STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555659	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Diego Post-Acute Center	1201 South Orange Ave. 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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to provide meatal care (cleaning the area where a urinary catheter [a flexible tube inserted into the bladder to drain urine] enters the body [the meatus] daily using mild soap and water to prevent infections) for one (Resident 1) of 34 sampled residents.This failure had the potential for Resident 1's urinary catheter not to get assessed and/or cleaned appropriately and could lead to a nonfunctional catheter and/or a urinary tract infection.Findings:Review of admission Record indicated Resident 1 was admitted on [DATE] for diagnoses which included Quadriplegia (the loss of muscle function, feeling, or movement of all four limbs and the torso caused by damaged nerve pathways), Respiratory Failure (occurs when the lungs cannot adequately supply oxygen to the blood), and Urinary Tract Infections (a common bacterial infection of the bladder, urethra, or kidneys).Review of Minimum Data Set (MDS- clinical assessment tool used in Medicare/Medicaid-certified nursing homes to evaluate the health) Section C-Cognitive (Thinking) Patterns, dated 3/30/26, indicated a Brief Interview for Mental Status score of 15 which indicated intact cognitive ability.Review of MDS Section GG-Functional Abilities, dated 3/30/26 indicated Toileting Hygiene was coded as Substantial to Maximal assistance-Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.On 4/7/26 at 2:05 P.M., an observation and interview with Resident 1 was conducted. Resident 1 was observed relaxing in a geriatric chair in the dining room with Resident 1's wife (R1W) sitting in a chair next to him . Resident 1 was observed with oxygen via nasal cannula (a lightweight, flexible tube used to deliver supplemental oxygen) and a capped tracheostomy tube (a curved, hollow tube inserted into a surgically created opening in the neck and windpipe to provide an airway, assist breathing, or remove lung secretions. Resident 1's urinary drainage bag (a sterile, flexible, medical-grade plastic or latex container connected to a catheter to collect urine from the bladder) was observed hanging above ground on the side of his chair with clear yellow urine in bag. Resident 1 seemed comfortable and in no apparent distress. R1W stated that Resident 1 is paralyzed from the chest down and has a foley catheter. R1W stated concerns about Resident 1's catheter care. R1W stated she had not seen any staff clean his catheter or do meatal care while he was at the facility, Resident 1 agreed that he had not had catheter care done. R1W stated that she was doing Resident 1's catheter and meatal care because it was not being done by staff and he had urinary tract infections in the past. R1W stated she brought her own catheter care wipes from home.On 4/7/26 at 2:20 P.M., an interview with Certified Nursing Assistant (CNA) 1 was conducted. CNA 1 stated that typically she would clean resident's urinary catheter if resident with wipes during perineal (cleansing the genital and anal areas) care and dry area with towels. CNA 1 was unsure of who was responsible for meatal care and cleaning the insertion site.On 4/7/26 at 2:30 P.M., an interview with License Nurse (LN) 1. LN 1 stated she was the nurse taking care of Resident 1 and had taken care of him in the past. LN 1 stated that the CNAs clean Resident 1's urinary catheter, but she assessed it every shift. LN 1 stated she will look to make sure the bag is hanging properly or if there are changes to urine or flow. LN 1 was unsure of who was responsible for cleaning the insertion site of catheter for meatal care.On 4/7/26 at 2:55 P.M., an (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

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interview with CNA 2 was conducted. CNA 2 stated that typically he would clean resident's urinary catheter with wipes that were provided or with perineal care and dry area with towels if resident was incontinent with stool. CNA 2 stated that the LN's were responsible for meatal care of the residents and he would only clean around the perineal area, but not the meatus.On 4/7/26 at 3:30 P.M., an interview with Charge Nurse (CRN) 1. CRN 1 stated it's the RN and LN's responsibility to clean and assess resident's urinary catheters at least once a shift. CRN 1 stated that the expectation for catheter care was for LNs to assess and clean urinary catheter and resident's meatus per protocol with soap and water every shift. CRN 1 stated that it should be documented in the electronic treatment administration record (ETAR). CRN 1 stated that catheter care should be done to prevent unwanted urinary tract infections.On 4/7/26 at 3:45 P.M., an interview with LN 2 was conducted. LN 2 stated that for urinary catheters, CNAs clean the resident's catheter after a bowel movement. LN 2 stated that med nurse assesses and monitors catheter every shift with med pass, but does not clean urinary catheter or the meatus. LN 2 stated that the CNAs would do meatal care with perineal care.On 4/7/26 at 3:55 P.M., an interview with LN 3 was conducted. LN 3 stated that it is the responsibility of the Licensed nurse to do the urinary catheter assessment and meatal care each shift to prevent infection. LN 3 stated the importance of assessing and doing meatal urinary care per shift was to prevent urinary tract infections.On 4/15/26 at 2:10 P.M., an interview with LN 7 was conducted. LN 7 stated she was a new nurse, about 1-2 weeks. LN 7 stated she had not had any foley catheter residents and was not sure who was responsible for cleaning the urinary catheter or doing meatal care or assessment of the area.On 4/15/26 at 2:20 P.M., an interview with the Director of Staff Development (DSD) was conducted. The DSD stated that both the CNA and nurses can clean the foley catheter, but it is the LN's responsibility to assess and do daily cleaning of the meatal area at least once per shift. The DSD stated that the CNA can do perineal care and cleaning after bowel movement. The DSD stated the importance of LN's assessing and cleaning catheter daily is to prevent infections and make sure the catheter is functional.On 4/15/26 at 2:45 P.M., an interview with the Director of Nursing (DON) was conducted. The DON stated both CNA's and LN's can do foley care, but the LN should be cleaning and assessing of the insertion site of the catheter and doing meatal care at least once a shift to prevent infection, check placement, and make sure the urinary catheter is functioning.Review of facility policy titled Catheter Care, Urinary dated 2001 indicated that The purpose of this procedure is to prevent urinary tract catheter associated complications, including urinary tract infections.Routine Perineal Hygiene.11. With non-dominant hand separate the labia of the female resident or retract the foreskin of the uncircumcised male resident. Maintain the position of this hand throughout the procedure. 12. Assess the urethral meatus. 13. For female resident: a. Use a washcloth with warm water and soap (or clean bathing wipe) to cleanse labia.b.cleanse around the urethral meatus.14. For a male resident: Use a washcloth with warm water and soap (or clean bathing wipe) to cleanse around the meatus.