STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555090	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pacific Coast Post Acute	720 East Romie Lane Salinas, CA 93901

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interview and record review the facility failed to ensure follow-up of surgeon and oncology (study of cancer) referrals dated 12/17/24 and 1/31/25 for one of three sample residents (Resident 1). This failure resulted in a delay in evaluation and treatment for Resident 1.Findings:Review of Resident 1's clinical records indicated Resident 1 with diagnoses including malignant neoplasm (cancerous tumor) of unspecified site of left female breast and secondary, unspecified malignant neoplasm of axilla (underarm) and upper limb (jointed, muscle) lymph nodes (small, bean-shaped structures that act as filters for your immune system), and dementia (decline in mental abilities severe enough to interfere with daily life).Review of Resident 1's Pathology (study and diagnosis of disease) Report dated 12/13/24, indicated Resident 1 was diagnosed with invasive ductal carcinoma of the left breast (type of breast cancer that spread beyond the milk ducts into surrounding breast tissue) and metastatic adenocarcinoma (advanced form of cancer) involving the left axillary lymph node.Review of Resident 1's Health Status Note, dated 12/17/24, indicated the physician reviewed the pathology report and ordered referrals to a general surgeon and oncologist (doctor who has special training in diagnosing and treating cancer). Review of Resident 1's Order Listing Report dated 1/31/25 indicated the physician ordered a Referral to Oncology for left breast metastatic cancer.Review of Resident 1's Oncology Consultation Report dated 10/13/25 indicated the oncologist reviewed Resident 1's pathology results from 12/13/24, which indicated invasive ductal carcinoma of the left breast and metastatic adenocarcinoma involving the left axillary lymph node. The oncology report indicated No further workup or referrals. The report indicated the oncologist did not know why Resident 1 had not been referred for further evaluation or treatment. The report also indicated there were no records of complete staging for the breast cancer. The oncologist ordered Letrozole (used to treat breast cancer), PET (Positron Emission tomography, a medical imaging test that shows how the tissues and organs are functioning at a cellular level), CT (Computed Tomography, imaging test that combines x-rays and computer technology) scan, referral to surgeon and follow-up in 4 to 6 weeks.During a concurrent interview and record review with the Director of Nursing (DON) on 6/3/26 at 4:20 p.m., the DON stated the facility was unable to locate the scheduler's appointment calendar and was unable to locate documentation indicating the December 17, 2024 oncology and surgeon referrals were scheduled or completed. The DON also stated there was no documentation indicating Resident 1 refused the referrals. The DON stated resident refusals and family notifications would normally be documented in the Health Status Note. During a follow-up phone interview and record review with the DON on 6/4/26 at 1:52 p.m., the DON provided Resident 1's physician order dated 1/31/25 for an oncology referral related to metastatic left breast cancer. The DON stated there was no documentation showing the referral was scheduled, completed, or refused by Resident 1. The DON also confirmed the facility was unable to locate the physician orders related to the 12/17/24 oncology and surgeon referrals. Review of the facility's undated policy titled Medication and Treatment Orders indicated Orders for medications and treatments will be consistent with principles of safe and effective order writing.Drug and biological orders must be recorded on the physician's order sheet in the resident's chart.

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