## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/18/2023 FORM APPROVED OMB NO. 0938-0391

SSS136   S. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		()	(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STATE, ZIP CODE   15632 POMEAND ROAD   15632 POMEAND ROAD   15632 POMEAND ROAD   15632 POMEAND ROAD   15632 POMEAND CORRECTION   15633 POMEAND PAND CORRECTION   15633 POMEAND PAND CORRECTION   15633 POMEAND PAND PAND PAND PAND PAND PAND PAND P			555136					
DOWNY, CA 32064   DOWNY, CA	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		12/13/2023	
FREENX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  FOOD  INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an abbreviated standard survey.  Facility Reported Incident Numbers: CA00869505 and CA00870993  Categories: Resident/Patient/Client Abuse & Infection Control  Representing the Department:  Health Facilities Evaluator Nurse: 46247  The inspection was limited to the specific Facility Reported Incident Number investigated and does not represent the findings of a full inspection of the facility.  No deficiencies were issued for the Facility Reported Incident Number: CA00869505  One deficiency was issued for Facility Reported Incident Number: CA00869505  One deficiency was issued for Facility Reported Incident Number: CA00869505  One deficiency was issued for the Facility Reported Incident: CA00870993 at F882  F 882  What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.  F 882  What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.  F 882  What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.  F 882  What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.  F 882  What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.  F 882  What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.	POWAY HEALTHCARE CENTER							
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	F 882	The following reflects California Departmen abbreviated standard Facility Reported Incident CA00870993  Categories: Resident Infection Control Representing the Department of the Inspection was linguisted in the facilities Evaluated Incident Nunot represent the find the facility.  No deficiencies were Reported Incident Nunot represent the find the facility.  No deficiencies were Reported Incident Nunot CA0087099 Infection Preventionis CFR(s): 483.80(b)(1)- §483.80(b) Infection prediction in the facility must design individual(s) as the infection in the IP must: §483.80(b)(1) Have prin nursing, medical te	s the findings of the t of Public Health during an survey.  dent Numbers: CA00869505  /Patient/Client Abuse &  partment:  uator Nurse: 46247  mited to the specific Facility mber investigated and does ings of a full inspection of  issued for the Facility mber: CA00869505  ssued for Facility Reported 3 at F882 at Qualifications/Role -(4)  preventionist gnate one or more fection preventionist(s) (IP) ple for the facility's IPCP.		Plan of Correction does not of admission or agreement by F Healthcare Center to the alleg conclusions set forth in the S of Deficiencies. This Plan of the is prepared and/or executed shecause it is required by proforth in Federal and State law the actions taken by the facil pursuant to the Plan of Correshould be considered an admithat a deficiency existed or the additional measures should himplace at the time of the Sur This Plan of Correction served credible Allegation of Complification of Complication of Complification of Complification of Complication of Compli	constitute oway gation or otatemer Correctic solely visions so the constitute of the	r nt on set of en r th	

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

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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.

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		555136	B. WING		12/15/2023
NAME OF PROVIDER OR SUPPLIER  POWAY HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 15632 POMERADO ROAD POWAY, CA 92064	,
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION
F 882	§483.80(b)(2) Be quexperience or certific §483.80(b)(3) Work facility; and §483.80(b)(4) Have training in infection profession interview failed to employ a quere prevention ist (IP, the facility to be responsively prevention and contraction professional training as a Licensed Nurse This failure had the professional training as a Licensed Nurse This failure had the professional training as a Licensed Nurse This failure had the professional training as a Licensed Nurse This failure had the professional training as a Licensed Nurse This failure had the professional training as a Licensed Nurse This failure had the professional training as a Licensed Nurse This failure had the professional training to make the facility's compact to the facility of the IP stated educating staff on in transmission-based monitoring and report the facility. The IP/C	alified by education, training, cation; at least part-time at the  completed specialized orevention and control. T is not met as evidenced  and record review, the facility palified full time Infection experson(s) designated by the cible for the infection rol program) with primary education, and experience expected to compromise the cintain a safe and effective and control program (IPCP) ding in the facility.	F 882	How the facility will identify of residents having the potential be affected by the same defici practice and what corrective a will be taken.  All residents have the potential the affected by this deficient practice facility has employed a qualified infection preventionist with primal professional training, education, experience as a Licensed Nurse.  What measures will be put into or what systemic changes the will make to ensure that the depractice does not recur.  Upon hire of facility infection preventioning License is active and in good with the State Board of Nursing, the infection preventionist has conspecialized training in infection pand control.	to ient action  o be e. The full time ary and e.  o place e facility eficient  eventionist, o ensure d standing and that completed

