

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

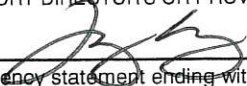
CA DEPT OF PUBLIC HEALTH  
PRINTED: 05/31/2019  
FORM APPROVED  
OMB NO. 0938-0391

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>C</b> <b>05/24/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE SHORES POST-ACUTE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2828 MEADOWLARK DRIVE</b> <b>SAN DIEGO, CA 92123</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an abbreviated standard survey.  Complaint number: CA00630001 Category: Resident/Patient/Client Rights  The survey was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  Representing the California Department of Public Health: Health Facilities Evaluator Nurse (HFEN) 40615; Health Facilities Evaluator Supervisor 21052.	F 000			
F 660 SS=D	Two deficiencies were identified, F690 and F660, as a result of complaint number CA00630001. Discharge Planning Process CFR(s): 483.21(c)(1)(i)-(ix)  §483.21(c)(1) Discharge Planning Process The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and- (i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident.	F 660			

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

TITLE

(X6) DATE



Administrator

6/11/19

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.

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F 660	Continued From page 1 (ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes. (iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan. (iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs. (v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan. (vi) Address the resident's goals of care and treatment preferences. (vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community. (A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose. (B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities. (C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why. (viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not	F 660	This Plan of Correction is being submitted in compliance with specific regulatory requirements. Neither its completion nor content is to be construed as an admission by this provider of the validity of any finding or citation contained herein.  <b>F 660</b> <b>How the corrective action will be accomplished immediately for those residents affected by the deficient practice.</b>  Resident 1 was placed on bowel and bladder retraining program on 03/09/19 which was unsuccessful. Resident remains incontinent of both Bowel and bladder.		

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F 660	<p>Continued From page 2</p> <p>limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences.</p> <p>(ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to identify, address discharge needs, and modify the discharge plan for one of three sample residents (1).</p> <p>As a result, Resident 1 had not maximize her potential to improve her condition to meet the resident's discharge plan.</p> <p>Findings:</p> <p>Resident 1 was admitted on 6/13/18, with diagnoses that included overactive bladder (a condition that causes a sudden urge to urinate), schizophrenia (a mental illness that affects perception of reality), as per Facility's Admission Record.</p>	F 660	<p><b>How will you identify other residents potentially affected by the same deficient practice and what corrective action you will take.</b></p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>The MDS nurses had evaluated the resident's bowel and bladder status on 03/16/2019 to identify residents needing to be in the program.</p> <p><b>What other measures you will put into place or what systemic changes you will make to ensure the deficient practice does not recur.</b></p> <p>A bowel and bowel program was put in place on 3/25/2019. Resident's bowel and bladder status were reviewed lead by the MDS nurses and were discussed with the IDT.</p> <p>All new residents are placed on a 3-day bowel and bladder evaluation. Assessment is done every quarter and on any significant change of condition.</p>	3/25/19	

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F 660	<p>Continued From page 3</p> <p>On 3/29/19 at 9:50 A.M., Resident 1 was observed sitting in the chair quietly and looking out in the window. Resident 1 was swaying back and forth in the chair. The writer spoke to Resident 1 but the resident turned her head away and did not respond verbally.</p> <p>Per MDS (minimum data set - an assessment tool) assessment, dated 3/20/19, Resident 1 had a BIMS (brief interview for mental status) score of 14 which indicated Resident 1's mental status was cognitively intact.</p> <p>A review of Resident 1's MDS, dated 6/20/18 and 3/20/19, indicated Resident 1 had no active discharge plan.</p> <p>On 3/29/19 at 10:20 A.M., a review of Resident 1 medical record was conducted. Resident 1 discharge care plan, dated 6/14/18, 9/2018,12/2018 and 3/2019, indicated Resident 1's discharge plan was for long term.</p> <p>On 3/29/19 at 2:32 P.M., an interview was conducted to Resident 1. Resident 1 stated, "I want to leave. I have a friend in Orange County where I can stay". Resident 1 was upset and stopped answering questions.</p> <p>On 3/29/19 at 3:25 P.M., an interview with Social Services (SS1) was conducted. SS1 stated, Resident 1 was alert and confused. SS1 stated, Resident 1 verbalized that she wanted to move back to independent living. Per SS1, independent living facility would not accept Resident 1 due to incontinence (lack of voluntary control) of bladder and bowel and financial reason.</p>	F 660	<p><b>How will the facility monitor its performance to make sure that solutions are sustained.</b></p> <p>The DON/Designee will audit at least 5 charts in a month for a quarter to ensure that resident's bowel and bladder status are evaluated timely and updated on a quarterly basis and as needed.</p> <p>The DSD will also do a random audit of at least on 5 residents monthly for a quarter who are on the program to ensure that the procedure is carried out appropriately. Any deficient practice will be presented at the facility's QA&amp;A Committee quarterly for further action plan to sustain compliance.</p>		

