

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  09/23/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>38068</p> <p>Based on interview and record review, the facility failed to ensure the safety of one of two residents (Resident 1) when the Certified Nursing Assistant A (CNA A) did not provide appropriate physical assistance/support in accordance with Resident 1's needs and did not make sure the shower chair was close enough to Resident 1 during transfer from bed to shower chair. This failure put Resident 1's safety at risk.</p> <p>Findings:</p> <p>Review of Resident 1's medical record indicated diagnoses that included hemiplegia (paralysis of one side of the body) and hemiparesis (weakness of one side of the body), abnormal gait and mobility, and muscle weakness.</p> <p>Review of Resident 1's Fall Risk Assessment (FRA, an assessment to determine the likelihood of falling) dated 9/26/23 indicated he was unable to independently come to a standing position and had a score of 20 (a score of 20 means high risk for fall).</p> <p>Review of Resident 1's Minimum Data Set (MDS, a federally mandated resident assessment tool) dated 6/20/24 indicated he had impairment on one side of upper and lower extremities. He needed partial/moderate assistance (Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) during chair/bed-to-chair transfer. He used manual wheelchair for locomotion (to move from one place to another).</p> <p>Review of the Weekly Nursing Notes Summary for Resident 1 dated 8/3/24 indicated he needed limited assistance with one-person during transfer.</p> <p>Review Resident 1's medical record dated 8/7/24 indicated he had a witnessed fall during transfer from bed to shower chair.</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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the CNA A on 9/11/24 at 1:24 p.m., he stated on 8/7/24 between 7:00 a.m. to 8:00 p.m., he placed his hand resting on top of Resident 1's shoulder when Resident 1 was about to transfer from bed to shower chair. The CNA A stated he did not put any of his hands under Resident 1's upper arm for support. The CNA A further stated the front of the shower chair was far from Resident 1's buttocks when Resident 1 sat down in the shower chair which caused the shower chair to be kicked out backward and Resident 1 fell on the floor. The CNA stated the incident of fall happened so fast. The CNA notified the Charge Nurse and assessed Resident 1.</p> <p>During an interview with CNA B on 9/23/24 at 10:52 a.m., she stated for resident that required one-person assistance with transfer from bed to shower chair, she always used gait belt. CNA B further stated she made sure shower chair is situated close to the resident to ensure safety transfer.</p> <p>During an interview with Licensed Vocational Nurse C (LVN C) on 9/23/24 at 11:00 a.m., she stated for resident that required one-person assistance with transfer from bed to shower chair, the staff needs to provide support by putting the hand under the resident's armpit or utilize holding resident's waist to ensure resident's safety. LVN C further stated the shower chair should be placed close enough to the resident to ensure safe transfer from bed to shower chair.</p> <p>During an interview with the Director of Staff Development (DSD) on 9/23/24 at 11:08 a.m., she acknowledged CNA A should have supported Resident 1 by placing his hand under Resident 1's armpit and should have made sure the shower chair is placed close enough for Resident 1 to sit during transfer to ensure Resident 1's safety.</p> <p>Review facility's revised policy and procedures dated 10/2020 titled Certified Nursing Assistant: Personal Nursing Care Function indicated, Assist residents in accordance to their needs ranging from minimal assistance to total dependence care on activity of daily living (ADLs).</p> <p>Review facility's revised policy and procedures dated 7/2017 titled Safe Lifting and Movements of Residents indicated, Staff responsible for direct care will be trained in the use of manual (gait/transfer belts, lateral boards) and mechanical lifting devices.</p>		