

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055322	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2026
NAME OF PROVIDER OR SUPPLIER The Pavilion at Ocean Point		STREET ADDRESS, CITY, STATE, ZIP CODE 3202 Duke Street San Diego, CA 92110	
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 - Some	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 four (Resident 3, Resident 4, Resident 6, & Resident 12) of five sampled residents with urinary catheters. This failure had the potential for residents with urinary catheters to not to get assessed and/or cleaned appropriately and could lead to nonfunctional catheters and/or urinary tract infections (an infection caused by bacteria entering the kidneys, bladder, ureters, and urethra) and/or sepsis (your body's extreme, life-threatening response to an infection). Findings: On 6/9/26 at 10:20 A.M., an interview with Registered Nurse 1 (RN 1-the charge nurse on the unit) was conducted. RN 1 stated that Certified Nursing Assistants (CNAs) were responsible for the care of urinary catheters. RN 1 stated that Licensed Nurses (LNs) measure urine output, flush the catheter if it is clogged, and perform no daily maintenance. RN 1 was not aware of who was responsible for meatal care of urinary catheter residents. On 6/9/26 at 10:35 A.M., an interview with RN 2, a medication nurse, was conducted. RN 2 stated that her process for residents with urinary catheters was to observe urinary output and to flush catheter if catheter is clogged. RN 2 was not aware of who was responsible for meatal care of urinary catheter residents. RN 2 stated I think the nurse to prevent infections. Record review of the Face Sheet for Resident 3 indicated that he was admitted on [DATE] for diagnoses which included: Malignant Neoplasm (medical term for cancer) of Prostate (a small gland in the male reproductive system), Benign Prostatic Hyperplasia (medical term for an enlarged prostate gland) with lower urinary symptoms. Record review of Minimum Data Set (MDS- federally mandated clinical assessment tool used in all Medicare- or Medicaid-certified nursing homes) section C-Cognitive(thinking) Patterns, dated 5/2/26, for Resident 3 indicated resident with Brief Interview for Mental Status (BIMS- standardized assessment used by healthcare professionals to quickly screen a patient's cognitive function, particularly their memory, attention, and orientation) of 12 which indicated moderate cognitive impairment. Record review of MDS section GG Functional Abilities, dated 5/2/26, indicated Resident 3 was coded as Partial/Moderate assistance-Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort for Toileting Hygiene. The ability to maintain perineal (anything pertaining to the region of the body located between the pubic bone and the tailbone) hygiene, adjust clothes before and after voiding or having a bowel movement. Review of Resident 3's Physician (MD) Orders dated 6/3/26 indicated Change Foley catheter as needed for leaking, contamination, occlusion, dislodgement. No other catheter care orders were made day of the initial catheter orders. Review of Resident 3's MD Orders, dated 6/9/26, indicated telephone order Foley/SP catheter care to be provided. Cleanse the meatus with soap and water every shift. Monitor for s/sx (signs and symptoms) of infection and report to MD if noted. No prior orders for cleansing and assessing Resident 3's meatus were found despite orders for changing foley catheter on 6/3/26. On 6/9/26 at 11:05 A.M., a concurrent observation and interview with Resident 3 was conducted. Resident 3 was observed in bed resting, urinary catheter bag hanging on (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 - Some	bed frame with privacy attachment (a piece of plastic that covers urine bag). Resident 3 was resting on a low air loss mattress (mattress to prevent bed sores) and had fall mats bedside. Resident 3 was alert, oriented, and agreeable to interview. Resident 3 stated he could not remember the last time someone cleaned his meatus or provided him with catheter care as it had not been for a while. Review of Resident 3's Treatment Administration Record (TAR-record of treatments provided by nurses) indicated the order Foley/SP(status post, catheter that resident had) catheter care to be provided. Cleanse the meatus with soap and water every shift. Monitor for s/sx (signs and symptoms) of infection and report to MD if noted was initiated on the evening of 6/9/26 after the investigation was started at the facility. Record review of Face Sheet for Resident 4 indicated he