STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056103	A. Building B. Wing	06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Shore Post Acute	508 Westline Drive Alameda, CA 94501

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on interview and record review, for two of five sampled residents (Resident 2 and Resident 3) the facility failed to provide a variety of fresh fruit options when only bananas were available for residents who requested fruits. This failure had the potential to result in not meeting the nutritional needs and compromising the nutritional status of the residents.A review of Resident 2's admission Record, printed on 6/1/26, indicated Resident 2 was admitted to the facility with diagnoses that included fracture of the left femur (a break on the thighbone), dislocation of the right hip, depression, and anxiety disorder. A review of Resident 2's Minimum Data Set (MDS, a resident assessment tool used to provide care), dated 4/25/26 indicated Resident 2 has a Brief Interview of Mental Status (BIMS, an assessment tool for a resident's orientation to time, and capacity to remember) score of 15 to indicate intact cognition. A review of Resident 2's Nutritional Evaluation, dated 4/27/26, indicated Resident 2 was on regular diet with thin liquid consistency. Nutritional recommendations included snacks in between meals, supplements, and others. Nutritional Evaluation Comments indicated, Resident 2?s estimated nutritional needs likely not met due to poor meal intake. Inadequate food intake in relation to food preferences. During an interview on 6/1/26, at 3:19 p.m., with Resident 2, Resident 2 stated the facility only served bananas, no oranges, no apples, and no fresh lettuce, or tomatoes, when asked for other fresh fruits or salads. Resident 2 further stated she had to request her family to bring food from outside in relation to lack of fresh fruits and vegetable options available at the facility. During an interview on 6/1/26, at 11:32 a.m., with Resident 5, Resident 5 stated food served in the facility was crappy. Resident 5 also confirmed there were no fresh fruits available. During a concurrent interview and record review on 6/2/26, at 11:12 a.m., with Dietary Manager (DM), facility's weekly menu titled, Week At A Glance, dated 2026, indicated the week of 5/31/26, fresh fruit salad was only scheduled and served once, during dinner on Monday, 6/1/26. The weekly menu also indicated fresh green salad will be served twice during the week, during lunch on Thursday, 6/4/26, and dinner on Friday, 6/5/26. DM confirmed the facility only had bananas to offer when residents requested fresh fruit options. DM stated there was lack of variety in fresh fruit options and how she wished the facility used a different set of menus. A review of the facility's weekly menu titled, Week At A Glance, dated and initialed by DM for the week of 5/24, indicated no fresh fruits or fresh salads in the week's menu. Further review of the facility's weekly menu titled, Week At A Glance, dated and initialed by DM for the week of 5/17, indicated fresh vegetables were served during lunch and dinner on Tuesday, 5/19/26, on Thursday, 5/21/26, and dinner on 5/22/26, with no fresh fruits served at all in the week's menu. A review of the facility's Food Supplier receipts titled, Invoice, indicated on the weekly orders dated 5/11/26, 5/14/26, 5/22/26, and 5/25/26, the facility's only fresh fruit item ordered and delivered during the above-mentioned weeks were fresh bananas.

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview, and record review, the facility failed to provide maintenance services in two of seven shower rooms (Shower Room E and Shower Room F) when both shower rooms were found unclean and not well maintained. These failures resulted in the lack of comfortable sanitary environment for the residents of the facility who used Shower Rooms E and/or F.During an interview on 6/1/26, at 11:30 a.m., with Housekeeping 1 (Hskg 1), Hskg 1 stated shower rooms were routinely cleaned by the janitors usually during the afternoon (PM) shift. During a concurrent observation and interview on 6/1/26, at 11:45 a.m., with Janitor 1 (J 1), inside Shower Room F, J 1 stated scattered areas of the floor and walls had grouts that were moldy and with brown-colored stains. J 1 also stated the doorknob and steel door frame from inside the shower room were rusty, and the base part of the door frame had peeled white paint and was not in good repair. J 1 also confirmed that the red, round, metal frame attached to the wall that was a soap holder was rusty and with peeled red paint. During a concurrent observation and interview on 6/1/26, at 11:50 a.m., with J 1, inside Shower Room E, J 1 stated steel door frame from inside the shower room was rusty with peeled white paint. The base of the door frame had corroded which left a brown smudge on the tiled floor surface. J 1 also stated scattered areas of the wall either had peeled grout or was moldy with brown-colored stains. J 1 stated both Shower Rooms E and F needed cleaning and repair. During a concurrent observation and interview on 6/1/26, at 11:56 a.m., with the Environmental Services Manager (ESM), ESM stated facility did not have a Shower Room Cleaning Log nor records of daily shower room rounds. ESM also stated Shower Rooms E & F, and all the shower rooms in the facility should be kept clean