

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 11/15/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</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 three residents (Resident 1) when the facility did not administer medication as ordered by a physician for Resident 1.</p> <p>Finding:</p> <p>Review of Resident 1's medical record indicated Resident 1 was admitted on [DATE] and had diagnoses including essential hypertension (HTN-high blood pressure).</p> <p>Review of Resident 1's physician's order, dated 7/31/24, indicated Norvasc (a hypertension medication) oral tablet 10 milligrams (mg- metric unit of measurement, used for medication dosage and/or amount), give 1 tablet by mouth one time a day related to essential hypertension, hold for SBP (systolic blood pressure) <110 and HR (heart rate) <60.</p> <p>Review of Resident 1's November 2024 Medication Administration Record (MAR) indicated Norvasc oral tablet was administered from 11/1/24 to 11/11/24, except on 11/3/24, which documented sleeping. There was no documented BP or HR to administer Norvasc to Resident 1 on the MAR from 11/1/24 to 11/11/24.</p> <p>During an interview and record review on 11/15/24 at 1:30 p.m. with the director of nursing (DON), she confirmed the above record review and acknowledged that Resident 1's BP and HR should have been checked prior to administering Norvasc.</p> <p>Review of Resident 1's care plans indicated there was no care plan to address hypertension.</p> <p>During a telephone interview and record review on 11/25/24 at 10:05 a.m. with the DON, she confirmed there was no care plan to address Resident 1's hypertension and acknowledged a care plan should have been developed to address the resident's hypertension.</p> <p>During a review of the facility's undated policy and procedure titled Administering Medications, the P&P indicated, Medications are administered in a safe and timely manner, and as prescribed. The following information is checked/verified for each resident prior to administering medications: b. Vital signs, if necessary.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure titled Physician Orders, effective date 3/22/2022, the P&P indicated, Documentation pertaining to physician orders will be maintained in the resident's medical record. Current month's administration records will be maintained in the MAR/TAR binders.</p> <p>During a review of the facility's policy and procedure titled Care Plan Comprehensive, effective date 8/25/2021, the P&P indicated, The facility's Interdisciplinary Team, in coordination with the resident and/or his/her family or representative, must develop and implement a comprehensive person-centered care plan for each resident, that includes measurable objectives and timeframes to meet a resident's medical, physical, and mental and psychosocial needs that are identified in the comprehensive assessment.</p>		