

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


RECEIVED  
CA DEPT OF PUBLIC HEALTH  
PRINTED: 10/29/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555585	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02  B. WING _____		NOV - 8 2019  LICENSING & CERTIFICATION SAN DIEGO DISTRICT OFFICE 10/23/2019	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER  THE SHORES POST-ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 2828 MEADOWLARK DRIVE SAN DIEGO, CA 92123			
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E 000	Initial Comments  Surveyor: 40325  The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities.  The facility is in substantial compliance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities.  Representing the California Department of Public Health: 40325	E 000				
K 000	Census = 280 INITIAL COMMENTS  Surveyor: 40325  K3 BUILDING: 01 K6 PLAN APPROVAL: 1/31/1994 K7 SURVEY UNDER: 2012 EXISTING  STRUCTURE TYPE: ONE STORY + LOWER LEVEL OPEN TO GRADE (KITCHEN, LAUNDRY, MAINTENANCE SHOP AND STORAGE) & UPPER LEVEL (MEZZANINE AND OFFICES), CONSTRUCTION TYPE V (111), FULLY SPRINKLERED.  The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) §483.90(a)(b)(c)(j),	K 000				

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

TITLE

(X6) DATE

 Administrator 11/7/19

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.

Approved 11/22/2019 per Jose Gonzalez, SSM I

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K 000	Continued From page 1 National Fire Protection Association (NFPA) 101 - Life Safety Code, 2012 Edition, and NFPA 99 - Health Care Facilities Code, 2012 Edition.  Representing the California Department of Public Health: 40325  The facility is not in substantial compliance with 42 CFR §483.90 for Long Term Care Facilities.  Census = 280	K 000	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.		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101  Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9  Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms	K 321	K321  How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.  The stone was immediately removed from propping the door to the Laundry/Emergency Water Storage Room by the Maintenance Director on 10/23/2019.  How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.  No other residents were identified to be affected by the deficient practice.	11/8/19	

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K 321	Continued From page 2 (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Surveyor: 40325  Based on observation and interview, the facility failed to maintain their hazardous areas. This was evidenced by a self-closing door which was propped open by a stone. During a fire, this could cause smoke and flames to pass through the open door and affect residents, visitors, and staff. This affected the Basement.  NFPA 101, Life Safety Code, 2012 Edition. 19.3.6.3.10* Doors shall not be held open by devices other than those that release when the door is pushed or pulled.  Findings:  On 10/23/19, during a facility tour with the Maintenance Director (MD), the hazardous areas were observed.  At 9:49 a.m., the door to the Laundry/Emergency Water Storage room was propped open by a stone. The room measured approximately 440 square feet and contained laundry appliances and combustible materials as well as emergency water storage in plastic containers.  The Administrator acknowledged the finding at the exit conference.	K 321	K321  What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not occur.  The Maintenance Director conducted an In- Service on 10/24/2019 with the Maintenance, Housekeeping, and Laundry staff regarding the hazards and regulations of propping doors with any object.  How the facility plans to monitor its performance to make sure solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system.  The Maintenance Director will make rounds daily to ensure that the door is not being propped open by any object. In addition, the Maintenance Director will post a sign on the door informing staff that the door cannot be propped open by any object. Results will be presented to the QA&A committee monthly for the following three months. If there are no findings during the three consecutive meetings, the audits will be discontinued. If there are findings, the audits with findings will be continued for three consecutive months until there are no findings.		
K 353	Sprinkler System - Maintenance and Testing	K 353			

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K 353 SS=D	<p>Continued From page 3 CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Surveyor: 40325</p> <p>Based on observation and interview, the facility failed to maintain their automatic sprinkler system. This was evidenced by material stored within 18 inches of a sprinkler. During a fire, this could cause a malfunction of the sprinkler system and affect residents, visitors, and staff. This affected the Basement.</p> <p>NFPA 101 - Life Safety Code, 2012 Edition 19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5.</p>	K 353	<p>K353</p> <p>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The items blocking the sprinkler inside the walk-in freezer located in the kitchen were removed by the Dietary Supervisor and the Dietary staff on 10/23/2019.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>No other residents were identified to be affected by the deficient practice.</p> <p>On 10/24/2019, the Maintenance Director applied red tape measuring 18" around the sprinkler to alert the staff not to block the sprinkler with any boxes and/or food.</p>	11/8/19	

