

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/02/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555853	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2026
NAME OF PROVIDER OR SUPPLIER Veterans Home of California - Barstow		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East Veterans Parkway Barstow, CA 92311	
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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure that staff followed infection prevention and control practices when Custodian 1 did not use appropriate personal protective equipment (PPE) while performing environmental cleaning in a room under Enhanced Barrier Precautions (EBP). This failure had the potential to result in the spread of infection putting both residents and staff at risk. Findings: During a concurrent observation and interview on 4/19/26 at 12:02 PM with Certified Nursing Assistant (CNA) in Resident 6 and Resident 25's room, two EBP signs were observed posted by the room's entrance. CNA stated Resident 25 was on EBP for his wound on the left leg and Resident 6 was on EBP for his chronic suprapubic catheter. During an observation on 4/22/26 at 9:38 AM in Resident 6 and Resident 25's room, where two EBP signs were posted, Custodian 1 was observed not wearing gloves and gown while sweeping the floor, touching the beds, curtains, and dresser. During a concurrent observation and interview on 4/22/26 at 9:40 AM with the Hospital General Service Administrator (HGSA) and Custodian 1 in Resident 6 and Resident 25's room, where two EBP signs were posted, Custodian 1 was observed cleaning without any PPE. HGSA stated custodians need to wear a gown and a pair of gloves when cleaning and disinfecting rooms with EBP. Custodian 1 stated she knew the EBP signs were posted and that she should have worn PPE prior to performing her cleaning tasks. During an interview on 4/22/26 at 10:12 AM with the Infection Preventionist Registered Nurse (IPRN), IPRN stated custodians were expected to wear PPE before entering the room of any resident under EBP for cleaning and disinfecting. During a review of the facility policy and procedure (P&P) titled, Enhanced Barrier Precautions (EBP) Policy (All Homes), dated 12/30/2025, the P&P indicated, High-Contact (Environmental Services) EVS activities for which staff should use gown and gloves while cleaning and disinfecting the environment around residents on EBP: . *Cleaning and disinfecting high-touch surfaces such as bed rails, remote controls, bedside tables or stands on or near the resident's space .		

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