was admitted on [DATE] for diagnoses which included: Urinary Tract Infections, Chronic Obstructive Pulmonary Disease (progressive, long-term lung diseases that cause obstructed airflow and make it difficult to breathe). Record review of MDS section C-Cognitive Patterns, dated 5/2/26, for Resident 4 indicated resident with BIMS of 7 which indicated severe cognitive impairment. Record review of MDS section GG Functional Abilities, dated 5/2/26, indicated Resident 4 was coded as Dependent-Helper does ALL the effort. Resident does none of the effort to complete the activity. for Toileting Hygiene. The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. Record review for MD orders for Resident 4 from 4/21/26 indicated Indwelling S/P Catheter size 18Fr with balloon 5 ml via gravity drainage for Obstructive Uropathy. No orders for cleansing meatus or catheter care were ordered with initial orders. Record review of MD orders from 6/9/26 for Resident 4, indicated Foley/SP catheter care to be provided. Cleanse the meatus with soap and water every shift. Monitor for s/sx (signs and symptoms) of infection and report to MD if noted. Order was placed day of the investigation. On 6/9/26 at 11:10 A.M., a concurrent observation and interview with Resident 4 was conducted. Resident 4 was observed in bed resting, urinary catheter bag hanging on bed frame with privacy attachment. Resident 4 was alert and agreeable to interview. Resident 4 stated he did not remember the last time someone cleaned his meatus or did catheter care on him. Record review of the TAR for Resident 4 indicated: Foley/SP catheter care to be provided. Cleanse the meatus with soap and water every shift. Monitor for s/sx (signs and symptoms) of infection and report to MD if noted was started on the evening of 6/9/26 after the investigation was started at the facility. On 6/9/26 at 11:15 A.M., an interview with RN 4 was conducted. RN 4 stated that the LN's responsibility was to check the urinary catheter every shift, and the CNA cleans and reports any problems with the catheter to the nurse. RN 4 stated the nurse can flush the catheter if clogged. RN 4 stated I will use an alcohol pad to clean the connection. RN 4 was unable to say whose responsibility it was to clean and assess resident's meatus. Record review of Face Sheet for Resident 6 indicated he was admitted on [DATE] for diagnoses which included: Urinary Tract Infections. Record review of MDS section C-Cognitive Patterns, dated 5/5/26, for Resident 6 indicated resident with BIMS of 10 which indicated moderate cognitive impairment. Record review of MDS section GG Functional Abilities, dated 5/5/26, indicated Resident 6 was coded as Dependent-Helper does ALL the effort. Resident does none of the effort to complete the activity. for Toileting Hygiene. The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. Review of MD orders for Resident 6, dated 4/30/26 indicated FOLEY CATHETER TO BE CHANGED EVERY 2 WEEKS as needed for CLOGGED, DISLODGED. No other catheter care orders were found with initial catheter orders. Review of MD orders for Resident 6 dated 6/9/26 indicated Foley catheter care to be provided every shift written on day of the investigation. On 6/9/26 at 11:30 A.M., a concurrent observation and interview with Resident 6 was conducted. Resident 6 was observed in bed resting, urinary catheter bag hanging on bed frame with privacy attachment. Resident 6 was on low air loss mattress and had fall mats bedside. Resident 6 was alert and oriented and agreeable to interview. Resident 6 stated that the nurses don't clean his urethral meatus every shift. Resident 6 stated Sometimes the nurses come to clean it, but not every shift. Review of Resident 6's TAR indicated Foley catheter care is to be provided every shift was started on the evening shift on (continued on next page)		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the day of the investigation 6/9/26. On 6/9/26 at 11:45 an interview with CNA 2 was conducted. CNA 2 stated the CNAs clean the tubing but was not sure whose responsibility it was to clean the resident's urinary meatus. On 6/9/26 at 11:55 A.M. a concurrent interview with LN 2 and record review of Resident 6's TAR was conducted. LN 2 stated the nurse's responsibility for catheter care was to change the catheter as needed and assess and clean the Resident's meatus every shift. LN 2 stated the importance of assessing and cleaning the resident's meatus every shift was to make sure catheter is working and to prevent infections. Record review of Resident 6's TAR at the time of interview