and in good repair because this is an essential part of the home of the residents. During an interview on 6/1/26, at 12:22 p.m., with the new Maintenance Director (MD), MD stated the facility needed a preventative maintenance program to identify maintenance and repair needs in a timely manner. During an interview on 6/1/26, at 3:19 p.m., with Resident 2, Resident 2 stated her last shower was yesterday afternoon. Resident 2 stated the shower rooms were moldy, dirty, and were unpleasant to use. During a telephone interview on 6/2/26, at 12:10 p.m., with J 2, J 2 confirmed he worked in the afternoon shift who was responsible for keeping Shower Rooms E and F cleaned daily and well maintained. J 2 stated wheelchairs were often stored in the shower rooms making it difficult to keep the shower rooms clean and free of mold. J 2 also stated he had repeatedly given verbal reports to the previous Maintenance Supervisor regarding the rusty soap holder in Shower Room F, but nothing was done. A review of the facility's policy and procedure (P&P) titled, Homelike Environment, dated February 2021, indicated, Residents are provided with a safe, clean, comfortable and homelike environment.to the extent possible. A review of the facility's P&P titled, Maintenance Service, revised December 2009, indicated, Maintenance service shall be provided to all areas of the building, grounds, and equipment.The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times.Maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines. Maintaining the building in good repair and free from hazards.Establishing priorities in providing repair service. Providing routinely scheduled maintenance service to all areas.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain an effective Pest Control Program (measures to eradicate and contain common household pests [e.g., bed bugs, lice, cockroaches [roaches], ants, mosquitos, flies, mice, and rats]) when there were continuous multiple sightings of roaches in the different parts of the facility despite scheduled weekly services from Pest Control Company. This failure created a nuisance for residents and had the potential to result in transfer of diseases such as salmonella, e. coli (bacteria known to cause food-borne illness), and other pathogens (microorganisms that can cause diseases).During an interview on 6/1/26, at 10:55 a.m., with Resident 3, inside resident's room, Resident 3 stated she had seen roaches twice since her admission to the facility two weeks ago. Resident 3 stated it was the first thing she saw when she woke up in the morning. During an interview on 6/1/26, at 11:10 a.m., with Resident 4 (Resident 3's roommate), inside resident's room, Resident 4 denied seeing cockroaches in her room but stated last month she saw roaches down the hallway. Resident 4 stated the facility was a dump (dirty, disorganized, and run-down) and was unpleasant to live in. During an interview on 6/1/26, at 11:32 a.m., with Resident 5 (Resident 2's roommate), inside resident's room, Resident 5 denied sightings of roaches but mentioned that Resident 2 saw the insects on Resident 2's side of the bed. During an interview on 6/1/26, at 3:19 p.m., with Resident 2, inside resident's room, Resident 2 confirmed she had seen roaches crawling on the floor. Resident 2 stated she was uncomfortable and disgusted, and reported this to the facility. During an interview on 6/1/26, at 11:45 a.m., with Janitor 1 (J 1), J 1 stated it was the janitor and housekeeping staff's responsibility to take care of reported insects in the rooms. J 1 stated Issues like these were brought to the attention of the Environmental Services Manager (ESM). During an interview on 6/1/26, at 11:56 a.m., with ESM, ESM stated she oversaw the facility's Pest Control Program. ESM stated Pest Control Company's scheduled visit was once a week. ESM further stated facility occasionally received resident complaints about roaches, with the most recent one on 5/25/26 from Resident 2. ESM mentioned the Pest Control Company had dealt with the presence of roaches in the past in the facility but had not totally resolved the situation over time. A review of the facility's Pest Services Notes, titled Pest Services, dated 4/13/26, indicated room [ROOM NUMBER] and room [ROOM NUMBER], with low level activity of cockroach identified. A review of the facility's Pest Services Notes, titled Pest Services, dated 4/20/26, again indicated room [ROOM NUMBER] and room [ROOM NUMBER]. room [ROOM NUMBER] this time had medium level cockroach activity identified in comparison to 4/13/26, last week's visit. room [ROOM NUMBER] continued to have low level cockroach activity. Also identified this week was room [ROOM NUMBER] with low level activity of cockroach identified. A review of the facility's Pest Services Notes, titled Pest Services, dated 5/18/26, indicated room [ROOM NUMBER], with low level activity of cockroach identified. A review of the facility's Pest Services Notes, titled Pest Services, dated 5/27/26, indicated room [ROOM NUMBER], with low level activity of cockroach identified. A review of the facility's Policy & Procedure (P&P) titled, Pest Control, revised May 2008, indicated, Our facility shall maintain an effective pest control program.The facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.Maintenance services assist, when appropriate and necessary, in providing pest control services.