| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555659 | A. Building<br>B. Wing | 06/03/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| San Diego Post-Acute Center | 1201 South Orange Ave.<br>El Cajon, CA 92020 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>Based on observation and interview, the facility failed to ensure staff used the appropriate Personal Protective Equipment (PPE) when entering a room placed on Transmission Based Precautions (TBP – a sign outside of a resident's room which indicated that visitors had to wear PPE to avoid catching an infection from the resident) for two of three staff observed entering rooms on TBP.<br><br>This failure placed the facility's residents at an increased risk of infection.<br><br>Findings:<br><br>On 6/3/25 at 10 A.M., an observation was conducted of Housekeeper (HK) 1 entering the room of resident on TBP. The TBP sign at the entrance to the room directed visitors to wear eye protection before entering the room. HK 1 was not wearing eye protection while he cleaned the floor in the room on TBP.<br><br>On 6/3/25 at 10:07 A.M., an observation was conducted of Certified Nursing Assistant (CNA) 2 entering the room of a resident on TBP. The TBP sign at the entrance to the room directed visitors to wear eye protection before entering the room. CNA 2 was not wearing eye protection while she went into the TBP room and spoke with a resident.<br><br>On 6/3/25 at 10:11 A.M., an interview was conducted with CNA 2. CNA 2 stated, she forgot to put on eye protection before entering the TBP room.<br><br>On 6/3/25 at 10:14 A.M., an interview was conducted with HK 1. HK 1 stated he did not wear eye protection when entering the TBP room because he thought the facility had ran out of the supply of eye protection.<br><br>On 6/3/25 at 10:22 A.M., an interview was conducted with the Director of Nursing (DON). The DON stated the staff should have worn the correct PPE, including eye protection, when entering the room of a resident on TBP.<br><br>Per the facility's policy, titled Coronavirus Disease (COVID-19) – Using Personal Protective Equipment revised May 2023, Personnel who enter the room of the resident will adhere to standard precautions and use .eye protection .Eye protection .is applied upon entry to the resident room. |

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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