

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 11/19/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview and record review, the facility failed to implement its policy and procedure for reporting an outbreak of communicable disease (COVID-19) when; Administrator (Admin) did not report to the health department two cases among residents positive for COVID-19. This failure had the potential for spread of COVID-19 virus among residents and place residents at risk for infections. During an interview on 8/13/25 at 11:05 a.m. with Director of Nursing (DON), DON stated facility had two residents that was positive for COVID-19. DON stated these cases happened in July 2025. DON stated Resident 1 was transferred to the hospital for shortness of breath and tested positive for COVID-19. During a review of Resident 1's hospital notes, dated 7/30/25, indicated Resident 1 presents to the emergency department (ED) after an episode of hypoxia and decrease responsiveness. Resident 1 was found to be positive for COVID-19. During a review of Resident 2's Laboratory test result, dated 7/21/25, test result indicated Resident 2 was positive for COVID-19. During an interview on 8/13/25 at 11:40 a.m. with Administrator, Admin stated two residents tested positive for COVID-19 in July 2025. During an interview on 9/29/25 at 10:35 a.m. with Licensed Vocational Nurse/Infection Preventionist (IP), IP stated two residents were positive for COVID-19. IP stated facility did not report these cases to the local or state health department. IP stated facility received further instructions from the county public health nurse to report all or any resident's positive for COVID-19 to the health department. During a review of the facility's policy and procedure (P&P) titled, Outbreak of Communicable Diseases, dated September 2022, the P&P indicated, An outbreak is defined as one of the followings: a. One case of an infection that is highly communicable or has serious health implication. The Administrator is responsible for communicating data about reportable diseases to the health department.</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
---	-------	-----------