

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555585</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE SHORES POST-ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2828 MEADOWLARK DRIVE SAN DIEGO, CA 92123</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure two of two disposable cover gowns were discarded into a designated waste receptacle, according to facility policy. This failure had the potential to cause spread of infection throughout the facility. Findings: Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED].M., Resident 1's room was checked. The door to the room was open. There was a peach/orange paper see- through gown with white cuffs, laying on the floor, touching the door. On 5/3/20 at 11:27 A.M., a two compartment blue and white bin with lids was observed in the hallway. There was an orange see-through paper gown, with two white cuffs that hung out over the right side of the bin. On 5/3/20 at 12:05 P.M., Certified Nursing Assistant (CNA) 1 stated paper gowns should not be on the floor, and further stated used disposable paper gowns needed to be placed in a separate bin, and had not been disposed of properly. On 5/3/20 at 12:20 P.M., the Director of Nursing (DON) stated if a paper gown was on the floor, it was .Improper disposal of a gown. The DON further stated the disposable orange gown was not in the correct bin for disposal and should not been hanging out of the bin. On 5/4/20 at 12:08 P.M., the Infection Control Nurse stated it was not appropriate for a used gown to be left on the floor, and it should have been placed in the bin in the room, and further stated the gown should not have been hanging out of the bin. Per review of the facility's policy titled Personal Protective Equipment- Using Gowns, Miscellaneous, 1 discard into an appropriate receptacle . 8 .gowns must be discarded in the appropriate container located in the room .Removing the Gown . 6. If the gown is disposable, discard it into the waste receptacle inside the room .		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.