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K 353	<p>Continued From page 4</p> <p>9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition</p> <p>5.2.1.1* Sprinklers shall be inspected from the floor level annually.</p> <p>5.2.1.1.1* Sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., upright, pendent, or sidewall).</p> <p>5.2.1.2* The minimum clearance required by the installation standard shall be maintained below all sprinkler deflectors.</p> <p>5.2.1.3 Stock, furnishings, or equipment closer to the sprinkler deflector than permitted by the clearance rules of the installation standard shall be corrected.</p> <p>NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 Edition</p> <p>8.5.5.2 * Obstructions to Sprinkler Discharge Pattern Development.</p> <p>8.5.5.2.1 Continuous or noncontinuous obstructions less than or equal to 18 in. (457 mm) below the sprinkler deflector that prevent the pattern from fully developing shall comply with 8.5.5.2.</p> <p>8.5.5.2.2 Sprinklers shall be positioned in accordance with the minimum distances and special requirements of Section 8.6 through Section 8.12 so that they are located sufficiently away from obstructions such as truss webs and</p>	K 353	<p>K353</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not occur.</p> <p>The Dietary Supervisor conducted an In-Service on 10/24/2019 to the Dietary staff regarding the safety violations of blocking the sprinkler systems.</p> <p>How the facility plans to monitor its performance to make sure solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system.</p> <p>The Dietary Supervisor will check the walk-in freezer daily for three consecutive months to ensure that there are no boxes or other objects blocking the sprinkler. Results will be presented to the QA&amp;A committee monthly for the following three months. If there are no findings during the three consecutive meetings, the audits will be discontinued. If there are findings, the audits with findings will be continued for three consecutive months until there are no findings.</p>		

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K 353	<p>Continued From page 5</p> <p>chords, pipes, columns, and fixtures.</p> <p>8.5.5.3 * Obstructions That Prevent Sprinkler Discharge from Reaching the Hazard. Continuous or noncontinuous obstructions that interrupt the water discharge in a horizontal plane more than 18 in. (457 mm) below the sprinkler deflector in a manner to limit the distribution from reaching the protected hazard shall comply with 8.5.5.3.</p> <p>8.5.5.3.1 Sprinklers shall be installed under fixed obstructions over 4 ft (1.2 m) wide such as ducts, decks, open grate flooring, cutting tables, and overhead doors.</p> <p>8.5.5.3.2 Sprinklers shall not be required under obstructions that are not fixed in place such as conference tables.</p> <p>8.5.5.3.3 * Sprinklers installed under open gratings shall be of the intermediate level/rack storage type or otherwise shielded from the discharge of overhead sprinklers.</p> <p>8.5.6 * Clearance to Storage.</p> <p>8.5.6.1 * Unless the requirements of 8.5.6.2, 8.5.6.3, 8.5.6.4, or 8.5.6.5 are met, the clearance between the deflector and the top of storage shall be 18 in. (457 mm) or greater.</p> <p>Findings:</p> <p>On 10/23/19, during a facility tour with the MD, the automatic sprinkler system was observed.</p> <p>At 9:43 a.m., in the Kitchen, located in the Basement, the sprinkler inside the walk-in freezer was blocked by shelved containers of ice cream and other frozen foods. The sprinkler was a side-pendent type and the foods were stored within one inch of it. The MD said when kitchen staff were stocking the freezer, they stored the foods too close to the sprinkler.</p>	K 353			

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K 353	Continued From page 6	K 353	K920		
K 920 SS=E	<p>The Administrator acknowledged the finding at the exit conference.</p> <p>Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101</p> <p>Electrical Equipment - Power Cords and Extension Cords</p> <p>Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 40325</p> <p>Based on observation and interview, the facility failed to maintain electrical safety. This was evidenced by the use of an extension cord, by power strips that were electrically overloaded,</p>	K 920	<p>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>On 10/23/2019, the Maintenance Director disconnected the coffeemaker and the extension cord from the duplex receptacle outlet and removed the extension cord from the Social Services office.</p> <p>On 10/23/2019, the Maintenance Director disconnected the microwave oven in the Social Services office from the power strip and connected it directly into the duplex receptacle wall outlet.</p> <p>On 10/23/2019, the Maintenance Director disconnected the refrigerator, coffeemaker, and microwave oven from the power strip and connected all the appliances found in the Director of Nurses office directly to the duplex receptacle outlet.</p> <p>On 10/23/2019, the Maintenance Director disconnected the computer monitor cord from the Tripp-Lite power strip, releasing the tension that was causing the power strip to be suspended mid-air.</p>	11/8/19	

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K 920	Continued From page 7 and a by power strip tensioned by the cord of an electrical device. This could cause sparking, smoke and flames and could affect residents, visitors, and staff. This affected two of 16 smoke compartments.  NFPA 99, Health Care Facilities Code, 2012 Edition 10.2.3.5 Cord Strain Relief. 10.2.3.5.1 Cord strain relief shall be provided at the attachment of the power cord to the appliance so that mechanical stress, either pull, twist, or bend, is not transmitted to internal connections. 10.2.3.5.2 A strain relief molded onto the cord shall be bonded to the jacket and shall be of compatible material. 10.2.3.6 Multiple Outlet Connection. Two or more power receptacles supplied by a flexible cord shall be permitted to be used to supply power to plug-connected components of a movable equipment assembly that is rack-, table-, pedestal-, or cart-mounted, provided that all of the following conditions are met: (1) The receptacles are permanently attached to the equipment assembly. (2)* The sum of the ampacity of all appliances connected to the outlets does not exceed 75 percent of the ampacity of the flexible cord supplying the outlets. (3) The ampacity of the flexible cord is in accordance with NFPA 70, National Electrical Code. (4)* The electrical and mechanical integrity of the assembly is regularly verified and documented. (5)* Means are employed to ensure that additional devices or nonmedical equipment cannot be connected to the multiple outlet extension cord after leakage currents have been verified as safe.	K 920	How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.  No other residents were identified to be affected by the deficient practice.  What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not occur.  The representative from Safety Outlook Systems conducted an in-service on 10/24/2019 regarding appliances and the potential fire hazard risks.		



