

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/09/2024
NAME OF PROVIDER OR SUPPLIER  Casa DE Las Campanas		STREET ADDRESS, CITY, STATE, ZIP CODE  18655 W. Bernardo Drive San Diego, CA 92127	

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>46982</p> <p>Based on observation, and interview the facility failed to ensure staff followed infection control precautions when staff were observed without face masks. This failure had the potential for the spread of infection to residents, staff, and visitors.</p> <p>Findings:</p> <p>On 9/24/24 an unannounced visit was made to the facility in response to a report of a Covid-19 outbreak. On the entrance door a sign noted the presence of Covid-19 in the facility and directed visitors to not visit if they had symptoms of illness and to wear a mask while in the facility.</p> <p>On 9/24/24 at 5 A.M. an observation and interview was held with LN 1. LN 1 was sitting at nursing station 1, not wearing a surgical mask. LN 1 stated there is one resident infected with Covid-19 in the facility at this time.</p> <p>Certified Nursing Assistant (CNA) 1 and CNA 2 were observed entering the hallway from resident rooms. CNA 1 was carrying a bag of disposable items, and put the bag into the trash receptacle in the dirty utility room. CNA 1 and CNA 1 were observed not wearing masks.</p> <p>On 9/24/24 at 5:06 A.M. CNA 1 and CNA 2 were interviewed. CNA 2 stated masks need to be worn to prevent the spread of Covid-19. CNA 2 also stated it was important to wear masks because a person could have Covid-19 and have no symptoms. CNA 1 stated she had been in a resident room and should have been wearing a mask.</p> <p>On 9/24/24 at 5:50 A.M. the Infection Preventionist (an RN with specialized training in the management and prevention of infection spread) (IP) was interviewed. The IP stated, as of 9/24/24 one resident was still on precautions for Covid-19.</p> <p>On 9/24/24 at 2:20 P.M. an interview was held with the Director of Nursing (DON). The DON stated it is the policy and expectation that all staff wear surgical masks while on duty for infection control during this Covid-19 outbreak. The DON stated LN 1, CNA 1 and CNA 2 should have been wearing masks during their shift, to prevent the spread of infection to the residents.</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
---	-------	-----------