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F 660	Continued From page 4  On 3/29/19 at 3:44 P.M., an interview with the DON was conducted. The DON stated that the facility had no bladder and bowel program. The DON acknowledged Resident 1 should have been placed on a bladder and bowel retraining program, to help prepare the resident for discharge.  On 4/3/19 at 2:20 P.M., a telephone interview with CM1 (case manager) was conducted. CM1, stated Resident 1 was responsible for herself. CM1 stated that facility informed her that independent living facility would not accept Resident 1 because of her bladder and bowel incontinence. CM1 stated, the facility had not worked on Resident 1's incontinence, to help Resident 1 with her discharge plan.  A review of undated facility's policy, titled Discharge Summary and Plan " ...discharge plan will be developed to assist the residents to adjust to his/her new living environment ..."	F 660			
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)  §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.  §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an	F 690			

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F 690	<p>Continued From page 5</p> <p>indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide interventions in managing urinary and bowel incontinence for three of three sampled residents (1,2,3).</p> <p>As a result, Resident's 1,2, &amp; 3 were not provided services to help restore continence to the extent possible.</p> <p>Findings:</p> <p>1.Resident 1 was admitted on 6/13/18, with diagnoses that included overactive bladder (a condition that causes a sudden urge to urinate), schizophrenia (a mental illness that affects</p>	F 690	<p>This Plan of Correction is being submitted in compliance with specific regulatory requirements. Neither its completion nor content is to be construed as an admission by this provider of the validity of any finding or citation contained herein.</p> <p><b>F 690</b></p> <p><b>How the corrective action will be accomplished immediately for those residents affected by the deficient practice.</b></p> <p>Resident 1 was placed on bowel and bladder retraining program on 3/9/19 and was unsuccessful. Remains to be incontinent of bowel and bladder.</p> <p>Resident 2 was placed on bowel and bladder training program on 5/14/19, however, remains to be frequently incontinent of both bowel and bladder.</p> <p>Resident 3's bowel and bladder assessment of 3/19/19 indicated that resident 3 was a good candidate for retraining, however, no retraining needed at this time since resident is continent of both bowel and bladder.</p>		

