STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055962	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Monterey Care Center	1575 Skyline Drive Monterey, CA 93940

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46553 Based on observation, interview and record review, the facility failed to ensure privacy was maintained for one of 19 residents' (Resident 6) clinical records, when registered nurse (RN) E's computer screen was left open and unattended in the resident room during medication pass. These failures had the potential to result in unauthorized access to a resident's health information. Findings During a medication administration observation on 2/10/25, at 4: 20 p.m., the med cart A containing an open laptop computer was left unattended in the hallway outside of a resident's room [ROOM NUMBER]. The laptop computer was on, and the screen displayed information about multiple residents, when RN E left to do handwashing at the nurse station after taking the blood sugar of the residents. During a concurrent observation and interview with RN E, on 2/10/25 at 4:34 p.m., RN E left the med cart A unattended while washing her hands at the nurse's station after giving the medication. RN E confirmed the laptop computer was on and the screen displayed residents' information. RN E further stated the laptop computer should be closed at all times and it was a privacy issue. A review of the title Health Insurance Portability and Accountability Act of 1996 (HIPPA), dated September 10, 2024, indicated, HIPAA Security Rule .To comply with the HIPPA Security Rule, all covered entities must ensure the confidentiality, integrity, and availability of all e-PHI. Detect and safeguards against anticipated threats to the security of the information. Protect against anticipated impermissible uses or disclosures that are not allowed by the rule.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38087 Based on interview and record review, the facility failed to ensure one resident (Resident 32), who required a colostomy (a surgical opening {stoma} that connects the digestive tract to the surface of the belly to allow for waste material and gas to leave the body), received the necessary care and treatments when the facility failed to get a physician order, and treatments for the care of Resident 32's colostomy. This failure had the potential to place Resident 32 at risk for complications such as infection, skin breakdown, and pain. Findings: Review of Resident 32's clinical record indicated he was admitted to the facility on [DATE] with diagnoses that included colostomy status and quadriplegia (partial or complete loss of motor and sensory function in all four limbs {arms and legs}). Review of Resident 32's care plan indicated Resident 32 was at risk for complications related to altered elimination due to the presence of a colostomy. The interventions identified in Resident 32's care plan indicated to provide colostomy care as ordered by the physician and to monitor the stoma site for any skin irritation and or signs and symptoms of infection Review of Resident 32's Physician Order Sheet, dated February 2025, did not indicate any physician orders for the care of Resident 32's colostomy. Review of Resident 32's treatment administration record (TAR), dated February 2025, found no documentation that indicated colostomy care was being performed. During an interview with the director of nursing (DON) on 2/11/25 at 12:15 p.m., she was asked to review Resident 32's physician orders and TAR. The DON confirmed there were no physician orders for colostomy care for Resident 32. The DON stated there should be physician orders for the care of Resident 32's colostomy. She further stated the licensed nurses should document on the TAR when colostomy care is performed, and monitoring of the stoma should be done by licensed nurses each shift. The DON confirmed there was no documentation the licensed nurses were monitoring Resident 32's colostomy. Review of the facility's policy Colostomy Care, revised October 2010, indicated The purpose of this procedure is to provide guidelines that will aid in preventing exposure of the resident's skin to fecal matter. The following should be recorded in the resident's medical record: 1) the date and time the colostomy care was provided. 2) Any breaks in the resident's skin, signs of infection or excoriation of the skin . 6) The signature and title of the person recording the data.