

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555364	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Shields Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3230 Carlson Boulevard El Cerrito, CA 94530	

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)
<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36087</p> <p>Based on interview and record review, the facility failed to complete a comprehensive Minimum Data Set (MDS, an assessment tool used to direct resident care) for one of two sampled residents (Resident 1) within the regulatory specified timeframes when the Minimum Data Set Coordinator (MDSC) did not complete the Admission assessment within 14 calendar days of Resident 1 ' s admission to the facility.</p> <p>This deficient practice had the potential to result in Resident1 ' s unassessed and unmet care needs.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record, printed 12/17/24, indicated resident was admitted to the facility on [DATE].</p> <p>A review of Resident 1 ' s MDS record, indicated Resident 1 ' s Admission MDS had an assessment reference date of 9/29/24, and the MDS was not completed within 14 calendar days of resident ' s admission to the facility.</p> <p>During a concurrent interview and record review on 12/17/24, at 1:48 p.m., with the MDSC, Resident 1 ' s MDS Assessments were reviewed. MDSC was unable to provide Resident 1 ' s Admission MDS and stated it was still in progress (not yet completed at the time it was asked). MDSC stated resident ' s Admission Assessment should have been completed by 10/12/24 and submitted on 10/19/24 but was not completed timely due to MDSC ' s workload.</p> <p>A review of the facility ' s policy, Resident Assessment Instrument (RAI), dated October 2023, indicated, The Assessment Coordinator is responsible for ensuring that the Interdisciplinary Assessment Team conduct timely resident assessments and reviews according to the following schedule: a. Within fourteen (14) days of the resident ' s admission to the facility .MDS Completion Date .No Later Than 14th calendar day of the resident ' s admission (admitted + 13 calendar days).</p>

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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