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NAME OF PROVIDER OR SUPPLIER  POWAY HEALTHCARE CENTER    SUMMARY STATEMENT OF DEPOLIENCIES   FACE   TOWN Y, CA 92064	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  POWAY HEALTHCARE CENTER  SUMMARY STATEMENT OF DEPICIENCES 16822 POMERADO ROAD POWAY, CA. 92064  POWAY, CA. 92064  POWAY, CA. 92064  SUMMARY STATEMENT OF DEPICIENCES 1624 POWAY, CA. 92064  POWAY, CA. 92064  FREGULATORY OR LSC IDENTIFYING INFORMATION)  FRECULATORY OR LSC IDENTIFYING INFORMATION  FRECULATORY OR LSC IDENTIFYING INFORMATION)  FRECULATORY OR LSC IDENTIFYING INFORMATION  FRECULATORY OR LSC IDENTIFY ACTUAL OR LARGE TO SHOULD BE CROSS-REFERENCE TO THE DEPOCRATION IN LIKE AND INCOME.  FRECULATORY OR LSC IDENTIFY ACTUAL OR LARGE TO SHOULD BE CROSS-REFERENCE TO THE DEPOCRATION IN LIKE AND INCOME.  FRECULATORY OR LARGE TOR LARGE TO SHOULD BE CROSS-REFERE				7 5012511	A. BOILDING		С		
STREET ADDRESS. CITY, STATE_JIP CODE   15832 POMERADO ROAD   POWAY, CA 3264			555136	B. WING			12	_	
POWAY REATHCARE CENTER   POWAY, CA 92064	NAME OF PROVIDER OR SUPPLIER				S1	TREET ADDRESS, CITY, STATE, ZIP CODE	<u>,                                      </u>		
Property	DOWAY H	ENITHONDE CENTED			15	5632 POMERADO ROAD			
F 882  Continued From page 2 and a Unit Clerk prior to being hired in the IP role. The IP/CNA stated she was not a licensed nurse and had not completed primary professional training in nursing. The IP stated she was responsible for updating residents' vaccine status on the CAIR (California Immunization Registry) website but because she was not a licensed provider, she had to use the previous infection preventionists login information to sign on.  On 11/28/23 at 2:29 PM an interview with the director of nursing (DON) was conducted. The DON stated the IP was not al licensed nurse and had not completed primary professional training or earned an advanced degree in another health-related field. The DON stated the Full field any clinical duties in the role.  A record review of the facility's job description, titled infection Control Nurse was conducted. The job description was signed by the IP on 7/4/22, which indicated, "Must maintain all required continuing decaring for the AIR Facilities letter (AFL 2-1-51), dated December 13, 2021, titled Assembly Bill (AB) 1585 - Expansion of SNF (skilled nursing facility) infection Preventionist (IP) Minimum Qualifications, indicated, Effective	FOWAITI	LALITICANE CENTER			P	OWAY, CA 92064			
Administrator or designee to review employee file of Infection preventionist has an active Nursing License Pown and the infection of nursing (DON) was conducted. The DON stated the IP was hired in the role of infection preventionist in May 2023. The DON stated the IP was not a licensed not completed primary professional training in nursing.  A record review of the facility's job description, titled Infection Control Nurse was conducted. The job description was signed by the IP on 7/4/22, which indicated, "Must maintain all required continuing educations in May 1885. Expansion of SNF (skilled narising facility) infection Preventionist (IP) Minimum Qualifications, indicated, Effective	PRÉFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	x	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION	
eligibility and minimum qualifications for a SNF's IP. The IP must have primary professional	F 882	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2 and a Unit Clerk prior to being hired in the IP role. The IP/CNA stated she was not a licensed nurse and had not completed primary professional training in nursing. The IP stated she was responsible for updating residents' vaccine status on the CAIR (California Immunization Registry) website but because she was not a licensed provider, she had to use the previous infection preventionist's login information to sign on.  On 11/28/23 at 2:29 PM an interview with the director of nursing (DON) was conducted. The DON stated the IP was hired in the role of infection preventionist in May 2023. The DON stated the IP was not a licensed nurse and had not completed primary professional training or earned an advanced degree in another health-related field. The DON stated he oversaw the clinical side of the infection prevention control program and that he fulfilled any clinical duties in the role.  A record review of the facility's job description, titled Infection Control Nurse was conducted. The job description was signed by the IP on 7/4/22, which indicated, "Must maintain all required continuing education for licensing. Must remain in good standing with the State Board of Nursing at all times"  On 5/11/23, A review of the All Facilities letter (AFL 21-51), dated December 13, 2021, titled Assembly Bill (AB) 1585 - Expansion of SNF (skilled nursing facility) Infection Preventionist (IP) Minimum Qualifications, indicated, Effective January 1, 2022, AB 1585 expands existing eligibility and minimum qualifications for a SNF's		F	382	performance to make sure that solutions are sustained.  Administrator or designee to review employee file of Infection Preventionist quarterly ongoing to ensure that facility Infection preventionist has an active Nursing License that is in good standir with the State Board of Nursing, and the infection preventionist has complet and is continuing specialized training in infection prevention and control.  Any negative findings to be reported to the QA committee to ensure facility compliance.  Individual responsible:  Administrator	t / ng nat ed		

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			A. BOILBING			С	
		555136	B. WING _		12	/15/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
POWAY H	EALTHCARE CENTER			15632 POMERADO ROAD			
				POWAY, CA 92064			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		D BE	(X5) COMPLETION DATE	
F 882	Continued From page microbiologist, epider		F	B82			
		Tun HDv.		Administrator		1/5/23	









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Get a more complete picture of each candidate by being able to view and compare their assessment score results when you turn on the assessment of your choice.