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F 690	<p>Continued From page 6</p> <p>perception of reality), as per Facility's Admission Record.</p> <p>Per MDS (minimum data set - an assessment tool) assessment dated 3/20/19, Resident 1 had a BIMS (brief interview for mental status) score of 14 which indicated Resident 1's mental status was cognitively intact. MDS assessment dated 3/20/19, Resident 1 was incontinent of bladder and bowel.</p> <p>On 3/29/19 at 2:41 P.M., an interview with the Certified Nursing Assistant 1 (CNA) was conducted. CNA 1 stated, Resident 1 used incontinent briefs for bowel and bladder. CNA 1 stated Resident 1 was not on bladder/bowel training program.</p> <p>On 3/29/19 at 2:45 P.M., an interview with CNA 2 was conducted. CNA 2 stated, Resident 1 was incontinent of both bowel and bladder and was not on bladder or bowel training program.</p> <p>On 3/29/19 at 3 P.M., a concurrent interview and joined record review with Licensed Nurse 1 (LN) was conducted. A review of Resident 1's Bladder and Bowel Assessment dated 6/13/18, 9/19/18, 12/20/18, &amp; 3/20/19, indicated Resident 1 was a good candidate for retraining. LN 1 stated Resident 1 was not placed on a retraining program and should have been.</p> <p>On 3/29/19 at 2:25 P.M., an interview with MDS 1 was conducted. MDS 1 stated "we are not good in our bladder and bowel program".</p> <p>On 3/29/19 at 3:44 P.M., an interview with the Director of Nursing (DON) was conducted. The DON stated the facility had no bladder and bowel</p>	F 690	<p><b>How will you identify other residents potentially affected by the same deficient practice and what corrective action you will take.</b></p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>No other residents were identified to be affected by the same deficient practice at this time.</p> <p>All newly admitted residents are placed on bowel and bladder training program as per facility's policy and procedure.</p> <p><b>What other measures you will put into place or what systemic changes you will make to ensure the deficient practice does not recur.</b></p> <p>The Licensed Nurses and CNA's were given an in-service on several dates in March regarding bowel and bladder training program by the DSD and DON Designee.</p>	<p><b>3/25/19</b></p>	

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F 690	<p>Continued From page 7</p> <p>program. According to the DON, a new bladder and bowel program was started on 3/25/19. The DON acknowledged Resident 1 should have been placed on a bladder and bladder retraining program.</p> <p>2. Resident 2 was admitted on 7/6/17, with diagnoses that included chronic kidney disease (a condition characterized by a gradual loss of kidney function), diabetes (a disorder leading to high blood glucose levels) and dementia (decline in memory and other mental abilities), as per Facility's Admission Record.</p> <p>On 3/29/19 at 11 A.M., a review of Resident 2's medical record was conducted. A bladder and bowel assessment dated 11/15/18, indicated Resident 2 was a good candidate for scheduled toileting. Resident 2's care plan titled "B&amp;B toileting (Incontinence)", dated 8/15/18, indicated Resident 2 was frequently incontinent of bladder function. The care plan did not indicate that Resident 2 was on scheduled toileting. A review of Resident 2's nursing weekly summary dated 1/15/19, 2/5/19, &amp; 3/19/19, indicated Resident 2 was not in a urinary toileting program</p> <p>On 3/29/19 at 3 P.M., a concurrent interview and record review with LN 1 was conducted. LN 1 reviewed Resident 2's bladder and bowel assessment dated 11/15/18. LN 1 stated Resident 2's bladder and bowel assessment indicated Resident 2 was a good candidate for scheduled toileting. LN 1 stated, Resident 2 should have been placed on scheduled toileting program.</p> <p>On 3/29/19 at 2:25 P.M., an interview with MDS 1</p>	F 690	<p>The MDS nurses are to initiate the 3-day bowel and bladder evaluation and will discuss findings at the IDT meetings. The MDS nurses are also responsible on updating the resident's plan of care quarterly and as needed.</p> <p><b>How will the facility monitor its performance to make sure that solutions are sustained.</b></p> <p>The DON/Designee will do a random audit of at least 5 charts in a month for a quarter to ensure that resident's bowel and bladder status are evaluated on admission and updated as needed. Any deficient practice will be reported to the facility's QA&amp;A Committee quarterly for further action plan to sustain compliance.</p>	6/11/19	



