

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555795	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/03/2025
NAME OF PROVIDER OR SUPPLIER  Veterans Home of California - Chula Vista		STREET ADDRESS, CITY, STATE, ZIP CODE  700 East Naples Court Chula Vista, CA 91911	
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>Based on observation, interview, and record review, the facility failed to ensure surgical masks (a loose-fitting mask worn over the nose and mouth to help reduce the spread of infection) were worn on Unit 300 where Covid-19 (a contagious respiratory disease) positive residents resided. This failure had the potential to spread respiratory disease to the residents, staff, and visitors. Findings: During an observation on 9/3/2025 at 10:14 a.m., on Unit 300, Certified Nursing Assistant (CNA 1) and CNA 2, were observed in the hallway at a cart containing food items. CNA 1 and CNA 2 were observed wearing a surgical mask around their necks not covering their nose and mouth. In addition, a Licensed Vocational Nurse (LVN 1) was observed at the nurse's station not wearing a mask. During an interview on 9/3/2025 at 10:20 a.m., with CNA 1, CNA 1 stated she and CNA 2 were passing nourishments to the residents. CNA 1 stated she was supposed to wear the surgical mask over her nose and mouth. During an interview on 9/3/2025 at 10 a.m., with the Infection Preventionist (IP), IP stated four residents on Unit 300, one resident on Unit 700, and four staff had tested positive for Covid-19. IP stated, a surgical mask was required to be worn on the residents' units, and an N-95 mask (a tight-fitting mask that filtered out small and large infectious airborne particles) for direct care of Covid-19 positive residents. During an interview on 9/3/2025 at 10:22 a.m., with the Director of Nursing (DON), the DON stated staff should not pull their surgical masks down around their necks. During an interview on 9/3/2025 at 10:35 a.m., with LVN 1, LVN 1 stated she was the visiting hospice nurse for a resident. LVN 1 stated she was supposed to follow the facility's masking procedures. LVN 1 stated she should have been wearing a surgical mask. During an interview on 9/3/2025 at 12:22 p.m., with Standard Compliance Coordinator (SCC) and the DON, SCC stated the facility's Covid-19 policy and procedure was being developed. SCC stated, We have a mitigation plan we are following. The DON stated staff, visitors, and visiting hospice nurses were to follow the mitigation's plan for source control and masking. During a review of the facility's mitigation plan titled, Viral Respiratory Illness Mitigation Plan, dated August 2025, the mitigation plan indicated, 15. Source Control Masking, Source control masking reduces the risk of spreading VRI (Viral Respiratory Illness) to others and is recommended for Residents and Staff especially in gatherings and during periods of increased VRI activity. There are times when source control masking is required. 15.1 General Indications for Source Control Masking Specific masks types or universal source control masking may be required at times when: The facility is experiencing a VRI Outbreak and/or a surge in cases.</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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