Choose assessment

### Job description

Poway Healthcare is looking for a qualified LVN nurse to promote and restore patients' health. You will work with a variety of patients and you will provide direct nursing care along with physical or psychological support when required.

### Responsibilities

- · Identify patients' care requirements, focus on their needs and act on them
- Nurture a compassionate environment by providing psychological support
- · Resolve or report on patients' needs or problems
- Prepare patients for examinations and perform routine diagnostic checks (monitor pulse, blood pressure and temperature, provide drugs and injections etc)
- Monitor and record patient's condition and document provided care services
- · Treat medical emergencies
- · Administer workloads
- · Follow care regulations and standards
- · Work within and cooperate with a multidisciplinary team

#### Skills

- Proven nursing experience
- · Familiarity with professional and technical emerging knowledge
- · Problem solving skills and ability to multi-task
- · Compassionate with good communication skills
- Excellent teamwork skills

Job Type: Full-time

Salary: \$35.00 - \$40.00 per hour

Applications received: 0 total

Add a candidate

### Budget

Views: 276

Job budget: 38.00 (USD) daily

Cost: 0.11 (USD)

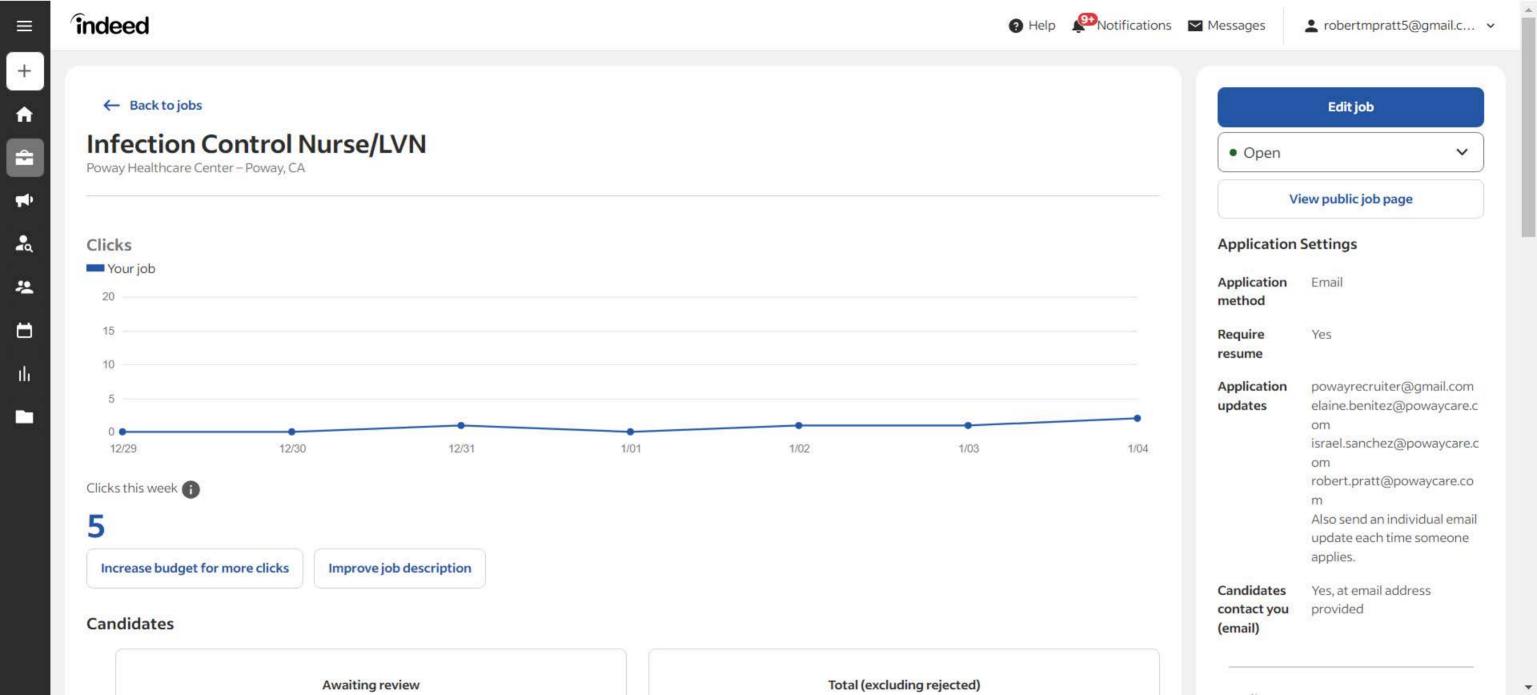
Edit job budget

III View performance report

Promote this job for more candidates:







Benefits:

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• 401(k)

401(k) matching

Salary: \$35.00 - \$40.00 per hour

- Dental insurance
- Health insurance
- Life insurance
- Paid time off
- Referral program
- Vision insurance

Medical specialties:

Geriatrics

Physical setting:

- Long term care
- Nursing home
- Rehabilitation center

Schedule:

8 hour shift

License/Certification:

LVN (Required)

Work Location: In person