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F 690	<p>Continued From page 8</p> <p>was conducted. MDS 1 stated "we are not good in our bladder and bowel program".</p> <p>On 3/29/19 at 3:44 P.M., an interview with the Director of Nursing (DON) was conducted. The DON stated the facility had no bladder and bowel program. According to the DON, a new bladder and bowel program was started on 3/25/19. The DON acknowledged Resident 2 should have been placed on a scheduled toileting program.</p> <p>3. Resident 3 was admitted on 6/24/18, with diagnoses that included diabetes mellitus (a condition where blood sugar levels are not normal), dementia (decline of person's ability to think, reason and manage his own life), as per Facility's Admission Record.</p> <p>On 3/29/19 at 1:56 P.M., a review of Resident 3's medical record was conducted. A bladder and bowel assessment dated 3/19/19, indicated Resident 3 was a good candidate for retraining. Resident 3's care plan titled "B&amp;B Toileting (Incontinence)", dated 6/24/18, indicated Resident 3 was continent/incontinent of bladder /bowel functions. The care plan did not indicate that Resident 3 was on retraining program. A review of Resident 3's nursing weekly summary dated 1/7/19, 1/14/19, 1/21/19, 2/4/19, &amp; 3/25/19, indicated Resident 3 was not in urinary and bowel toileting program.</p> <p>On 3/29/19 at 2:17 P.M., a concurrent interview and record review with RN 1 was conducted. RN 1 stated Resident 3's bladder and bowel assessment indicated Resident 3 was a good candidate for retraining and should have been placed on a retraining program.</p>	F 690			

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F 690	<p>Continued From page 9</p> <p>On 3/29/19 2:20P.M., a concurrent interview and joint record review with MDS 1 was conducted. MDS 1 stated that Resident 3's bladder and bowel assessment indicated Resident 3 was a good candidate for retraining. MDS 1 stated, Resident 3 should have been placed on a retraining program but "we are not good in our bladder and bowel program".</p> <p>On 3/29/19 at 3:44 P.M., an interview with the Director of Nursing (DON) was conducted. The DON stated the facility had no bladder and bowel program. According to the DON, a new bladder and bowel program was started on 3/25/19. The DON acknowledged Resident 3 should have been placed on bladder and bowel retraining program.</p> <p>A review of undated facility policy, titled Bowel and Bladder Management Program, "It is the policy of this facility to assess each resident's elimination ...to develop an individualized plan of care for those residents who require a bowel and or bladder management program ... 5. The licensed nurse ... level of incontinence and type of intervention ..."</p>	F 690			

# Lesson Plan

PROGRAM: In Service		LOCATION: San Diego Healthcare Center	
CLASS TITLE: Bowel & bladder program		DURATION: 30 min	
INSTRUCTOR: MARINA GONZALEZ LUN ; LEONARDO GONZALEZ LUN		AUDIENCE: L-N's	
PERFORMANCE STANDARD/OBJECTIVE		TEACHING METHODS:	
<ul style="list-style-type: none"> <li>Participants will be able to understand the differences between Crock &amp; Cheng program, Scheduled voiding/ bowel movement, &amp; bowel &amp; bladder retraining</li> <li>Participants will be able to assist residents in establishing B/B pattern</li> </ul>		<ul style="list-style-type: none"> <li>• Q/A</li> </ul>	
COURSE CONTENT		Lecture Discussion	



2828 Meadow Lark Drive San Diego California 92123

### EDUCATION/TRAINING ATTENDANCE ROSTER

Signature: [Signature]

[illegible]



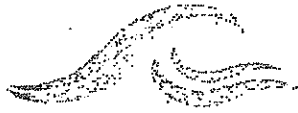
2828 Meadow Lark Drive San Diego California 92123

## EDUCATION/TRAINING ATTENDANCE ROSTER

Date: 03-13-2019

Signature: Malcolm

[illegible]



# THE SHORES

PORT-ACUTE | SAN DIEGO, CA

2828 Meadow Lark Drive San Diego California 92123

858-277-6460

## EDUCATION/TRAINING ATTENDANCE ROSTER

Program Title: Bowel & Bladder Training program

Date: 3/15/19

Trainer/Facilitator Name: Brendy Angeli

Signature: [Signature]

