STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055356	A. Building B. Wing	05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pacific Grove Healthcare Center	200 Lighthouse Avenue Pacific Grove, CA 93950

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 36623 Based on observation, interview, and record review, the facility failed to ensure privacy for one of 12 residents (Resident 21) when his body was exposed to public view. This failure had the potential to cause emotional distress to the resident. Findings: During an observation on 5/21/24 at 9:15 a.m., Resident 21 and his two roommates were in Resident 21's room. Resident 21 had a long-sleeved shirt and was sitting in his wheelchair across from his roommate's bed. Resident 21 was not behind a privacy curtain and the door of the room was open. Licensed vocational nurse A (LVN A) asked Resident 21 to remove his sleeve in order to take his blood pressure on his right arm. Resident 21 removed his sleeve. Resident 21's upper chest and abdomen area (stomach) were exposed to public view, including in view of his roommates. During an interview on 5/21/24 at 12:32 p.m., Resident 21 stated he felt exposed when he was asked to remove his sleeve in front of his roommates and with the door was open wide. He stated he preferred if he was in privacy, with the door closed or behind a privacy curtain. During an interview on 5/21/24 at 3:26 p.m., LVN A stated she should have closed the door when she asked Resident 21 to remove his sleeve. Review of the facility's policy, Quality of Life - Dignity, revised 2/2020 indicated, Staff promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures.

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

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. 36623 Based on interview and record review, the facility failed to ensure documentation of post dialysis (a process that filters and purifies the blood using a machine and helps keep fluids and electrolytes in balance) assessments for one of one resident (Resident 19) when numerous post dialysis assessments were not documented. This failure had the potential to result in not identifying post dialysis complications which could affect Resident 19's health. Findings: Review of Resident 19's clinical record indicated she was admitted to the facility with diagnoses of end stage renal disease. The record also indicated Resident 19 received dialysis in a dialysis center on Tuesdays, Thursdays, and Saturdays. Review of Resident 19's Dialysis Communication Record, dated 3/26/24, 4/18/24, 4/25/24, 5/18/24, and 5/21/24 indicated the post dialysis assessment was left blank. During an interview on 5/23/24 at 10:34 a.m., registered nurse D (RN D) stated after Resident 19 returns from dialysis, nurses should have check her access site, and document on the dialysis form. During an interview on 5/24/24 at 10:53 a.m., the director of nursing (DON) confirmed there was missing documentation on Resident 19's communication records. She stated nurses should have to assess Resident 19's access site, fill out the form, and sign every time Resident 19 returns from dialysis. Review of the facility's undated policy, Coordination of Care of Residents on Dialysis, indicated, A communication form will be initiated by the facility prior to sending the residents to the dialysis center with the vital signs and other pertinent information . Facility shall assess the resident coming back from the dialysis center and documents in the same form.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 46553 Based on interview, and record review, the facility failed to provide sufficient number of nursing staff on a 24-hour basis based on Staffing Data Report, Census and Direct Care Service Hours Per Patient Day (DHPPD, a form containing daily staffing information), submitted to Centers for Medicare & Medicaid Services (CMS) for the Fiscal Year (FY) Quarter 1 2024 (October 1 to December 31). This failure had the potential to affect resident's care, health, and psychosocial well-being. Findings: During a document review titled, DHPPD, from October to December 2023, indicated the Actual Certified Nursing Assistant (CNA) DHPPD (requirement is 2.4) were below 2.4 on the following dates: 10/1/23 - 1.96; 11/4/23 - 2.24; 11/12/23 - 2.21; 11/16/23 - 2.06; 11/24/23 - 2.23; 11/25/23 - 2.34; 12/2/23 - 2.17; 12/10/23 - 2. 32; 12/15/23 - 2.27; 12/20/23 - 2.38; and 12/29/23 - 2.29. Further review indicated for actual DHPPD (requirement is 3.5) were below 3.5 on the following dates: 10/1 - 2.99; 11/4/23 - 3.33; 11/12/23 - 3.25; 12/10/23 - 3.34; and 12/17/23 - 3.24. During a concurrent interview and record review on 5/24/24 at 10:36 a.m. with Director of Nursing, she confirmed the following dates are below the required DHPPD. The DON stated there are hours below the required hours 3.5 for Registered Nurses RN and 2.4 for CNAs. She further stated it was caused by call-ins and nursing staff was sick. During review of the All Facilities Letter (AFL) 21-11, dated March 17, 2021, indicated, The 3.5 DHPPD staffing requirement, of which 2.4 hours per patient day must be performed by CNAs, is a minimum requirement for SNFs [Skilled Nursing Facility]. SNFs shall employ and schedule additional staff and anticipate individual patient needs for the activities of each shift, to ensure patients receive nursing care based on their needs.