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 46553 Based on observation, interview, and record review, the facility failed to ensure to provide proper oxygen (a colorless, odorless gas) care and treatment services for two of 19 sampled residents (Residents 25 and Resident 224) when: 1. Resident 25 had an oxygen concentrator (a portable device that provides oxygen) at the bedside, but there was no oxygen signage posted on the door. 2. Resident 224 had an oxygen concentrator at the bedside, but there was no oxygen signage posted on the door. This deficient practice had the potential for accidents and hazards that could pose harm to residents in the facility. Findings: 1. During an observation on 2/9/25, at 10:24 a.m., Resident 25 was lying in bed, asleep, with oxygen concentrator at the bedside, a nasal cannula (NC, device placed in the nostril used to deliver oxygen) inside a plastic bag not in use. There was no oxygen signage posted on Resident 25's door. Review of Resident 25's order summary report dated 10/18/24 indicated an order for Oxygen at 2 L/min via nasal cannula PRN (pro re nata, as needed) for low oxygen or SOB (shortness of breath) as needed for Low Oxygen. During a concurrent observation and interview on 2/9/25 at 10:30 a.m., Licensed Vocational Nurse (LVN) C confirmed there was no Oxygen in use/No smoking sign posted by Resident 25's door. During an interview with IP on 2/12/25 at 4:20 p.m., IP stated anybody who has an oxygen order, or prn, its need to have signage in the room. The infection Preventionist (IP) stated there should be a sign posted by the door. She further stated oxygen is highly flammable and it can be dangerous that can cause accident. 2. During an observation on 2/10/25 at 9:38 AM, Resident 224 was observed in his room sitting up in bed. Resident 224 is wearing a nasal cannula (NC, an oxygen delivery device that delivers oxygen through the nose) hooked up to an oxygen concentrator. Outside the door there is no visible signage that the resident uses oxygen. During an interview on 2/12/25 at 8:47 AM, LVN B said there should be a sign outside the room that says no smoking for someone who is on oxygen. During an interview with the assistant Director of Nursing (ADON) on 2/13/25 at 9:54 AM, the ADON stated there should be a sign outside the door for any resident that uses oxygen in the facility.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38087 Based on observation, interview and record review, the facility failed to routinely assess the arteriovenous fistula (AV fistula, a connection surgically made between an artery and a vein for dialysis access) for one resident (Resident 22) who received dialysis (a procedure in which a machine filters wastes and fluid from the blood). This failure had the potential to result in unidentified complications with Resident 22's AV fistula. FINDINGS: Review of Resident 22's clinical record indicated she was admitted on [DATE] and had diagnoses including end-stage renal disease (ESRD, a condition in which the kidneys no longer function normally to filter waste and excess water from the blood as urine), hypertension (increase in blood pressure), and presence of aortocoronary bypass graft (procedure to improve poor blood flow to the heart). Resident 22 was scheduled for dialysis treatment every Monday, Wednesday, and Friday. During an observation on 2/9/25 at 11:28 a.m., Resident 22 was sitting on the edge of her bed dressed in street clothes. She stated she goes to dialysis 3 times a week. She pulled up the sleeve on her blouse and revealed that she had an arteriovenous fistula (AVF, surgically created connection between an artery and vein to allow dialysis to occur) in her left forearm. Review of Resident 22's physician orders indicated there were no orders in place to assess and monitor Resident 22's AVF. There were no physician orders in Resident 22's clinical record to monitor dialysis access site for bruit (an audible vascular sound associated with turbulent blood flow) and thrill (vibration caused by blood flowing). There were no physician orders to assess the AVF for sign and symptoms of infection. During an interview and concurrent record review with the director of nursing on 2/13/25 at 12:55 a.m., she indicated nursing staff monitor Resident 22's AVF for bruit and thrill on Mondays, Wednesdays, and Fridays, before and after dialysis on the dialysis communication record. When asked if the nursing staff check for bruit and thrill on non-dialysis days, the DON stated there was no documentation that nursing staff checked bruit and thrill on Tuesdays, Thursdays, Saturdays, or Sundays for Resident 22's AVF. The DON stated nursing staff should check bruit and thrill and monitor for signs of infection every shift, every day to assess the AVF. The DON confirmed there were no physician orders in place to monitor Resident 22's dialysis access site for bruit and thrill or signs and symptoms of infection and stated there should be physician orders. Review of the facility' s policy Hemodialysis Catheters - Access and Care of , revised February 2023, indicated to Check for sign of infection (warmth, redness, tenderness or edema) at the access site when performing routine care and at regular intervals. The policy further indicated Check patency of the site at regular intervals. Palpate the site to feel the thrill or use a stethoscope to hear the whoosh or bruit of blood flow through the access.