

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  09/30/2024
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37686</b></p> <p>Based on interview and record review, the facility failed to provide care and services in accordance with professional standards of practice for one of four sampled residents (Resident 1) when:</p> <ol style="list-style-type: none"> <li>1. There were multiple days for which there was no documentation of treatment to Resident 1's right heel wound; and</li> <li>2. There were multiple Weekly Summary Documentations (resident assessments done on a weekly basis) that were not accurately completed.</li> </ol> <p>Failure to provide treatments had the potential to result in worsening of Resident 1's right heel wound. Failure to accurately assess had the potential to compromise the facility's ability to plan care and provide interventions.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of Resident 1's medical record indicated he was admitted on [DATE] and had diagnoses including diabetes (disorder characterized by difficulty in blood sugar control and poor wound healing).</li> </ol> <p>Review of Resident 1's Change in Condition Evaluation, dated 5/7/24, indicated he had a deep tissue injury (DTI, pressure-related injury to the skin and underlying tissue) on the right heel. Further review of Resident 1's medical record indicated this right heel wound was later classified as a diabetic foot ulcer (a wound that occurs in diabetics due to lack of sensation and decreased blood flow).</p> <p>Review of Resident 1's IDT (interdisciplinary team) Wound document, dated 5/23/24, indicated Resident 1's right heel wound healed.</p> <p>Review of Resident 1's IDT Wound document, dated 6/6/24, indicated Resident 1 had a reoccurrence of his previously resolved right heel wound. The IDT Wound document further indicated a current treatment of, Betadine paint [a medication applied to a wound to prevent infection and promote healing] and cover with gauze. Further review of Resident 1's medical record indicated there was no documentation that the facility treated Resident 1's right heel wound until 6/11/24 (five days after the reoccurrence of the wound).</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and concurrent record review with licensed nurse A (LN A) on 9/30/24, at 10:27 a.m., LN A reviewed Resident 1's medical record and confirmed the documentation indicated a reoccurrence of Resident 1's right heel wound on 6/6/24. LN A confirmed that from 6/6/24 to 6/10/24, there was no documentation that indicated the facility provided treatment to Resident 1's right heel wound.</p> <p>The facility's policy titled Skin Integrity Management, dated 5/26/21, indicated to implement wound care treatments as indicated.</p> <p>2. Review of Resident 1's IDT Wound document, dated 6/6/24, indicated Resident 1 had a reoccurrence of his previously resolved right heel wound.</p> <p>Review of Resident 1's treatment administration record (TAR) indicated the facility provided treatments to Resident 1's right heel wound from 6/11/24 to 8/11/24.</p> <p>Resident 1's Weekly Summary Documentations were reviewed. Section P-1 of the document was designated to indicate whether or not the resident had skin issues. On 6/7/24, 6/14/24, 6/20/24, 6/28/24, 7/25/24, 8/2/24, and 8/5/24, the person who completed the Weekly Summary Documentation selected No for section P-1, indicating Resident 1 did not have skin issues.</p> <p>During an interview and concurrent record review with LN A on 9/30/24, at 10:27 a.m., LN A reviewed Resident 1's medical record and confirmed the Weekly Summary Documentations for the above dates did not accurately reflect Resident 1's skin condition.</p> <p>The facility's policy titled Guidelines for Charting and Documentation, revised 6/2021, indicated documentation should be concise, accurate, and complete.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37686</p> <p>Based on interview and record review, the facility failed to ensure one of four sampled residents (Resident 2) received a medication as ordered. This failure had the potential to compromise the resident's health and well-being.</p> <p>Findings:</p> <p>Review of Resident 2's medical record indicated she was admitted on [DATE] and had diagnoses including dislocation of the left hip and fractures of the neck, forearm, spine, pelvis, and tibia (large bone in the lower leg).</p> <p>Review of Resident 2's Order Summary Report indicated she had a physician's order, dated 12/7/23, for Enoxaparin Sodium Injection Solution Prefilled Syringe (medication used to prevent blood clots) 40 milligrams per 0.4 milliliters (mg/ml, unit of dose measurement) inject 1 syringe subcutaneously (beneath the skin) every 12 hours to prevent deep vein thrombosis (DVT, a blood clot in a deep vein, usually in the legs).</p> <p>Review of Resident 2's medication administration record (MAR), dated 12/2023 and 1/2024, indicated she was scheduled to receive the above Enoxaparin Sodium Injection every day at 9:00 a.m. and 9:00 p.m. Further review of the MAR indicated this medication was not documented as administered on the following dates and times: 12/13/23 at 9:00 a.m., 12/17/23 at 9:00 a.m. and 9:00 p.m., 12/18/23 at 9:00 p.m., 12/19/23 at 9:00 a.m., 12/25/23 at 9:00 a.m. and 9:00 p.m., 12/31/23 at 9:00 a.m., 1/4/24 at 9:00 a.m., and 1/5/24 at 9:00 a.m.</p> <p>Resident 2's Progress Notes were reviewed. The documentation indicated for the above dates and times, Resident 2's Enoxaparin Sodium Injections were pending delivery from the pharmacy.</p> <p>During an interview and concurrent record review with licensed nurse A (LN A) on 9/30/24, at 2:31 p.m., LN A reviewed Resident 2's medical record and confirmed the Enoxaparin Sodium Injections were not documented as administered on the above dates and times. LN A confirmed Resident 2 did not receive the medication because it had not been delivered from the pharmacy. LN A acknowledged that either the nurses did not order the medication refills on time, or the pharmacy did not deliver the refills on time.</p> <p>The facility's policy titled Medication Administration Schedule, revised 11/2020 indicated, Medications are administered according to established schedules.</p> <p>The facility's policy titled Pharmacy Services, revised 4/2019, indicated the facility shall accurately obtain and provide routine medications. The policy further indicated, Residents have sufficient supply of their prescription medications and receive medications (routine, emergency or as needed) in a timely manner.</p>		