

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2026
NAME OF PROVIDER OR SUPPLIER Canterbury Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 651 Sinex Avenue Pacific Grove, CA 93950	
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Findings:Based on interview and record review, the facility failed to ensure care and services were provided in accordance with professional standards of practice for one of three sampled residents (Resident 1) when Resident 1 received oxygen therapy with no physician's order and there was no oxygen care plan.These failures had the potential to compromise the resident's health and well-being.Review of Resident 1's medical record indicated he was admitted on [DATE] with diagnoses including chronic obstructive pulmonary disease with (acute) exacerbation (COPD, a progressive, irreversible disease that restricts airflow causing breathing problem); acute respiratory failure with hypoxia (a critical condition where the lungs cannot adequately transfer oxygen to the blood.)Review of Resident 1's Weights and Vital Summary - Vital: O2 [Oxygen] sats [saturation] (a device used to measure how well blood is transporting oxygen throughout the body,) dated 1/12/26 to 1/14/26, the record indicated, Resident 1 was on oxygen via nasal cannula (nasal tubing used to deliver oxygen)During an interview with CNA A on 1/30/26 at 4:09 p.m., CNA A described her first encounter with Resident 1. CNA A stated that Resident 1 has been using oxygen via nasal cannula since his first day of stay.During a concurrent interview and record review with the Director of Nursing (DON) on 2/12/26 at 4:58 p.m., the DON stated that Resident 1 was on continuous oxygen therapy at 2 liters per minute (LPM) during his stay. The DON reviewed Resident 1's care plan, and physician order summary report with active orders as of 1/14/26. The DON confirmed that there were no care plan for oxygen use and no physician order in place. The DON further stated that they should have a physician order for oxygen and an oxygen care plan.Review of the facility's policy and procedure (P&P) titled, Oxygen Therapy, revised [DATE], the P&P indicated, Oxygen therapy was administered by a licensed nurse as ordered by the physician .Review of the facility's policy and procedure (P&P) titled, MDS Baseline Care Planning, revised [DATE], the P&P indicated, .any services and treatments to be administered by the SNF and personnel acting on behalf of the SNF; .</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055303
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