STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bayshire Torrey Pines Post-Acute	13101 Hartfield Ave San Diego, CA 92130

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to implement a toileting schedule according to a resident's care plan intervention for one of three residents reviewed for care planning (Resident 1). This deficient practice had the potential for Resident 1 not to receive appropriate care, treatment, and interventions for fall prevention. Resident 1 was re-admitted to the facility on [DATE] with diagnoses including difficulty walking, muscle weakness and respiratory failure with hypoxia (a condition where the lungs fail to adequately exchange oxygen, leading to low oxygen in the blood) according to the facility's admission Record. An interview on 3/25/26 at 9:42 A.M. with Licensed Nurse (LN) 1 was conducted. LN 1 stated Resident 1 had a fall incident, was sent out to the hospital and has not returned to the facility. LN 1 stated fall risk assessments were completed for new residents and after a fall incident. LN 1 further stated the resident's care plan was also updated after a fall to add interventions to prevent further falls. During an interview on 3/25/26 at 9:52 A.M. with Certified Nurse Assistant (CNA) 1, CNA 1 stated he was regularly assigned to Resident 1. CNA 1 stated Resident 1 had episodes of getting up unassisted to go to the bathroom. CNA 1 stated Resident 1 only attempted to get up unassisted to go to the bathroom. A review of the electronic medical record (EMR) for Resident 1 was conducted. The Skilled Nursing - IDT [Interdisciplinary Team- team members with various areas of expertise who work together toward the goals of their residents) Post Accident/Fall, (SN- IDT) dated 3/13/26 indicated Resident 1 fell on 3/12/26 at 7:20 pm. The SN-IDT indicated a Licensed Nurse (LN) got a call from a family member that they saw a resident on the floor. The SN-IDT indicated Resident 1 was next to the bathroom door with his back on the wall. The SN-IDT indicated interventions which included Existing and New Interventions [s] Initiated post fall: bed placed in lowest position with call light and personal items within reach, bed alarm, frequent rounding and toileting schedule to reduce unassisted ambulation to the bathroom. During a review of Resident 1's FALL CARE PLAN initiated on 3/10/26, the care plan (CP) indicated resident was at risk for falls related to generalized weakness. The CP indicated Interventions.Toileting schedule initiated to reduce unassisted ambulation to bathroom. Date initiated: 03/16/26. During a review of Resident 1's BOWEL/BLADDER INCONTINENCE CARE PLAN initiated on 3/13/26, the CP indicated, Interventions.Toileting Program: Establish Voiding/Bowel Patterns. A review of CNA Task in Resident 1's EMR was conducted. The Task indicated Toileting Program: Staff To Assist With Toileting Before and After Meals As Tolerated & PRN [as needed]. The Task indicated check marks for the toileting program on 3/18/26 and 3/19/26 only. During an interview on 3/25/26 at 10:52 A.M. with the Director of Nursing (DON), the DON stated the check marks in Resident 1's EMR under Task indicated toileting was provided to Resident 1 on 3/18/26 and 3/19/26. The DON stated there was no documentation regarding Resident 1's toileting schedule following Resident 1's fall incident on 3/12/26. An interview on 3/25/26 at 2:37 P.M. was conducted with CNA 4. CNA 4 stated she was assigned 2 P.M. until 10 P.M. to Resident 1. CNA 4 stated Resident 1 was not on a toileting schedule but Resident 1 woke up whenever he needed to use the bathroom. During an interview on 3/27/26 at 2:22 P.M. with the DON, the DON stated resident care plan interventions should be followed. A review of the facility's policy (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555746	A. Building B. Wing	03/25/2026

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, revised March 2022 was conducted. The P&P indicated, The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident.The comprehensive, person-centered care plan.describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.