SIGNATURE OF TRAINER/FACILITATOR CERTIFIES THAT THE FOLLOWING PERSONS ATTENDED THE TRAINING

PRINT NAME	SIGNATURE	TITLE	SHIFT
MARLENE PERAZA	[Signature]	CNA	7-3 shift
Selena Araiza	[Signature]	CNA	Am
JANIRA CAMARGO	[Signature]	CNA	Am
Louise Lomax	[Signature]	CNA	Am
INS MARQUEZ	[Signature]	CNA	7-3pm
Delia Paez	[Signature]	CNA	7-3
Susan Smith	[Signature]	CNA	7-3
Rosalva Go	[Signature]	CNA	7-3
Fernando Becerra	[Signature]	CNA	7-3
Jannel Dela Rosa	[Signature]	CNA	7-3
Maria Malon	[Signature]	CNA	AM
LIZA RAMIREZ	[Signature]	CNA	7-3
KEICIA TORRES	[Signature]	CNA	7-3:30
Emilia Pina	[Signature]	CNA	7-3
Venessa Martinez	[Signature]	CNA	7-3
INERDIA BUNGA	[Signature]	CNA	7-3:30
FE VILLEGAS	[Signature]	CNA	7-3:30
Sonia Ortega	[Signature]	CNA	7-3
CLEOPATRA A. PARRA	[Signature]	CNA	3-11
FALICITY CAPITO	[Signature]	CNA	7-3
NORRIS R. MADONIA	[Signature]	CNA	7-3:30
CYNTHIA TORRES	[Signature]	CNA	7-3
JANIRA CAMARGO	[Signature]	CNA	7-3
MARIA CRISTINA PARRAN DES	[Signature]	CNA	7-3
Vera Cantune	[Signature]	CNA	7-3:30
DENVER DELA ROSA	[Signature]	CNA	3-11
ROSI MORGADO	[Signature]	CNA	7-3:30
Saturnina Matias	[Signature]	CNA	7-3
Marilyn Guzman	[Signature]	CNA	7-3:30
Mylene Donato	[Signature]	CNA	7-3
RODRIGO DE LOS	[Signature]	CNA	3-11
Elaine Giv	[Signature]	CNA / Staff	AM
KEVIN SHARP	[Signature]	CNA	AM
Gener Ferrer	[Signature]	CNA	AM



858-277-6460

152B Leonard  
STER Bradley

### EDUCATION/TRAINING ATTENDANCE ROSTER

Trainer/Facilitator Name: Carlee Sandoraj Signature: [Signature]

SIGNATURE OF TRAINER/FACILITATOR CERTIFIES THAT THE FOLLOWING PERSONS ATTENDED THE TRAINING

[illegible]





Section: Resident Care	General Policy Guidelines		
Title: BOWEL AND BLADDER MANAGEMENT PROGRAM		Effective Date:	10/13/05
		Revision:	02/01/10
		Reviewed/No Change	

#### **PURPOSE**

To ensure that residents entering the facility will remain continent unless the resident's clinical condition demonstrates that it is unavoidable.

To ensure that a resident who is incontinent of bowel or bladder receives the necessary care and treatment.

To protect skin integrity and prevent complications such as urinary tract infections and constipation

#### **POLICY**

It is the policy of this facility to assure that a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore/maintain as much normal bladder function as possible.

It is the policy of this facility to assess each resident's elimination status on admission and to develop an individualized plan of care for those residents who require a bowel and/or bladder management program within fourteen (14) days of admission.

#### **REFERENCE**

Title 22; 72315; OBRA 483.25; F-310; F-314; F-315

#### **PROCEDURE**

1. On admission the Licensed Nurse shall assess each resident's elimination status.
2. A bowel and bladder (B&B) assessment shall be completed on all residents within 14 days of admission and PRN. If incontinence problems are identified, every effort will be made to determine the predisposing factors contributing to incontinence or risk for incontinence and whether or not the condition is reversible or irreversible.
3. The Bladder Elimination voiding patterns shall be completed for at least three days on all shifts to determine if a pattern can be established.
4. The Bowel Elimination for BM patterns shall be completed for at least three days on all shifts to determine if a pattern can be established.
5. CNA's are responsible for recording elimination times and amounts of each voiding (small or large) and/or each bowel movement. (small, medium, or large).
6. The Licensed Nurse is responsible for summarizing the outcomes of the data collected and for determining the type/causal factors of incontinence.
7. Nursing staff will offer adequate fluids, observe resident's ability to take fluids, and determine resident's ability to request fluids. If the resident is at risk for dehydration, a hydration care plan will be established.
8. The Licensed Nurse and IDT will determine the best approach for interventions to meet the individual needs of the resident. Facility staff will involve the resident and/or his surrogate in care decisions. Considerations shall be given to resident's condition, treatment options, expected outcomes, and consequences of refusing treatment.

