

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER The Shores Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2828 Meadowlark Drive San Diego, CA 92123	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure documents were entered into residents' medical records in a timely manner when coordination of care was not documented for one of three residents (Resident 1) reviewed for discharge process.</p> <p>These failures had the potential to result in an ineffective transition of care between facilities.</p> <p>Findings:</p> <p>1. According to the facility's admission Record, Resident 1 was admitted on [DATE] with diagnoses which included Parkinsonism (a condition which results in slowed movements, stiffness, and tremors), and End Stage Renal Disease (a condition in which the kidneys cannot adequately filter waste from the blood) and discharged on 5/15/25.</p> <p>On 6/4/25 at 11:07 A.M., a concurrent interview and record review was conducted with Case Manager (CM) 1. CM 1 stated Resident 1 was discharged to an Assisted Living Facility (ALF-facility that helps residents with Activities of Daily Living such as dressing, grooming) on 5/15/25. CM 1 stated Resident 1 required transportation to dialysis, and this was relayed to the ALF. CM 1 stated she kept records of on her emails and text messages, but did not document any communication with the ALF in Resident 1's chart. CM 1 stated although she had all information of the coordination of care in her emails and text messages, it should have been charted in Resident 1's Electronic Health Record. CM 1 stated it was important to enter information in Resident 1's EHR because it indicated communication was conducted with the receiving facility.</p> <p>During a record review on 6/23/25 at 1:24 P.M., the Case Manager Progress Notes was created on 6/23/25 at 9:57 A.M., and signed on 6/23/25 at 1:06 P.M.</p> <p>During an interview with the Director of Nursing (DON) on 7/1/25 at 9:48 A.M., the DON stated, "[CM 1] is not used to the practice of documenting .moving forward she needs to document no matter what . The DON stated her expectation was for documentation to be entered into residents' medical records. The DON stated although it was a late entry, .if its not documented, its not done.</p> <p>(continued on next page)</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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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review on 7/1/25, the facility policy titled Transfer or Discharge Documentation revised 12/2016 indicated, When a resident is transferred or discharged , details of the transfer or discharge will be documented in the medical record and appropriate information will be communicated to the receiving health care facility or provider .</p>		