STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055311	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Katherine Healthcare	315 Alameda Avenue Salinas, CA 93901

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to complete the nutritional initial screener (NIS) for seven of eight residents (Resident 1, 2, 4, 5, 6, 7, and 8) upon admission. This failure had the potential for residents nutritional needs being unmet.Findings:Resident 1 was admitted to the facility on [DATE] with diagnoses which included severe protein-calorie malnutrition, muscle weakness, chronic metabolic acidosis (a long-term buildup of acid in the body fluids, usually caused by reduced kidney function or excessive acid production. It is frequently linked to chronic kidney disease (CKD), resulting in symptoms like fatigue, nausea, and rapid breathing).Resident 2 was admitted to the facility on [DATE] with diagnoses which included morbid obesity (a person carries enough excess weight that could significantly harm their health).Resident 4 was admitted to the facility on [DATE] with diagnoses which included gastric ulcer (an open sore in the stomach lining).Resident 5 was admitted to the facility on [DATE] with diagnoses which included type II diabetes mellitus (a condition that affects the insulin production that could cause sugar to build up in the blood stream).Resident 6 was admitted to the facility on [DATE] with diagnoses including obesity (having an unhealthy excess of body fat).Resident 7 was admitted to the facility on [DATE] with diagnoses including type II diabetes.Resident 8 was admitted to the facility on [DATE] with diagnoses including severe protein-calorie malnutrition, and type II diabetes mellitus.During an interview with the dietary manager (DM) on 5/5/26 at 10:07 a.m., the DM stated he would usually start the NIS upon residents admission, and then the registered dietitian (RD) would complete the NIS and lock it. The DM stated he did not see a nutritional assessment created and documented while he was on vacation from 12/26/25 through 1/26/26. The DM stated he completed a NIS for Resident 1 on 1/27/26.During a review of the facility's admission Report (AR) dated 12/26/25 through 1/25/26, the AR indicated the following:Resident 1 was admitted on [DATE] and had a Nutritional Initial Screener (NIS) was created on 1/27/26.Resident 2 was admitted on [DATE] and the NIS was created on 1/28/26.Resident 4 was admitted on [DATE] and the NIS was created on 2/6/26.Resident 5 was admitted on [DATE] and did not have a NIS created, only a Nutritional Quarterly/Annual Review (NQR) which was created on 4/15/26.Resident 6 was admitted on [DATE] and the NIS was created on 1/27/26.Resident 7 was admitted on [DATE] and the NIS was created on 2/23/26.Review of the email sent by the Administrator dated 5/28/26, indicated Resident 8 was admitted on [DATE] and Resident 8 did not have a NIS.During a telephone interview with the ADM on 5/28/26 at 10:50 a.m., the ADM confirmed Resident 8 was admitted on [DATE] and a NIS was not created.During a telephone interview with the registered dietitian (RD) on 5/28/26 at 3:12 p.m., the RD stated that the NIS should be finished within seven days of a resident's admission. The RD further stated the DM will start the NIS within the first day or two, then the RD will finish within seven days. The RD acknowledged some NIS were not done by the previous registered dietitian.Review of the facility's policy & procedure (P&P) titled Nutritional Assessment, revised October 2017, indicated Policy Statement - As part of the comprehensive assessment, a nutritional assessment, including current nutritional status and risk factors for impaired nutrition, shall be conducted for each resident. Policy interpretation and implementation - 1. The dietitian, in conjunction with the nursing staff and health care practitioners, will conduct a (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	nutritional assessment for each resident upon admission (within current baseline assessment timeframes) and is indicated by a change in condition that places the resident at risk for impaired nutrition.