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 38087 Based on interview and record review, the facility failed to ensure a registered nurse (RN) was on duty for 8 consecutive hours for 2 days during the months of October, and December of 2024. This failure had the potential to affect resident's care, health, and wellbeing. Findings: A review of the facility's document titled Nurse Schedule, dated October 2024, indicated no RN was scheduled or was on duty on 10/31/24. A review of the facility's document titled Nurse Schedule, dated December 2024, indicated, no RN was scheduled or was on duty on 12/18/24. During an interview with the administrator (ADM) on 2/12/24 at 12:30 p.m., he stated the facility was unable to provide evidence that an RN was on duty at the facility for the above dates in October and December of 2024. The ADM confirmed there was no RN on duty on 10/31/24 and 12/18/24 and added that the facility did not have any waiver in place for the reduced RN nursing hours. The ADM further stated the facility was aware of the requirement for a registered nurse to provide resident care, 8 hours a day in a 24 hour period, 7 days a week.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 46553 Based on observation, interview, and record review, the facility failed to ensure the controlled medications (drugs with high potential for abuse or addiction) were fully accounted for on the medication administration record (MAR) to indicate they were given for three out of six residents (Residents 4, 58, and 67) for these medications that were signed out of the Control Drug Record (CDR, an inventory sheet that keeps record of the usage of controlled medications). This failure had the potential for access to medications and supplies by unauthorized persons such as residents and visitors. Findings: 1. The Controlled Drug Records (CDRs) for six (6) random residents receiving PRN (meaning as needed) controlled medications were requested for review during the survey. a. A review of Resident 4's MAR indicated to give Hydromorphone (used to treat moderate to severe pain) Oral tablet 2 MG (milligram, unit of dose of measurement) by mouth every 8 hours as needed for pain with start date of 1/29/25. During a concurrent interview and record review with the ADON on 2/13/25 at 8:42 a.m., review of Resident 4's CDR for Hydromorphone HCL and the 1/2025 MAR reflected the nursing staff signed out of the CDR (meaning they removed the medication from the locked controlled medication compartment in the medication cart) but did not document the respective administration on the MAR on 1/29/25 at 10:00 a.m., The ADON verified this finding and acknowledged one (1) tablet of Hydromorphone HCL was not accounted for in the MAR. b. A review of Resident 58's MAR indicated to give Tramadol (a controlled medication for pain) HCL Oral Tablet 50 MG by mouth every 6 hours as needed for pain. During a concurrent interview and record review with the ADON on 2/13/25 at 8:42 a.m., review of Resident 58's CDR for Tramadol HCL and the 1/2025 and 2/2025 MAR reflected the nursing staff signed out of the CDR but did not document the respective administration on the MAR on 1/3/25 at 20:00 p.m.,1/5/25 at 20:00 p.m., and 2/2/25 at 20:00 p.m. The ADON verified this finding and acknowledged three (3) tramadol hcl tablet were not accounted in the MAR. c. Resident 67's had a physician's order, dated 11/25/24 for Oxycodone HCL Oral Tablet 5 MG, 2.5 tablet via PEG-Tube (a feeding tube inserted through the abdominal wall and into the stomach) every 8 hours as needed for moderate pain give before working with therapy. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review with the ADON on 2/13/25 at 8:42 a.m., review of Resident 67's CDR for Oxycodone (used to treat moderate to severe pan) HCl and the December 2024 MAR indicated the nursing staff signed out two tablets on 12/24/24 at 05:52 a.m., and 12/29/24 at 10:40 a.m., in the CDR but did not document the administration on the MAR. The ADON verified this finding and acknowledged two (2) tablets of Oxycodone HCL were not accounted for in the MAR. The ADON further stated it should be documented and signed off both on the CDR and MAR. A review of the facility's policy and procedures (P&P) titled Administering Medication revised dated April 2019, the P&P indicated: 22. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication .

