STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555585	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Shores Post-Acute	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the interview and record review, the facility failed to report to the Department an unusual occurrence when a resident was known to had Legionnaires' disease (LD- a serious lung infection) for one of the three sampled residents (Resident 1). This failure resulted in a delay by the Department in beginning their investigation.Findings: On [DATE] at 9:15 A.M., an unannounced visit was conducted for an abbreviated survey.On [DATE] at 9:30 A.M., an interview was conducted with the Infection Preventionist Nurse (IPN). The IPN stated that on [DATE], Resident 1 was transferred to the hospital for altered mental status and a very low oxygen saturation of 38% (normal is 95%-100%). On [DATE], Resident 1 died in the hospital. The IPN further stated they were not aware Resident 1 had Legionnaires' disease until [DATE], when the County Nurse notified them of a positive test result. The IPN acknowledged that the case was not reported to the Department, as required.On [DATE] at 4:30 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated that the incident should have been reported to the Department to ensure compliance with facility policy and regulations.Per the undated facility's policy and procedure, titled Unusual Occurrences, The facility shall report any occurrences such as epidemic outbreaks, poisoning, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety, or health of residents, personnel or visitors, within 24 hours.

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