

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555060	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/17/2024
NAME OF PROVIDER OR SUPPLIER Windsor the Ridge Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 350 Iris Drive Salinas, CA 93906	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44733</p> <p>Based on interview and record review, the facility failed to ensure care and services were provided in accordance with professional standards of practice for one of two residents when the facility did not follow the physician's order to monitor Resident 1's inappropriate behavior. This failure had the potential to compromise residents' safety and health in the facility.</p> <p>Findings:</p> <p>Review of Resident 1's clinical record indicated Resident 1 was admitted on [DATE] and had diagnoses of parkinsonism (a disorder of the central nervous system that affects movement), mood disorder (a mental health condition that affects emotional state), and mild cognitive impairment (decline in memory and thinking).</p> <p>Review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 2/20/24, indicated he had a brief interview for mental status (BIMS, a structured cognitive [relating to the mental process involved in knowing, learning, and understanding things] test) score of 14 (cognitively intact).</p> <p>Review of Resident 1's care plan for episodes of inappropriate touching towards staff initiated on 2/22/24 included an intervention of monitor for episodes of inappropriate touching.</p> <p>Review of Resident 1's interdisciplinary team (IDT, a group of health care professionals from diverse fields who work toward a common goal for residents) progress notes: Behavior management dated 2/29/24 at 3:40 p.m. indicated Activities director reported to SSD (social service director) that resident continues to be inappropriate with activities staff. SSD reminded resident that he has already been spoken to previously regarding inappropriate behaviors. Resident to continue to be monitored for behaviors.</p> <p>Review of Resident 1's physician's order, dated 2/19/24, indicated Behavioral charting: Monitor for inappropriate behaviors such as touching staff inappropriately every shift.</p> <p>Review of Resident 1's Behaviors-Interventions-Side Effects ([NAME]), dated 2/2024 to 5/2024, indicated Resident 1 had physician's orders to monitor his inappropriate behaviors every shift from 2/19/24 to 5/15/24. There was no documentation in the medical record indicating staff monitored Resident 1's inappropriate behavior every shift from 2/19/24 to 5/6/24.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and record review on 5/17/24 at 12:15 p.m. with the director of nursing (DON), she reviewed the above medical record and confirmed that there was no documentation in the medical record that staff monitored Resident 1's inappropriate behavior every shift as ordered from 2/19/24 to 5/6/24.</p> <p>During a review of the facility's policy and procedure (P&P) titled Physician Orders, Accepting, Transcribing and Implementing (Noting), revised 11/2012, the P&P indicated, Licensed nursing personnel will ensure that telephone and verbal orders will be recorded and implemented.</p> <p>During a review of the facility's policy and procedure (P&P) titled Documentation, revised 11/2012, the P&P indicated, All documentation will be completed as required for each resident.</p>		