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 36623 Based on interview and record review, the facility failed to ensure accurate controlled substance (CS, medications that can be easily abused and are under strict government control) accountability for one out of 12 sampled residents (Resident 299), when a CS medication was signed out of the Controlled Drug Record (CDR, an inventory sheet) but was not documented on the Medication Administration Record (MAR) as given to Resident 299. This failure resulted in the facility not having accurate accountability of CS medication and potential for abuse or misuse of these medications. Findings: A review of Resident 299's physician order, dated 4/26/24, indicated oxycodone (a CS medication for pain management) 5 milligrams (mg, unit of measure) 1 tablet every 4 hours as needed for severe pain. A review of Resident 299's CDR for May 2024, indicated a 5 mg oxycodone dose was documented removed from Resident 299's supply by licensed nursing staff on 5/19/24 at 9:29 p.m. A review of Resident 299's May 2024 MAR indicated no documentation for administration of oxycodone 5 mg dose on 5/19/24. During a concurrent interview and record review of Resident 299's MAR and progress notes on 5/22/24 at 11:40 a.m. with Registered Nurse (RN) D, RN D acknowledged there was no documented oxycodone dose given on 5/19/24. RN D also verified there was no documentation in Resident 299's progress notes if dose was refused or not given on 5/19/24. RN D stated it should have been documented on MAR if dose was given to the resident. A review of the facility's policy and procedure (P&P) titled, Administering Medications, dated November 2020, the P&P indicated, The individual administering the medication initials the resident's MAR on the appropriate line after giving medication and before administering the next one.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. 36623 Based on observation, interview, and record review, the facility had a medication error rate of 12% when three medication errors occurred out of 25 opportunities during the medication administration for two residents (Residents 98 and 41): 1. Licensed vocational nurse A (LVN A) did not give Resident 98 a medication as scheduled; 2. Licensed Vocational Nurse B (LVN B) did not give Resident 41 the full dose of two ordered medications. Also, LVN B crushed a medication for Resident 41 that cannot be crushed. These failures resulted in medications not given according to the physician's orders and had the potential for them not receiving the full therapeutic effects of the medications. Findings: 1. Review of Resident 98 clinical record indicated he was admitted to the facility with diagnoses including respiratory failure (condition in which lungs cannot get adequate oxygen into the blood) with hypoxia (low levels of oxygen in the body) and chronic obstructive pulmonary disease (COPD, a disease that affects airflow in the lungs and makes it difficult to breathe). Resident 98 had a physician order for Dulera Inhalation Aerosol (breathing traetment) 200-5 micrograms per actuation(mcg/act, unit of measurement per puff) two puffs orally one time a day for COPD, dated 5/20/24. Review of Resident 41's medication administration record (MAR, record of medications given) indicated the Dulera inhaler was scheduled to be given at 9 a.m. During a medication pass observation on 5/21/24 at 8:47 a.m., LVN A prepared medications for Resident 98 and removed oral medications (pills) and the Dulera inhaler from the medication cart. LVN A entered Resident 98's room with the oral medications and the Dulera inhaler. Resident 98 was in the bathroom and LVN A stated she will wait in the hallway. LVN A walked to the medication cart and put the Dulera inhaler back into the medication cart. LVN A returned to Resident 98's room with the pills and checked on Resident 98 in the bathroom. After Resident 98 returned to his bed, LVN A gave Resident 98 the pills. LVN A did not give Resident 98 the Dulera inhaler. During an interview on 5/21/24 at 10:49 a.m., LVN A stated she was done with medication pass. During an interview on 5/21/24 at 11:07 a.m., LVN A was asked if she gave Resident 98 the Dulera inhaler. LVN A confirmed she did not give Resident 98 the Dulera inhaler. LVN A stated she should have give the Dulera inhaler to Resident 98 and document that it was given late. 2. Review of Resident 41's clinical record indicated he was admitted to the facility with diagnoses of liver cell carcinoma (liver cancer). The record indicated Resident 41 had the following physician orders: - Oxycodone HCl (OxyContin) extended release oral tablet 10 mg give one tablet by mouth two times a day for pain, dated 1/2/24 (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Lorazepam oral tablet 1 mg give one mg by mounth three times a day for anxiety, dated 4/11/24. During a medication pass observation and concurrent interview on 5/21/24 at 4:25 p.m., LVN B prepared medications for Resident 41. She prepared lorazepam 1 mg tablet and OxyContin CR (controlled release) 10 mg tablet. LVN B began crushing the two tablets in a pill crusher. LVN B stated the OxyContin CR medication was difficult to crush. She stated it takes a while. After crushing the medications, LVN B poured the crushed tablets into a medication cup. Some of the crushed tablets fell on the medication cart. LVN B put hand sanitizer on a tissue, wiped up the crushed medication on the cart, and threw away the tissue. LVN B added applesauce to the medication cup and administered the medication to Resident 41. During an interview on 5/21/24 at 4:41 p.m., LVN B looked at the OxyContin medication card and confirmed it indicated, Swallow whole. Do not