

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055962	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Windsor Monterey Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1575 Skyline Drive Monterey, CA 93940	

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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>45853</p> <p>Based on interview and record review, the facility failed to provide appropriate social services support following an abuse allegation for one of one resident (Resident 1). This failure had the potential to place Resident 1 at risk for psychosocial distress.</p> <p>Findings:</p> <p>An employee-to-resident abuse allegation investigation was conducted on 11/15/23.</p> <p>A record review of Resident 1's medical record, indicated there was no documented evidence indicating a social services assessment focused on Resident 1's psychosocial well-being was done after the abuse allegation.</p> <p>During an interview on 5/3/24 at 2:19 p.m. with the Director of Nursing (DON), the DON stated there should be 72 hours nursing monitoring every shift after an incident, and social services psychosocial follow up for 72 hours after the abuse allegation. The DON was not able to find any social services follow up notes for the incident.</p> <p>During a review of the facility's job description titled Social Services Director updated 10/2021, the job description indicated, DUTIES AND RESPONSIBILITIES 6. Assess residents upon admission, quarterly, and upon change of condition for social services needs. Assure that a thorough and timely psychosocial history and assessment are completed for each resident to identify problems, issues, or needs that are addressed through Interdisciplinary Team and Care Plan process. [.] ensure documentation is accurate informative and descriptive of the nursing care provided and the resident's response to the care.</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
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