

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555371	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER Bayside Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1405 Teresa Drive Morro Bay, CA 93442	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure: 1) The dry food storage room had proper ventilation and temperature control. This failure had the potential to lead to the spoilage of the stored food items thereby increasing the risk of contracting foodborne illness (caused by eating or drinking something that is contaminated with germs or chemicals) among the residents. 2) Kitchen staff consistently followed proper hand hygiene and sanitary practices when handling clean dishes and trays. This failure could facilitate the spread of harmful microorganisms, increasing the risk of contracting foodborne illness among the residents. Findings:1) During a concurrent observation and interview on 12/2/25 at 11:15 a.m. with the dietary supervisor (DS), inside the kitchen's dry food storage room, the temperature inside the room felt warm. The installed home analog thermometer had a temperature reading of 75 F (degrees Fahrenheit). DS agreed that the room felt warmer than usual and stated that staff checked the storage room temperature twice a day. During a review of the facility's policy and procedures (P&P) titled, Dry Storage Areas, dated 2022, the P&P indicated in part, Policy: Dry storage areas will be maintained to keep food safe and free of infestation and contamination. The P&P also indicated, Procedure: .4) The room should be dry, and cool, and between 50 F and 70 F. A thermometer will be present and monitored on a regular basis. During a follow-up observation and interview on 12/3/25 at 8:30 a.m., inside the dry food storage room with DS, the installed thermometer reading remained out-of-range at 75 F. DS acknowledged that the temperature reading was out-of-range and verbalized that the issue has been referred to the maintenance department. During a review of the facility forms titled Refrigerator/Freezer Temperature Monitoring (RFTM), for the months of September, October and November 2025, the RFTMs indicated staff documented out-of-range temperature readings (over 70 F) for the dry food storage room as follows: for 9/2025 AM (morning) - 22 out of 30 days, 9/2025 PM (evening) - 24 out of 30 days; 10/2025 AM - 22 out of 31 days, 10/2025 PM - 20 out of 31 days; 11/2025 AM - 28 out of 30 days, 11/2025 PM - 19 out of 30 days. 2) During a concurrent observation and interview on 12/3/25 at 8:40 a.m. with dietary aids (DA 1 and 2), Assistant Dietary Supervisor (ADS) and Registered Dietitian-in-Training (RDT), procedures on how staff operated the low-temperature dish machine were observed. DA 2 was observed loading the dirty dishes and trays into the dish machine while DA 1 helped unload the cleaned dishes and trays. On further observation, DA 1, with bare hands, prepared the dish/tray carts by wiping them down with a cloth soaked in the sanitizing red bucket. DA 1, still with bare hands, proceeded to transfer the clean dishes and trays onto the cart without performing hand hygiene. As witnesses to DA 1's actions, ADS and RDT acknowledged that DA 1 should have performed hand hygiene before handling the clean dishes and trays. During a review of the facility P&P titled, Handwashing/Hand Hygiene, dated 2001, the P&P indicated in part, Policy Statement. This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections. The P&P also indicated, Administrative Practices to Promote Hand Hygiene .5) Environmental measures are taken to reduce contamination associated with sinks and sink drainage, including .c) The use of disinfectants that are EPA (Environmental Protection Agency)-registered for biofilm removal to clean sinks. Indications for hand hygiene .1) Hand hygiene is indicated: .c) After contact with blood, body fluids, or CONTAMINATED SURFACES.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555371
		If continuation sheet Page 1 of 2

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation and interview, the facility failed to ensure a potentially contaminated tube of medication was not stored in the medication room. This facility failure had the potential for ineffective treatment for residents. During a concurrent observation and interview on 12/3/2025 at 3:07 p.m. with the assistant director of nursing (ADON), in the medication room, a tube of clotrimazole 1% (a topical antifungal) stored in the medication room was observed to be opened. The ADON was unable to determine if the tube of clotrimazole 1% was used or not due to the absence of labeling. The ADON acknowledged that the medication might be contaminated and indicated it should have been disposed of. During a review of the facility's policy and procedure (P&P) titled, Label/Store Drugs & Biologicals, [undated], the P&P indicated Drugs and biological used in the facility will be labeled in accordance with currently accepted professional standards, and include the appropriate accessory and cautionary instruction as well as the expiration date when applicable.		