

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 03/10/2026
NAME OF PROVIDER OR SUPPLIER Monterey Post Acute		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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>Based on interview and record review, the facility failed to ensure one of two residents (Resident 1) was provided their scheduled pain medications. This failure resulted in Resident 1 increased pain and emotional distress. During an interview on 3/3/26 at 11:19 A.M. with Resident 1, Resident 1 states he did not receive his medications on 2/13/26, his scheduled pain medications causing him to have increased pain on the weekend. During a review of Resident 1's medical record, dated February 2026, the medication administration record (MAR) indicated Resident 1 did not receive medications on 2/14/26 scheduled at 10 a.m. During a concurrent interview and record review on 3/3/26 at 1:56 p.m. with the Director of Staff Development (DSD), the MAR for February 2026 was reviewed. The MAR indicated Resident Resident 1 received medications on 2/13/26 but not on 2/14/26. The DSD stated, if they [medications] were given or if he refused or was out of the building it would say and everything would be green [background] it is red indicating they were not given. During a concurrent interview and record review on 3/3/26 at 2:11 p.m. with Registered Nurse (RN) A, reviewing Resident 1's MAR dated February 2026, RN A confirmed medications scheduled at 10:00 a.m. were not given, there is no documentation. Review of the facility's policy & procedure titled, Adminstrating Medications, dated 2001, the P&P indicated, Medications are administered in a safe and timely manner, and as prescribed. If a drug is withheld, refused, or given at a time other than the scheduled, document refusal. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones.</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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