indicated that there was nowhere to document the cleansing and assessing of resident's catheter every shift as claimed. LN 2 stated that if the care was not documented then it was not done. On 6/9/26 at 12:15 P.M., an interview with CNA 3 was conducted. CNA 3 stated she thought that the CNAs clean the tubing and urinary meatus but unsure if the nurse should be assessing the meatus. Record review of Resident 12's Face Sheet indicated that he was admitted on [DATE] for diagnoses which included: acute respiratory failure(a critical, life-threatening condition that happens when your respiratory system suddenly cannot get enough oxygen into your blood or remove enough carbon dioxide from your body) and edema (swelling caused by excess fluid trapped in your body's tissues). Review of Resident 12's MD orders from 6/26//25 indicated Change urinary catheter bag per schedule when foley is changed and as needed. No other orders for catheter care were placed with original catheter orders. Review of Resident 12's MD orders from 6/15/26 indicated S/P catheter care to be provided. Cleanse the insertion site with mild soap and water, pat dry. Every shift monitor for s/sx fo infection and report to MD if noted. Orders were placed six days after initial investigation and almost a year after initial catheter orders. On 6/9/26 at 12:50 P.M. a concurrent interview with LN 3 and record review of Resident 12's treatment administration record (TAR) was conducted with LN 3. LN 3 stated the nurse's responsibility for catheter care was to change the catheter as needed and assess and clean the resident's meatus every shift. LN 3 stated the importance of assessing and cleaning the resident's meatus every shift was to make sure catheter is working and to prevent infections. Record review of Resident 12's TAR indicated that there was nowhere to document cleansing and assessing of resident's catheter in the TAR. LN 3 stated that if the care was not documented then it was not done. Review of Resident 12's TAR indicated that S/P catheter care to be provided. Cleanse the insertion site with mild soap and water, pat dry. Every shift monitor for s/sx fo infection and report to MD if noted. Start date 6/15/26 1500(3 P.M.) Treatment was charted six days after start of investigation and almost a year after initial catheter orders. On 6/9/26 at 1 P.M. an interview with the ADON was conducted. The ADON stated the expectations for catheter care was for the medication nurse to assess and clean resident's catheter and meatus with soap and water every shift to prevent infection. The ADON stated that if catheter care and assesments were not charted, they are not considered done. On 6/23/26 at 10 A.M., a concurrent interview with the Director of Nursing (DON) and record review of competencies of the nurses interviewed during the investigation was conducted. Review of facility document Indwelling Catheter Care Competency Validation' for nurses: RN 1, RN 2, RN 3, RN 4, LN 2, and LN 3 indicated that all competencies were signed off as Met with Return Demonstration (An instructor or doctor first shows a patient or student how to do a health skill. Then, the learner repeats the skill back). The DON stated that .Nurses who passed the competency should be able to describe the process of catheter care that they were taught, to show that they are actually competent with catheter care. The DON stated she felt that the nurses needed to have their competencies rechecked to make sure they were competent with urinary catheters. The DON stated the expectation for urinary catheter care was that nurses should monitor, assess, and clean the resident's meatus with soap and water every shift to prevent UTI and sepsis. The DON stated the TAR should reflect treatments being done, and if it was not charted it was not done. On 6/23/26 at 10:15 A.M., a concurrent interview with the DON and record review of facility policy titled BB03 Indwelling Catheter dated 2025 was conducted. Policy indicated that .2. Only properly trained licensed and care staff who know the correct aseptic catheter insertion and maintenance will be (continued on next page)		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	responsible for the insertion and care of indwelling catheters. The DON stated that the facility policy for catheters did not address how the catheter care should be done, and should be more specific and detailed, so all nurses could follow the same policy and procedure and would know exactly what to do to prevent unnecessary urinary tract infections and related urinary problems.		