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	04/24/2026

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure services to accommodate resident's needs were provided for one of three residents (Resident 1) when there was a delayed response to his call light. This failure prevented Resident 1 from receiving timely assistance in meeting his needs for a toilet transfer. Findings: During a review of Resident 1's admission record, it indicated he was originally admitted to the facility on [DATE] and had diagnoses including hemiplegia (is severe or complete paralysis (inability to move) on one side. Both are caused by brain or spinal cord damage) and hemiparesis (is mild-to-moderate muscle weakness on one side of the body, allowing some movement) following cerebral infarction (is a type of ischemic stroke where a blockage in a blood vessel disrupts blood flow to the brain, causing brain tissue to die from lack of oxygen) affecting left non-dominant side, morbid severe obesity (is a person who has severe obesity has a BMI (Body mass index, is a measure of body fat based on height and weight) of 40 or higher), difficulty in walking muscle weakness. During a review of Resident 1's minimum data set (MDS, an assessment), dated 3/3/26, it indicated that his brief interview for mental status (BIMS) was 10 and his toilet transfer was coded three for partial/ moderate assistance (helper does less than half the effort). Review of Resident 1's clinical record indicated three falls in 2025 and one fall on 2/14/26. During an interview on 4/20/26, at around 11:35 a.m. to 11:55 a.m., with Resident 1 in his room, Resident 1 stated no one was responding to his call lights and he waited too long for getting help, so he had falls in the bathroom several times. While during the interview, he pressed the call light and waited for 15 minutes with no one responding to his call lights. During an interview on 4/22/26, at around 11:20 a.m., with Resident 2, Resident 2 was lying in bed with oxygen in use through a nasal cannula. Resident 1 was asked about the call light taking how long to respond and he stated, They do not come after pressing a call light. During an observation and interview 4/22/26 1:40 p.m., Resident 1 was assessed by the nurse practitioner (NP) after an incident fall from using the toilet without assistance by the CNA at around 1:25 p.m. Resident 1 stated no one come to assist him after pressing the call light, so he transferred himself to use the shared restroom, then he fell down with no injury. During an interview on 4/24/26, at 1:20 p.m., with Resident 3, Resident 3 stated the call light response would depend on how many staff working on the floor and usually took 20 minutes to 45 minutes to respond to her call lights. During an interview on 4/24/26, at around 12:40 p.m., with the director of Nursing (DON) and assistant director of nursing (ADON) regarding call light responses. DON was validated above findings that the call lights were not responded to timely for Resident 1. A review of the facility's policy and procedure (P&P) titled, Answering the call light, dated 2001, the P&P indicated, The purpose of this procedure is to ensure timely response to the resident's requests and needs.

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