

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  03/05/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations and interviews, the facility failed to use the correct Personal Protective Equipment (PPE- specialized clothing or gear worn by healthcare workers to protect themselves and patients from infections and hazards) for one (Resident 10) of 12 sampled residents on contact/droplet precautions for Influenza (a contagious respiratory infection). This failure had the potential to spread Influenza virus to staff and residents. Findings: Record review of Resident 10's admission Record indicated Resident 10 was admitted on [DATE] for Hemiplegia (severe or complete paralysis on one side of the body). Record review of SBAR AND INITIAL COC/ALERT CHARTING for Resident 10 dated 2/26/26 at 2:37 P.M. indicated RESIDENT TESTED POSITIVE FOR INFLUENZA A (2ND TEST) DUE TO PERSISTENT COUGH AND FLULIKE SYMPTOMS. TRANSFER FROM RM [ROOM NUMBER] B TO 256A D/T MEDICALLY NECESSARY. On 3/5/26 at 9:45 A.M., an interview with the Infection Preventionist (IP) was conducted. The IP stated that the 1st case of flu (Influenza) was a change of condition on 2/18/26, and Resident 10 was sent out to the ER, and tested positive for Influenza A. The IP stated 2 days later, there was another COC (change of condition) with another resident, and a staff member tested positive for Influenza A, by 2/26/26 they had 12 cases of Influenza A. The IP stated the positive cases were in different units so they chose to isolate those residents in those rooms. Per the IP, Residents families were notified of the Influenza outbreak, and sign was posted on the front door making visitors aware. Positive residents were isolated for 5 -7 days. Mandatory masking of all staff was instituted. PPE for contact/droplet isolation rooms were as follows: surgical mask, gown, and gloves. Per the IP, the facility was down to one resident still on contact/droplet isolation for flu in room [ROOM NUMBER]. On 3/5/26 at 1:05 P.M., a concurrent observation of Resident 10's room (256) and interview with CNA 4 was conducted. room [ROOM NUMBER] had signage for droplet/contact precautions with a sign next to it showing the required PPE (personal protective equipment) with a picture of a surgical mask, gown, and gloves. CNA 4 was observed in the room talking with Resident 10 with no gown or gloves, touching resident's lunch tray and interacting with Resident 10. CNA 4 was observed exiting the room without gown or gloves. CNA 4 stated that she didn't realize it was a contact/droplet precaution room. CNA 4 stated that the expectation for contact/droplet precautions was to sanitize hands, don the full PPE, mask, gown, and gloves before entering the room, and doff the PPE when leaving the room, and then perform hand hygiene again. CNA 4 stated that by not wearing required PPE, she could catch the virus and/or spread it (the virus) to residents and other staff. On 3/5/26 at 1:15 P.M., a follow-up interview with the IP was conducted. The IP stated the expectation was for staff entering a droplet/contact precautions room was to wear the required PPE as indicated by the signage in front of resident's room, which was gown, glove, and mask. The IP stated the importance of following signage was to wear the required PPE to prevent the spread of the infection to other staff and residents. On 3/5/26 at 1:25 P.M., an interview with the Director of Nursing (DON) was conducted. The DON stated the expectation is that staff need to wear the required PPE for the assigned isolation type. The DON stated the importance of wearing the required PPE was to prevent the spread of infection to other staff and residents. Review of facility policy titled Personal Protective Equipment dated October 2018 indicated Personal protective (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
---	-------	-----------

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  03/05/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>equipment is appropriate to specific task requirements is always available.3. Not all tasks involve the same risk of exposure, or same kind of protection. The type of PPE requires for task if based on a. the type of transmission-based precaution.c. the likelihood of exposure.e. the probably route of exposure.4.PPE required for transmission-based precautions is maintained outside and inside resident's room, as needed.6. Employees who fail to use personal protective equipment when indicated may be disciplined in accordance with personnel policies.</p>		