

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555470	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2025
NAME OF PROVIDER OR SUPPLIER Wagner Heights Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9289 Branstetter Place Stockton, CA 95209	

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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>Based on interview, and record review, the facility failed to ensure an Infection Preventionist (IP) was consistently employed by the facility from January 1, 2021 through December 31, 2022. This failure had the potential to increase the spread of illnesses within the facility and communicable illnesses not to be appropriately tracked and assigned the appropriate precautions; negatively impacting the health and safety of all residents residing in the facility. During an interview on 8/6/25, at 2:15 PM, with Payroll/Human Resources (Payroll/HR), Payroll/HR was unable to provide information on the IPs working in the facility between 1/1/21 and 12/31/22 as the facility no longer had the files. Payroll/HR explained the facility had shipped the employee files to the previous corporation (that owned/ managed the facility) the prior week. During an interview on 8/7/25, at 10:15 AM, with the Administrator (ADM), the ADM stated he had the names of IP 1 and IP 2 and was able to provide their names. The ADM was not able to provide details from the employee files for IP 1 and IP 2 as the ADM was waiting for a response from the previous corporation regarding the employee files. During an interview on 8/21/25, at 12:29 PM, with the ADM, the ADM stated they received the employee files they had sent to the previous corporation. The ADM explained the facility had not had a chance to look for IP 1 and IP 2's employee files located somewhere in the 25 boxes that the facility received. During an e-mail exchange, on 8/21/25, at 4:38 PM, with the ADM, the ADM attached IP 2's employee file. The ADM confirmed IP 2's IP certification was not in the file. A review of IP 2's personnel file did not reveal an Infection Preventionist Certificate for IP 2. A review of IP 2's untitled employee document containing employment dates and job titles indicated, .[IP 2].Infection Preventionist.Action Date.5/4/2022. TER [termination].Reason Code.Accepted Other Employment.Action Date.3/15/24.A review of IP 1's untitled employee document containing employment dates and job titles indicated, .[IP 1].Infection Preventionist. Action Date.7/31/2020.Job Code.LVN/LPN [licensed vocational nurse/licensed practical nurse].Action Date . 12/3/2021.A record review did not reveal any other IP's working in the facility from January 1, 2021, through December 31, 2022. As indicated above, IP 1 was the only IP with a documented IP certificate. During an interview on 8/21/25, at 5:24 PM, with IP 2, IP 2 stated she had completed an IP course, and it should have been on file with the facility. IP 2 explained she had not retained a copy of the IP certificate. IP 2 further explained she was a new IP, and her mentor had been a corporate IP. During an interview on 9/24/25, at 9:23 AM, with the Director of Nursing (DON), the DON stated it was required for the facility to have a full-time IP. The DON explained it was important in order to ensure infection prevention in the facility was followed. The DON further explained the risk of not having a qualified infection preventionist was infection prevention protocols not being followed. The DON stated it could lead to infections and outbreaks within the facility. During a record review of IP 1 and IP 2's limited employee records, the records indicated the facility did not have an infection preventionist from 12/3/21 through 5/4/22. Further review of the records indicated the facility did not have a qualified IP when IP 2 was working as the IP, as there was no documented evidence of IP 2 having taken specialized training to become an IP.</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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