Examples of program interventions may include but not limited to:

<b>BLADDER</b>	<b>BOWEL</b>
<b>Containment / Check and Change Program</b>	<b>Containment / Check and Change Program</b>
If the resident is incontinent more than four (4) times per day, with no particular pattern or if the resident is unable to make needs known or follow simple instructions and attempts at toileting have been unsuccessful then a "check and change Program may be initiated.	If the resident is always incontinent with no particular pattern or if the resident is unable to make needs known or follow simple instructions and attempts at toileting have been unsuccessful then a "check and change Program may be initiated.
Check frequently and change as needed; peri-care following each incontinent episode; possible use of brief or other protective barrier or the use of external collection devices.	Check frequently and change as needed; per-care following each incontinent episode; possible use of brief or other protective barrier.
Use of indwelling catheter shall be considered only if there is a valid clinical / medical justification.	
<b>Management / Toileting Program</b>	<b>Management / Toileting Program</b>
If the resident has an identifiable pattern of voiding but cannot make his/her needs known a Toileting program may be initiated	If the resident has an identifiable pattern of bowel movements but cannot make his/her needs known a Toileting program may be initiated.
Implement toileting schedules to maintain continence,	Implement toileting schedule to maintain continence,
Record schedules in care plan, care guide or ADL records. Consider q 2 hrs while awake; or before and after meals and q 2 hours in between. Address bedtime schedule and plan during the night if appropriate	Record schedule in care plan, care guide or ADL records. Based on pattern established, consider appropriate times and remind, and/or take resident to the bathroom (i.e after breakfast)
Toileting program may include habit training, scheduled voiding or prompted voiding.	If laxatives or enemas are given per MD orders, make time consistent. (i.e. HS, 0900 etc.)
<b>Bladder Retraining Program</b>	<b>Bowel Retraining Program</b>
If the resident is able to toilet independently, or with minimal assist, has no cognitive impairment and is cooperative and motivated, and whose incontinence is due to an acute or reversible condition, a Bladder Retraining Program and/or Pelvic Floor Muscle Rehabilitation may be initiated.	If the resident is able to toilet independently, or with minimal assist, has no cognitive impairment and is cooperative and motivated, and whose incontinence is due to an acute or reversible condition, Bowel-Retraining Program may be initiated
Designed to increase bladder capacity and ability to toilet independently; a program designed to control fluid intake and where the period between voiding is progressively lengthened)	

9. Licensed Nurses will document progress / or lack of progress toward goals at least weekly, document ongoing assessments whenever there is a change in cognition, physical ability, or urinary tract function and revise care plan as appropriate.
10. The IDT will review resident's incontinence status on admission and re-evaluate at least quarterly and as conditions change using the RAI-RAP guidelines. Care plans will be updated with any change in status.
11. Nurses will provide appropriate care and services to prevent infections to the extent possible. (i.e. keep clean and dry, encourage fluids)

## **RECORD KEEPING**

Document of B&B will be maintained in the resident's record on the B&B assessment form, ADL's, care plans, IDT notes and in the weekly Nursing Notes.