chew or crush. LVN B confirmed some medication fell on to the medication cart and Resident 41 did not get the full dose of the medications. During an interview on 5/22/24 at 11:25 a.m., registered nurse D (RN D) stated Resident 41 was able to swallow his medications as whole pills and she should not crush his medication. During an interview on 5/23/24 at 11:02 a.m., the consultant pharmacist (CP) stated extended release (ER) and controlled release (CR) are equivalent. The CP stated that ER and CR medications are not normally crushed. The CP stated if a CR medication was crushed, the effect of continuous release no longer occurs. Review of the facility's policy, Administering Medications, revised 4/2019 indicated medications are administered in accordance with prescribers orders, including any required time frame and medications are administered within one hour of their prescribed time.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36623 Based on observation, interview, and record review, the facility failed to ensure medications were stored appropriately when an expired medication was identified in one of two medication rooms and the temperature was not being monitored daily for two of two medication rooms and medication refrigerators. Findings: 1. During an observation of the medication room on [DATE] at 2:31 p.m. with Licensed Vocational Nurse (LVN) C, an expired Lorazepam Oral Concentrate was found. LVN C verified the expiration date was written , d+[DATE]. A review of the facility's policy and procedures (P&P) titled, Storage of Medications, dated [DATE], the P&P indicated, .Discontinued, outdated, or deteriorated drugs or biologicals are returned to dispensing pharmacy or destroyed. 2. During an observation on [DATE] at 10:49 a.m. inside the facility's medication room in Station B with Licensed Vocational Nurse A (LVN A), there was a medication refrigerator that contained medications. Review of the facility's temperature logs indicated the following: - The temperature log for Station A, dated [DATE] was missing refrigerator temperatures for [DATE], [DATE], [DATE], and [DATE]. The log was also missing room temperature documentation for [DATE]; - The temperature log for Station B, dated [DATE] was missing medication room temperatures and refrigerator temperatures for [DATE], [DATE], [DATE], and [DATE]; - The temperature log for Station B, dated [DATE] was missing medication room temperature and refrigerator temperature for [DATE]. - The temperature log for Station B, dated [DATE] was missing refrigerator temperatures for [DATE] and [DATE]. The log was also missing room temperature documentation for [DATE]. During an interview on [DATE] at 10:56 a.m., the director of nursing (DON) stated the medication room temperature and medication refrigerator temperature should have been recorded once a day. The DON confirmed there were missing room and refrigerator temperatures in March, April, and [DATE]. Review of the facility's Temperature Log form indicated, Complete this temperature log.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46553 Based on observation, interview, and record review, the facility failed to ensure sanitary conditions were maintained in the kitchen when: 1. An undated and unrefrigerated bottle of sauce was found in the dry storage area; 2. Six small packs of sliced apples were beyond the use date; and 3. Potato salad was undated. These failures had the potential to cause food contamination and spread food-borne illness to residents who received their food from the kitchen. Findings: 1. During a concurrent kitchen observation and interview on 5/20/24 at 11:46 a.m. with the Dietary Manager (DM), there was an opened bottle of sauce without an open date in the dry storage area. The food label on the bottle also indicated, Refrigerate after opening. The DM confirmed the above observations and stated the bottle was open with no open date. During a review of the facility's undated policy and procedure (P &P) titled, Food Receiving and Storage, the P&P indicated, Foods shall be received and stored in a manner that complies with safe food handling practices . 7. Dry foods that are in bins will be removed from original packaging, labeled, and dated (use by date) . 9. Refrigerated foods must be stored at or below 41 degrees F unless otherwise specified by law. 2. During a concurrent kitchen observation and interview on 5/20/24 at 11:34 a.m., with the DM, there were six small packs of sliced apples beyond the use date of May 13, 2024. The DM confirmed the above observations and stated the sliced apples are no longer good and should have been tossed. During a review of the facility's undated policy and procedure (P &P) titled, Food Receiving and Storage, the P&P indicated, Foods shall be received and stored in a manner that complies with safe food handling practices . 7. Dry foods that are in bins will be removed from original packaging, labeled, and dated (use by date). 3. During a concurrent kitchen observation and interview on 5/20/24 at 11:52 a.m., with the DM, there were eight pounds of [NAME] Kitchen Potato Salad - Corn Syrup that was open and did not have an open date. The DM confirmed the above observation stated it should have open date. During a review of the facility's undated policy and procedure (P &P) titled, Food Receiving and Storage, the P&P indicated, Foods shall be received and stored in a manner that complies with safe food handling practices . 8. All foods stored in the refrigerator or freezer will be covered, labeled, and dated (use by date).