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38087 Based on interview and record review, the facility failed to monitor for side effects and target behaviors (behaviors intended to be changed or eliminated by medications) for one of five residents (Resident 69) who received psychotropic medications (medications that cause changes in mood, feelings or behavior). This failure had the potential to compromise the facility's ability to determine if the psychotropic medications were effective. This failure also put Resident 69 at risk for experiencing harmful effects from the medications. Findings: Review of Resident 69's clinical record indicated she was admitted to the facility on [DATE] with diagnoses that included Dementia (a decline in mental capacity affecting daily function) with behavior disturbance, Alzheimer's disease (a progressive mental deterioration due to generalized degeneration of the brain) and Schizophrenia (disorder that affects a person's ability to think, feel, and behave clearly). Review of Resident 69's medical record indicated she had a physician's order, dated 2/5/25, for Seroquel (medication used to regulate the mood, behaviors, and thoughts)) 25 milligrams (mg, unit of dose measurement) by mouth at bedtime. There was no documentation of side effects monitoring for the use of Seroquel. Review of Resident 69's medication administration record (MAR) indicated she had received Seroquel every day, starting on 1/28/25. Review of Resident 69's medical record indicated she had a physician's order, dated 11/19/24, for Bupropion HCL (medication used to treat major depressive disorder) 100 mg two times a day. There was no target behavior specified in the Bupropion HCL order and no documentation of side effects monitoring for the use of Bupropion HCL. Review of Resident 69's MAR indicated she had received Bupropion HCL every day, starting on 11/19/24. Review of Resident 69's medical record indicated she had a physician's order, dated 11/20/24, for Depakote Sprinkles 250 mg in the morning and 500 mg in the evening. There was no target behavior specified in the Depakote order and no documentation of side effects monitoring for the use of Depakote. Review of Resident 69's MAR indicated she had received Depakote every day, starting on 11/20/24. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview and concurrent record review with the director of nursing (DON) on 2/13/25 at 9:59 a.m., she reviewed Resident 69's medical record and confirmed there was no documentation of side effects monitoring for the use of Seroquel for Resident 69. The DON further confirmed there was no documentation of side effects monitoring or target behavior monitoring for the use of Bupropion and Depakote for Resident 69. The DON stated that for residents receiving psychotropic medications, nurses should monitor for side effects every shift and document this on the MAR or treatment administration record (TAR). The DON confirmed each psychotropic medication should have a specific target behavior. She stated the nurses should monitor for target behaviors every shift and document this on the MAR or TAR. The facility's policy titled Psychotropic Medication Use, dated June 2021, indicated All medication used to treat behaviors must have a clinical indication . should be monitored for a) Efficacy, b) Risks, c) Benefits, and d) Harm or adverse consequences. The policy further indicated Facility staff should monitor behavioral triggers, episodes, and symptoms. Facility staff should document the number and/or intensity of symptoms.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 46553 Based on observation, interview, and record review, the facility had a medication error rate of 11.9% when five medication errors occurred out of 42 opportunities during the medication administration observation for three of six residents (Residents 7, 63, and 75) when: 1. Resident 7 did not receive three medications, Amlodipine Besylate tablet, Acidophilus Xtra Oral Tablet, and Methenamine Hippurate Oral tablet as prescribed; 2. Resident 63 did not receive the medication Ferrous Gluconate as scheduled; 3. Resident 75 did not receive the medication ferrous sulfate as scheduled.; and 4. The nursing staff did not flush the resident's gastrostomy tube (G-tube; a tube surgically inserted