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	05/22/2026

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to honor the rights for one of three sampled residents (Resident 1) when the facility would not accept Resident 1 back after a visit to the Emergency Department.This failure violated Resident 1's rights per facility policy, and had the potential for Resident 1 to not receive continuity of care. Findings:According to the undated admission Record, Resident 1 was admitted on [DATE] and readmitted on [DATE] with diagnoses which included major depressive disorder, schizoaffective disorder, and anxiety disorder.A record review of the Minimum Data Set (MDS- a federally mandated assessment tool) dated 3/5/26 indicated Resident 1 had a Brief Interview For Mental Status (BIMS) of 15, which indicated Resident 1 had intact cognition.During a record review of the document titled SBAR & Initial COC (Change of Condition) dated 5/7/26, the document indicated, [Resident 1] Self-called [Ambulance name] c/o [complaining of] bladder pain. Resident has a behavior of calling 911 and wanting to go to hospital [sic] every other day or sometime every day. On 5/05/26 resident was sent to [Acute Care Hospital] for c/o back and neck pain.At around 0830 [8:30 A.M.] AFTER RESIDENT EATING BREAKFAST [SIC] IN the dining room, resident approached LN [Licensed Nurse] that he is going to hospital today.[Resident 1] stated that I'm having bladder pain. LN [Licensed Nurse] tried to convince resident that we will call his DR [Doctor] to get orders for stat labs and UA [urianlysis] but resident strongly refused and stated, no I want to go to the hospital, and I don't trust [Facility Name].During an interview with the Director of Nursing (DON) on 5/22/26 at 9:07 A.M., the DON stated Resident 1 was a long term resident of the facility for over a year. The DON stated Resident 1 a behavior of calling 911 for non-emergent reasons. The DON further stated on 5/5/26, Resident 1 was transferred to the Emergency Department after he called 911 himself. The DON stated Resident 1 was not admitted to the hospital, and the facility refused to take him back when he was ready to return. The DON stated, We took his phone, but he ended up using a friend's phone.We wanted to teach him a lesson, that we won't take him back [to the facility]. The DON acknowledged Resident 1 had the right to return to the facility, despite any behaviors of calling 911.During a review of the facility's policy titled Resident Rights, revised February 2021, indicated, Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to.be treated with respect, kindness, and dignity.exercise his or her rights as a resident of the facility.be supported by the facility in exercising his or her rights.participate in decision-making regarding his or her care.

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