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K 920	<p>Continued From page 8</p> <p>NFPA 70, National Electrical Code, 2011 Edition: 400.10 Pull at Joints and Terminals. Flexible cords and cables shall be connected to devices and to fittings so that tension is not transmitted to joints or terminals.</p> <p>Findings:</p> <p>On 10/23/19, during a facility tour with the MD, the electrical equipment was observed.</p> <p>1. At 10:07 a.m., in the Social Services office, a 5-amp coffeemaker was connected to an extension cord, which was then connected to the duplex receptacle wall outlet. The MD said social services staff connected the extension cord.</p> <p>2. At 10:11 a.m., also in the Social Services office, a microwave oven, fan, and two electronic devices were connected to a Tripp-Lite power strip, which was then connected to the duplex receptacle wall outlet. The ampere [unit measuring electric current flow drawn by equipment] of the microwave was 13 A [amperes or amps]. The ampere of the other devices could not be determined. The power strip was rated at 12 A. The maximum permissible is 9 A [12 x .75]. The power strip was therefore overloaded by a minimum of 4 A. Social Services staff said the electrical appliances had been connected that way for five years possibly.</p> <p>3. At 10:27 a.m., in the DON office, a Keurig Coffeemaker, microwave oven, and refrigerator were connected to a Tripp-Lite power strip, which was then connected to the duplex receptacle wall outlet. The ampere of the coffeemaker was 12.25 A, the microwave was 11.25 A, and the</p>	K 920	<p>How the facility plans to monitor its performance to make sure solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system.</p> <p>The Maintenance staff will make monthly rounds for 3 consecutive months to ensure all appliances are connected properly and that all Tripp-Lite power strips are connected properly without any tension and/or hanging in mid-air. Results will be presented to the QA&amp;A committee monthly for the following three months. If there are no findings during the three consecutive meetings, the audits will be discontinued. If there are findings, the audits with findings will be continued for three consecutive months until there are no findings.</p>		

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K 920	Continued From page 9 refrigerator was 1 A. The devices totaled 24.5 A. The power strip was rated at 15 A. The maximum permissible is 11.25 A [15 x .75]. The power strip was therefore overloaded by 13.25 A. The DON said the devices had been connected that way recently.  4. At 10:37 a.m., at Nurses Station Two, a computer, monitor, and adapter were connected to a Tripp-Lite power strip, which was then connected to the duplex receptacle wall outlet. The power strip was suspended mid-air, tensioned by the cord of the computer monitor. The MD said workers replaced the power supply and the power strip got suspended.  The Administrator acknowledged the findings at the exit conference.	K 920	K923 How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.  A "No Smoking" sign was posted in the oxygen cylinder storage located in Station 3 by the Maintenance Director on 10/23/2019.  A "No Smoking" sign was posted in the oxygen cylinder storage located in Station 2 by the Maintenance Director on 10/23/2019.  How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.	11/8/19	
K 923 SS=D	Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101  Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual	K 923	No other residents were identified to be affected by the deficient practice.		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555585	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02  B. WING _____		(X3) DATE SURVEY COMPLETED  10/23/2019
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K 923	<p>Continued From page 10</p> <p>cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 40325</p> <p>Based on observation and interview, the facility failed to maintain their gas equipment. This was evidenced by oxygen cylinder rooms which lacked required signage. This could increase the chance of fire and could affect residents, visitors, and staff. This affected three of 16 smoke compartments.</p> <p>Findings:</p> <p>On 10/23/19, during a facility tour with the MD, the gas cylinder storage was observed.</p> <p>1. At 9:59 a.m., at Station 3, the Oxygen Cylinder Storage room did not have a sign which stated, CAUTION: OXIDIZING GAS(ES) STORED</p>	K 923	<p>K923</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not occur.</p> <p>The Maintenance Director will conduct monthly rounds to ensure that all safety hazard signs are placed properly and accordingly.</p> <p>How the facility plans to monitor its performance to make sure solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system.</p> <p>The Maintenance Director will conduct monthly rounds for three consecutive months to ensure that all safety hazard signs are placed properly and accordingly. Results will be presented to the QA&amp;A committee monthly for the following three months. If there are no findings during the three consecutive meetings, the audits will be discontinued. If there are findings, the audits with findings will be continued for three consecutive months until there are no findings.</p>		

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K 923	Continued From page 11 WITHIN NO SMOKING.  2. At 10:33 a.m., at Station 2, the Oxygen Cylinder Storage room did not have a sign which stated, CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING.  The MD said the signs were missing from the outside of the doors.  The Administrator acknowledged the findings at the exit conference.	K 923			