through the abdomen into the stomach to administer nutrition and medications) as ordered by the physician during medication administration for Resident 67. The failures had the potential for the residents not receiving the full therapeutic effect of medications, and compromising the health of residents. Findings: 1. During a medication administration observation on 2/10/25 at 10: 47a.m., Licensed Vocational Nurse (LVN) F was observed preparing 11 medications for Resident 7. LVN F stated to Resident 7 that Acidophilus Xtra (used as a probiotic) Oral Tablet, Amlodipine Besylate (used to treat high blood pressure and chest pain) tablet and Methenamine Hippurate (used as preventive treatment for recurrent urinary tract infections) Oral tablet are not available. A review of Resident 7's medication administration record indicated to give Acidophilus Xtra Oral Tablet (Probiotic Product) 2 tablet by mouth one time a day for probiotic, with start date of 06/18/2023 at 09:00 am, Amlodipine Besylate Oral Table 5 mg (milligram , unit of dose measurement),with start date of 09/12/24 at 09:00 am, and Methenamine Hippurate Oral Tablet 1 GM (gram, unit of dose measurement) 1 tablet by mouth two times a day for recurrent UTIs (urinary tract infection, an infection of the urinary system which includes the kidneys, bladder , ureters, and urethra), with start date of 12/13/2024. During an interview with LVN F on 2/10/25 at 12:23 p.m., LVN F confirmed that the medications Acidophilus Xtra Oral Tablet, Amlodipine Besylate tablet and Methenamine Hippurate Oral table was not administered at the scheduled time. 2. During a medication administration observation on 2/10/25 at 10:17 a.m., LVN F was observed preparing four medications for Resident 63. LVN F stated to Resident 63 that ferrous gluconate (an oral iron supplement used to treat or prevent iron deficiencies) was not available. A review of Resident 63's physician's order indicated to give Ferrous Gluconate oral tablet 325 (37.5) MG 1 tablet by mouth one time a day every other day for supplement, order dated 12/13/2014. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with LVN F on 2/10/25 at 12:57 p.m., LVN F confirmed that the medication Ferrous Gluconate was not given. 3. During a medication administration observation on 2/10/25 at 10: 25 a.m., LVN F was observed preparing five medications for Resident 75. LVN F stated to Resident 75 that ferrous sulfate (type of iron that's used as a medicine to treat and prevent iron deficiency anemia) was not available. A review of Resident 75's medication administration record indicated to give Ferrous Sulfate Oral Tablet Delayed Release 324 (65 Fe) MG (Ferrous Sulfate) 1 tablet by mouth one time a day for supplement, with start date of 02/08/2025 at 09:00 am. During an interview with LVN F on 2/10/25 at 12:51 p.m., LVN F confirmed ferrous sulfate was not administered. A review of the facility's policy and procedure (P&P) titled Administering Medications, revised date April 2019, the P&P indicated Medications are administered in a safe and timely manner, and as prescribed. 5. Medications are administered in accordance with prescriber orders, including any required time. 4. During a medication administration observation on 2/10/2 at 9: 45 a.m., LVN F was observed preparing two medications (one powder packet and one capsule medications) for Resident 67. LVN F removed the powder in the capsule and individually poured in the medicine cup separately then brought the medications, along with an 8-ounce cup of water, to the resident's overbed table (a rolling table designed to provide a convenient surface for residents while in bed or a chair). LVN F was observed diluting the powdered medication with 5 milliliters (ml, a unit of measure) of water and prepared 1 cup of 30 ml water. On 2/10/25 at 9:50 a.m., LVN F was observed attaching the syringe to Resident 67's G-tube and flushed with 30 ml water, then poured the diluted powdered medication into the G-tube. LVN F then flushed the G-Tube with 15 ml of water. LVN F administered the second diluted medication. LVN F flushed the G- tube with 15 ml of the remaining water. During an interview post medication administration, on 2/10/25 at 12:59 p.m., LVN F acknowledged she should have flushed the tubing with 30 ml of water after the last medication. A review of Resident 67's physician orders indicated to flush tube with 30 ml of water before and after medication administration every shift and enteral feed: Flush tube with 5 ml of water in between each medication every shift between medication. A review of the facility's policy and procedure (P&P) titled Administering Medications through an Enteral Tube, revised date November 2018, the P&P indicated, Step in procedure :13. If administering more than one medication, flush with 15 ml warm purified water (or prescribed amount) between medications. 