

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2020
NAME OF PROVIDER OF SUPPLIER STANFORD COURT SKILLED NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 8778 CUYAMACA STREET SANTEE, CA 92071	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a blood pressure machine was disinfected after leaving a isolation room (a patient in the room was known to have a transmissible person-to-person illness) for 1 of 3 sampled residents (2). As a result, there was a potential to spread germs. Findings: Resident 2 was re-admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 2's clinical record was conducted. Per the Patient Care Plan, dated 5/1/19, Resident 1 had parotitis (swelling inside each cheek over the jaw in front of each ear), under approach, contact precaution (prevent transmission of infectious). On 5/6/19 at 3:42 P.M., a Certified Nursing Assistant (CNA) 1 was observed leaving the isolation room with a community blood pressure machine without disinfecting the machine and heading to the next room. CNA 1 stated Resident 2's designated blood pressure machine was broken. CNA 1 stated she was heading to the next room and had not sanitized the blood pressure machine. CNA 1 further stated she should have sanitized the blood pressure machine before she left the isolation room. On 5/6/19 at 4:15 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated the practice of the facility was to have designated equipment for a resident in an isolation room. The DON further stated if the equipment was broken, the expectation was for the staff to ask for replacement and not to use the community blood pressure machine. The DON stated CNA 1 should always clean and disinfect the equipment after it was used. Per the agency's policy and procedure, dated 2/18, titled Contact Precautions, .7. Use disposable or dedicated patient-care equipment (e.g., blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient .		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.