

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 08/14/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>10918</p> <p>Based on interview and record review the facility failed to ensure a physician's decision to administer an antibiotic eye drop was ordered and carried out for one of two sampled residents (Resident 1). This failure had the potential to cause health complications to Resident 1.</p> <p>Findings:</p> <p>Review of Resident 1's Physician A's progress notes, dated 7/21/24 at 12 noon, indicated the patient complains of right upper lid swelling, and in the morning he has discharge. Impressions/plans: Right eye Blepharitis (inflammation, scaling, reddening and crusting of the eyelid). Order Cipro Ophthalmic Gtt (drops).</p> <p>Review of Resident 1's record lacked documentation indicating the antibiotic was ordered and given.</p> <p>During an interview on 8/14/24 at 3:55 p.m., Physician A stated Resident 1's eye lid was inflamed and because the resident reported eye discharge he would have ordered an antibiotic.</p> <p>During an interview on 8/14/24 at 4:25 p.m., the assistant director of nurses (ADON) who reviewed the record stated she did not find a physician's order for the eye antibiotic.</p> <p>Based on interview and record review the facility failed to ensure a physician's decision to administer an antibiotic eye drop was ordered and carried out for one of two sampled residents (Resident 1). This failure had the potential to cause health complications to Resident 1.</p> <p>Findings:</p> <p>Review of Resident 1's Physician A's progress notes, dated 7/21/24 at 12 noon, indicated the patient complains of right upper lid swelling, and in the morning he has discharge. Impressions/plans: Right eye Blepharitis (inflammation, scaling, reddening and crusting of the eyelid). Order Cipro Ophthalmic Gtt (drops).</p> <p>Review of Resident 1's record lacked documentation indicating the antibiotic was ordered and given.</p> <p>During an interview on 8/14/24 at 3:55 p.m., Physician A stated Resident 1's eye lid was inflamed and because the resident reported eye discharge he would have ordered an antibiotic.</p> <p>(continued on next page)</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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