14. When the last of the medication begin to drain from the tubing with 15 ml of warm purified water (or prescribed amount). The physician's order and the facility policy does not concur.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46553 Based on observation, interview, and record review, the facility failed to ensure proper labeling and storage of medications according to the facility's policy and procedures (P&P) and/or manufacturer's specifications when: 1. One insulin vial with no vial flip -off cap (type of closure used for packing and sealing pharmaceutical products) was found with no open date in the medication refrigerator; 2. One insulin pen expired in the medication cart; 3. Medications were not properly labeled and stored in two of three inspected medication carts; a. Seven insulin pens had no open dates; b. Five Artificial Tears eye drop were unlabeled; c. One bottle of Brimonidine 0.2% Eye drops had no open date; d. One Albuterol Sulfate HFA Inhalation Aerosol had no label and identifier; 4. No temperature monitoring for two days in [DATE] for the medication refrigerator; 5. Medication Cart C was left unlocked; 6. One open bottle of mucus relief DM tablet had no open date in the medication storage room. These deficient practices had the potential for residents to receive medications with reduced potency and had the potential to result in medication errors. Findings: 1. During an inspection of medication storage room and concurrent interview with Assistant Director of Nursing (ADON) on [DATE] at 1:20 p.m., there was one vial of insulin lispro (a rapid acting insulin used to lower blood glucose) stored in the medication refrigerator with no open date and no vial flip-off cap. ADON confirmed the above observation and stated it should have a cap and open date once it's opened. A review of the facility's policy and procedure (P&P) titled Administering Medications, revised date [DATE], the P&P indicated, Medications are administered in a safe and timely manner, and as prescribed. 12. The expiration /beyond use date on the medication label is checked prior to administering. When opening a multi dose container the date opened is recorded on the container. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the PC on [DATE] at 10:01 a.m., the PC stated that eye drop even artificial tears should have a name in the bottle. A review of the facility's policy and procedure (P&P) titled Medication Labels, undated, the P&P indicated Medications are labeled in accordance with facility requirements and state and federal laws. Only the dispensing pharmacy can modify or change prescription labels. 3d. During a concurrent medication cart B inspection and interview with LVN B on [DATE] at 11:19 a.m., one bottle of Albuterol Sulfate HFA Inhalation Aerosol (used to prevent and treat wheezing and shortness of breath caused by breathing problems) 90 mcg (microgram, metric unit of mass equal to one millionth of a gram) drop, had no resident identifier on the medication container. LVN B confirmed the medication had no resident's identifier. A review of the facility's policy and procedure (P&P) titled Medication Labels, undated, the P&P indicated Medications are labeled in accordance with facility requirements and state and federal laws. Only the dispensing pharmacy can modify or change prescription labels. A. Labels are permanently affixed to the outside of the prescription . the label may be affixed to an outside container or carton, but the resident 's name at least, must be maintained directly on the actual product container. 