

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 03/04/2026
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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident's right to access and manage their personal funds for one of one resident (Resident 1) when money entrusted to the facility for safekeeping was reported missing. This failure resulted in Resident 1 being unable to access their own money and placed all residents at risk for financial loss due to inadequate protections.</p> <p>FINDINGS On 3/4/26 8:50 A.M., a joint interview was conducted with the Administrator (ADM) and Director of Nursing (DON). The ADM stated that Resident 1 had deposited \$1000 cash into the safe on 9/25/25 through the social services office. The ADM stated the money was logged in correctly. The ADM stated that when Resident 1 went to withdraw his money from the safe on 2/17/26, the money was missing and there was no documentation that a withdrawal of the money had been made. The ADM stated that social services staff were unable to account for the missing funds or provide documentation showing authorized withdrawal or release. The DON stated that the facility provided Resident 1 with a cashier's check for \$1000 on 2/23/26 and the Resident was happy with the outcome. A record review of the facility's safe log documented receipt of the resident's funds on 9/25/25, however, there was no corresponding documentation of authorized access, withdrawal or release. A review of the facility's policy titled Links Healthcare Resident Trust Policy dated [DATE] indicated .to handle all resident funds received in the facility in a manner that ensures the safety and integrity of the transaction.</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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