at 1:45 P.M., the DON stated she expected staff to contain soiled linen and trash inside the resident's room after providing care. The DON stated separating soiled linen and trash in the hallway could spread bacteria throughout the facility.During a review of the facility's policy titled IPCP Standard and Transmission-Based Precautions, revised 6/25, the policy indicated, Linens: Contaminated linens should be handled appropriately whether their source was an isolation room or a non-isolation room. All linen should be handled as if it were highly infectious.3.) During a record review on 1/22/26, the admission Record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses which included dependence on respirator (ventilator).During a review of Resident 3's Care Plan Report dated 1/25/24, the care plan indicated, [Resident 3] has CARBAPENEM RESISTANT ACINETOBACTER BAUMANII (CRAB).Maintain standard precautions when providing resident care.During an observation on 1/22/26 at 11 A.M., the Maintenance Supervisor (MS) was observed entering Resident 3's bedroom without performing hand hygiene. The MS was observed replacing Resident 3's hospital bed control (a device used to adjust the bed head, feet, and overall bed height).During an interview with the MS on 1/22/25 at 11:10 A.M., the MS stated although he was not doing resident care, he should have done hand hygiene before entering Resident 3's bedroom, and prior to exiting, .for sanitation purposes. The MS further stated it was important to do hand hygiene, especially after touching high-contact areas such as the hospital bed control and side rails.During an interview with the DSD on 1/22/25 at 11:25 A.M., the DSD stated the MS should have performed hand hygiene before exiting Resident 1's room. The DSD stated it was her expectation for staff to perform hand hygiene before exiting any resident's rooms, especially after touching high-contact areas (areas such as the resident's bed rail and bed controls, which are frequently touched by the resident and staff) to prevent the spread of infection.During an interview with the Director of Nursing on 1/22/26 at 1:45 P.M., the DON stated she expected staff to perform hand hygiene before entering resident rooms, and prior to exiting to prevent the spread of germs.During a record review on 1/22/26, the facility's undated policy titled Hand Washing indicated, It is the policy of this facility to cleanse hands to prevent transmission of possible infectious material and to provide clean, healthy environment for residents and staff.