4. During a concurrent interview and record review with ADON on [DATE] at 1:11 p.m., the [DATE] medication storage temperature log was incomplete and not consistently monitored. There was no temperature taken on [DATE], and [DATE]. ADON confirmed the temperature log was blank on the specified dates. A review of the facility's policy and procedures (P&P) titled, Storage of Medications, dated [DATE], the P&P indicated, Medication storage conditions are monitored on a routine basis and corrective action taken . 5. During a medication administration observation on [DATE], at 4: 20 p.m. and 4:34 p.m., the medication cart A was left unlock in the hallway outside of resident 25's room. Registered Nurse (RN) E confirmed the medication cart A was left unlocked and stated it should always be locked at all times. A review of the facility's policy and procedures (P&P) titled Administering Medications, revised date [DATE], the P&P indicated, Medication are administered in a safe and timely manner, and as prescribed. 19. During administration of medications, the medication cart is kept closed and locked when out of sight off the medication nurse or aide .the cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to residents or other passing by. 6. During an inspection of medication storage with ADON on [DATE] at 1:11 p.m., one opened bottle of Dextromethorphan HBr (used to temporarily relive cough caused by the common cold, flu, or other conditions) 20 mg (milligram, unit of mass) Guaifenesin (used as expectorant medication that thins mucus) 400 mg was found with no open date. ADON confirmed the medication had no open. A review of the facility's policy and procedures (P&P) titled Medication Label, undated, the P&P indicated: Medications are labeled in accordance with facility requirements and state and federal laws. Only the dispensing pharmacy can modify or change prescription labels.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 48935 Based on observation, interview and record review, the facility failed to serve food at an appetizing temperature for one item out of seven food items that were served during the lunch meal. This failure had the potential for causing food-borne illness due to the food item not being at the correct temperature. Findings: During an observation on 2/10/25 at 11:45 AM, the morning cook (MC) took the temperature of a tray of fried chicken, and got a reading of 168 degrees Fahrenheit with his thermometer. Comparing it to a second thermometer used by the surveyor, the surveyor's thermometer read 152 degrees Fahrenheit. During an interview with MC on 2/10/25 at 12:25 AM, the MC said the temperature of chicken should be 165 degrees. During an interview with both the dietary manager (DM) and the visiting registered dietician (VRD) on 2/10/25 at 1:10 PM, both the DM and VRD said chicken should be at 165 degrees. Review of facility policy titled Food Preparation and Service, date unknown, indicated .The following internal cooking temperatures/times for specific foods are reached to kill or sufficiently inactivate pathogenic microorganism: 165 F -Poultry .

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 48935 Based on observation, interview and record review, the facility failed to follow proper sanitation and food handling practices when multiple food items did not have a opened on or use by date even after opening the item. This failure had the potential to spread food-borne illnesses to residents in the facility. Findings: During an observation on 2/9/25 at 9:18 AM, multiple food items were noted in the refrigerator with a date that say R 2-2-25, or R 1-28-25 but with no other dates. One carton of soy milk was noted to be half full, and the cap is open, but there is no date on it. One packet of parmesan cheese had no date written on the package. One container with grated cheese had a date 1-28-25 but no indication if it was received on that date or if the cheese was supposed to be used by that date. During an interview with the dietary manager (DM) on 2/9/25 at 9:48 AM, the DM said all food items should have a received date as well as an opened on date. The DM also said there is a guide that is posted on the refrigerator to know when to discard items. For dairy products, the DM said those foods should be discarded one week after opening. Review of facility policy titled Food Receiving and Storage indicated .All foods stored in the refrigerator are covered, labeled, and dated .Refrigerated foods are labeled, dated .