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. 46553 Based on observation, interview, and record review the facility failed to ensure refuse (any disposable materials, which includes recyclable and non-recyclable materials) was disposed properly when garbage bags were not placed inside the garbage disposal bins, garbage bins were overflowing, and garbage bags were on the floor. This failure had the potential for an unsafe environment for the residents and visitors due to possible pest infestation and spread of diseases in the facility. Findings: During initial observation on 5/20/24 at 8:34 a.m., three garbage disposal bins were observed with bags of trash on top of the closed bins. There were bags of trash on the floor in front of the bins and one bin was overflowing with a black plastic bag. These garbage disposal bins were located in the facility's parking lot near the basement entrance. During observation on 5/21/24 at 8:31 a.m., six garbage disposal bins were observed with the with bags of trash on top of the closed bins and food boxes on top of a closed bin. One bin was overflowing, one bin's cover was open, and another bin was overflowing with a black plastic bag. These garbage disposal bins were located in the facility's parking lot near the basement entrance. During a concurrent observation and interview on 5/21/24 at 9:30 a.m. with the Maintenance Director (MD) and Dietary Manager (DM), the MD and DM confirmed the observation and MD stated the garbage should not be on the top of the bin and overflowing. During a review of the facility's policy and procedure (P&P) titled, Food-related Garbage and Refuse Disposal, revised date Oct. 2017, the P&P indicated, 5. Garbage and refuse containing food wastes would have been stored in a manner that is inaccessible to pests. 7. Outside dumpsters provided by garbage pickup services will be kept free of surrounding litter. The United States Food and Drug Administration's 2022 Food Code 5-501.110 indicated, Refuse, recyclables, and returnable shall be stored in receptacles or waste handling units so that they are inaccessible to insects and rodents. The Food Code further indicated, Outside receptacles must be constructed with tight-fitting lids or covers to prevent the scattering of the garbage or refuse by birds, the breeding of flies, or the entry of rodents.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 36623 Based on observation, interview, and record review, the facility failed to follow their infection prevention and control policy and procedures when an uncovered nebulizer mouthpiece past its due date was found on Resident 40's bedside table. These failures had the potential for the residents to acquire infection. Findings: During an observation on 5/20/24 at 9:16 a.m., an exposed nebulizer mouthpiece was found on Resident 40's bedside table. During a concurrent observation and interview with Licensed Vocational Nurse (LVN) C on 5/20/24 at 9:47 a.m., LVN C verified the date labeled on the nebulizer mouthpiece was 5/9/24. LVN C stated it should have been changed every week. LVN C stated it should have been change weekly. A review of the facility's policy and procedure (P&P) titled, Administering Medications through a Small Volume (Handheld) Nebulizer, dated October 2010, the P&P indicated, 29. When equipment is completely dry, store in a plastic bag with the resident's name and the date on it. 30. Change equipment and tubing every seven days, or according to facility protocol.

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. 36623 Based on observation, interview, and document review, the facility failed to ensure multiple resident rooms had at least 80 square feet per resident. Having less than 80 square feet per resident could potentially compromise the care and services the residents receive. Findings: The resident room measurements were as follows: Room Number Bed Capacity Square Feet Per Resident 1 2 72.00 2 3 66.12 3 2 79.25 4 3 68.45 5 2 74.29 6 3 75.03 7 3 75.03 10 3 74.20 11 2 72.00 12 2 72.00 14 2 72.00 17 4 69.70 18 2 72.00 19 2 72.00 20 2 78.00 22 3 76.00 (continued on next page)

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	During the survey, residents were observed in their rooms. Nursing care and services were not impacted by the shortage of space. The closets and storage were sufficient to accommodate the needs of the residents. Residents were interviewed and stated they did not have any concerns regarding room size, provision of care, or privacy. Staff members were interviewed and stated they were able to safely provide care to the residents, even in rooms with less than 80 square feet per resident. Recommend continuance of room waiver.