STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056437	A. Building B. Wing	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Ridge Care Center	1501 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)
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. 37409 Based on observation, interview, and policy review, the facility failed to ensure proper medication storage when an unlocked medication cart was left unattended. This failure had the potential for residents, unauthorized staff, and visitors to access the medications. Findings: During an observation and interview with registered nurse A (RN A) on 7/9/24, at 1:45 p.m., RN A was in Resident 1's room and her medication cart was facing out in the hallway and not locked. RN A stated she was checking on Resident 1's knee in his room. RN A acknowledged that she should lock her medication cart before going to Resident 1's room to check his knee. During an interview with the director of nursing (DON) on 7/9/24, at 4:05 p.m., he stated the unattended medication cart should be locked. Review of the facility's policy, Storage of Medication, dated 8/2014, indicated Medication rooms, carts, and medication supplies are locked when not attended by persons with authorized access.

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