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 46553 Based on observation, interview, and record review, the facility failed to follow their infection prevention and control policy and procedures when an uncovered nebulizer (a machine that turns liquid medicine into mist that is inhaled into the lungs) mouthpiece was found on Resident 30's bedside table. This failure had the potential for the resident to acquire an infection. Findings: During an observation on 2/9/25 at 9:34 a.m., an exposed nebulizer mouthpiece was found on Resident 30's bedside table. During a concurrent observation and interview with Licensed Vocational Nurse (LVN) D on 2/9/25 at 9: 41 a. m., LVN D confirmed the mouthpiece was exposed. LVN D stated it should be cleaned, washed, dried, and then placed inside the plastic bag because of infection control. During an interview with Infection Preventionist on 2/12/25 at 4:22 p.m., IP stated the nebulizer mouthpiece should be placed in a plastic bag and not left exposed. A review of the facility's policy and procedure (P&P) titled, Infection Prevention and Control Program, dated 09/18/2023, the P&P indicated An infection prevention control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infection.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. 48935 Based on observation, interview, and record review, the facility failed to ensure equipment was in good repair by ensuring the water temperature for the dishwasher consistently reached 120 degrees Fahrenheit for both the wash cycle and rinse cycle. This failure had the potential to cause or spread food-borne illnesses to the residents. Findings: During an observation on 2/09/25 at 9:38 AM, dietary aide A (DA A) was observed running the dishwasher for one complete run. During the run, the water temperature got to 110 degrees Fahrenheit for the wash cycle, and during the rinse cycle the water temperature got to 124 degrees Fahrenheit. During an observation on 2/10/25 at 11:15 AM, the dietary manager (DM) was observed running the dishwasher cycle for two complete runs. During the first run, the wash cycle temperature was 95 degrees while the rinse cycle temperature was 131 degrees. During the second run, the wash cycle temperature was 108, while the rinse cycle temperature was 144 degrees. During the third run, the was cycle was 120 degrees, while the rinse cycle temperature was 156 degrees. During an interview with the DM on 2/9/25 at 9:48 AM, the DM said The dishwasher is a low temperature, it should get no higher than 130 degrees. During a follow up interview with the DM on 2/10/25 at 11:15 AM, the DM said she wants to see the temperature at 120 degrees for both the wash and rinse cycle. During an interview with the regional registered dietician (RRD), the RRD said she the staff will need to run the dishwasher three times to get the wash cycle temperature to 120 degrees. Review of manufacturer document titled Ecolab ELT Dishmachine indicated under section ELT Specifications .Operating Temperatures Wash (minimum) 120 degrees. Review of facility policy titled Dishwashing Machine Use indicated .The operator will check temperatures using the machine gauge with each dishwashing machine cycle, and will record the results in a facility approved log. The operator will monitor the gauge frequently during dishwashing machine cycle. Inadequate temperatures will be reported to the supervisor and corrected immediately.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38087 Based on observation, interview, and record review, the facility failed to ensure residents' environment was maintained safe and sanitary when Resident 17's bedside table was damaged. This failure had the potential for injury, decreased self-esteem and the potential to affect Resident 17's psychosocial well-being. Findings: Review of Resident 17's clinical record indicated he was admitted to the facility on [DATE] with diagnoses that included Parkinsonism (a group of symptoms that affect movement, including slowness, stiffness, and shakiness), contracture left hand (shortening and hardening of muscles, tendons, and other tissue, often leading to deformity and rigidity of joints), epilepsy (nerve cell activity is disturbed in the brain causing seizures), major depressive disorder (mental health condition showing persistent low mood and loss of interest that significantly interfere with daily life), hemiplegia and hemiparesis of left side (partial or total paralysis), anxiety disorder (feeling of worry, anxiety or fear strong enough to interfere with daily activities), and visual field defects (loss of part of the usual field of vision). Review of Resident 17's minimum data set (MDS, an assessment tool) dated 12/27/24 indicated his cognition was intact. During an observation on 2/10/25 at 10:18 a.m., Resident 17's bedside table was positioned in front of him while he was lying upright in the bed. The bedside table surface material was not intact. The bedside table was cracked and multiple areas on the table had brownish material exposed beneath the original surface of the table. The plastic material that contours the edges of the tray table was broken and sharp plastic edges were exposed. Resident 17 was asked about his bedside tray table, and he responded It's ugly, not smooth at all. Looks bad to me. During an observation and interview with the Director of Nursing (DON) on 2/10/25 at 10:45 a.m., she went to Resident 17's room and viewed his bedside tray table. The DON stated It's not good. It needs to be replaced.