## **BOWEL AND BLADDER MANAGEMENT PROGRAM**

**DEFINITIONS** to clarify clinical terms related to evaluation and treatment of urinary incontinence and catheter use.

**Bacteremia** is the presence of bacteria in the bloodstream

**Bacteriuria** is the presence of the bacteria in the urine

**Urinary Incontinence** is the involuntary loss or leakage of urine. Some more common types of incontinence include;

- **Functional Incontinence** refers to loss of urine that occurs in residents whose urinary tract function is sufficiently intact that they should be able to maintain continence, but who cannot remain continent because of external factors (e.g. inability to utilize the toilet facilities in time.
- **Mixed Incontinence** is associated with leakage of small amounts of urine when the bladder has reached its maximum capacity and has become distended
- **Overflow Incontinence** is associated with impaired urethral closure which allows small amounts of urine leakage when intra-abdominal pressure on the bladder is increased by sneezing, coughing, laughing, lifting, standing from a sitting position, climbing stairs, etc.
- **Transient Incontinence** refers to temporary episodes of urinary incontinence that are reversible once the causes (s) of the episode (s) is (are) identified and treated
- **Urge Incontinence** (overactive bladder) is associated with detrusor muscle overactivity (excessive contraction of the smooth muscle in the wall of the urinary bladder resulting in a sudden, strong urge to expel moderate to large amounts of urine before the bladder is full.

**Urinary Retention** is the inability to completely empty the urinary bladder by micturition

**Urinary Tract Infection** is a clinically detectable condition associated with invasion by disease causing microorganisms of some part of the urinary tract. An infection of the urethra or bladder is classified as a lower tract UTI and infection involving the ureter or kidney is classified as an upper tract UTI

**Urosepsis** refers to the systematic inflammatory response to infection (sepsis) that appears to originate from a urinary tract source. It may present with symptoms such as fever, hypotension, reduced urine output or acute change in mental status.

# THE SHORES POST-ACUTE

## BOWEL AND BLADDER EVALUATION FORM (1<sup>ST</sup> TO 3<sup>RD</sup> DAY)

TOILETING LOCATION			AMBULATION ABILITY		REASON FOR EVALUATION	
<input type="checkbox"/> Commode ( ) Day ( ) PM ( ) NOC	<input type="checkbox"/> Bathroom ( ) Day ( ) PM ( ) NOC	<input type="checkbox"/> Urinal ( ) Day ( ) PM ( ) NOC	<input type="checkbox"/> Bedpan ( ) Day ( ) PM ( ) NOC	<input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Assist ( ) 1 person ( ) 2 person <input type="checkbox"/> Dependence ( ) 1 person ( ) 2 person	<input type="checkbox"/> NEW ADMISSION <input type="checkbox"/> CHANGE OF CONDITION	

**I = Incontinent    C = Continent    F = Foley Catheter    D= Diarrhea**

**\* Each time resident void or has BM, record in the column corresponding to the time it has occurred.**

Date						
Time	Bladder	Bowel	Bladder	Bowel	Bladder	Bowel
12 MN						
1 AM						
2 AM						
3 AM						
4 AM						
5 AM						
6 AM						
7 AM						
8 AM						
9 AM						
10 AM						
11 AM						
12 NN						
1 PM						
2 PM						
3 PM						
4 PM						
5 PM						
6 PM						
7 PM						
8 PM						
9 PM						
10 PM						
11 PM						
Signature (11-7)						
Signature (7-3)						
Signature (3-11)						

**Guideline: Bladder Incontinent =      Bladder Continent =      Bowel Incontinent =      Bowel Continent =**

( ) Bladder Retraining (if throughout 72 hours look back resident was incontinent <3 episodes and/or continent >8 times a day)

( ) Bowel Retraining (if throughout 72 hours look back resident did not have any bowel movement, noted with diarrhea or resident has mix episode of continence and incontinence in bowel)

( ) Scheduled Voiding (if throughout 72 hours look back resident was incontinent 3-7 episode & had more than 3 continent episode, resident must be cognitively intact)

( ) Scheduled Bowel Movement (if throughout 72 hours look back resident is incontinent with bowel)

( ) Prompted Voiding (if throughout 72 hours look back resident was incontinent 8 or more episode & had at least 1 continent episode, resident may be noted cognitively impaired but able to ask for ask to go to the bathroom)

( ) Check & Change Program (resident always incontinent with bladder & bowel/no pattern of incontinent episode)

Resident: \_\_\_\_\_ Room: \_\_\_\_\_ Physician: \_\_\_\_\_