

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2025
NAME OF PROVIDER OR SUPPLIER Westland House		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Barnet Segal Lane 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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review, the facility failed to ensure a medication was administered timely in accordance with the physician order for one of 12 sampled residents (Resident 46). This failure had the potential for adverse health outcomes related to incorrect medication administration time. Findings: During a review of Resident 46's Medications Order Summary Report (MOSR), dated 9/4/25, the MOSR indicated Resident 46 had an order for Pantoprazole EC (or Enteric Coated--a polymer barrier applied to oral medication that prevents its dissolution or disintegration in the gastric (stomach) environment) tablet 40 mg [milligrams, unit of measure]. MOSR indicated to start the order on 8/27/25 with instruction to administer one tablet daily at 6:00 AM for the prevention of NSAID (medications used to relieve pain, reduce fever, and decrease inflammation) induced gastric ulcer. During a concurrent interview and record review on 9/4/25, at 11:34 AM, with Charged Nurse (CRN), CRN confirmed the nurses had been given this medication to the Resident 46 around 9:00 AM since 8/28/25, and she did not know why it was set up in the system to be given at 9:00 AM instead of the scheduled time of 6:00 AM. The CRN further acknowledged the staff is supposed to contact the physician to get the order changed if the resident cannot take the medication at 6:00 AM. During a review of the facility's policy and procedure (P&P) titled, Medication of Administration dated 12/2024, the P&P indicated, Healthcare practitioners are accountable for giving the right patient, the right drug, the right dose, at the right time, via the right route.		

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to prevent the spread of infections during kitchen observation when a staff member did not perform hand hygiene after touching a contaminated item. This failure had the potential to transmit infectious microorganisms and increase the risk of infection for residents and staff. Findings: During the initial kitchen tour observation with the Dietetic Technician Registered (DTR) on 9/3/25 at 9:09 a.m., the DTR picked up a dry mop (used to clean and extract dirt) on the floor under the three-compartment sink, then threw the mop in the garbage bin container. The DTR did not wash his hands. During an interview with the DTR on 9/03/25 at 9:13 a.m., the DTR confirmed that hand washing was not done after picking up the dry mop on the floor. The DTR further stated hand washing should be done after every task. During an interview with the Infection Preventionist (IP) on 9/4/25 at 2:15 p.m., the IP stated hand hygiene should be done, after touching anything that touched the floor, because of cross contamination. Review of the facility's policy dated 2025, titled, Storage Handling, Preparation, Serving (Infection Prevention Policy), indicated, To store, handle, prepare, and serve foods in a manner that prevents the growth of microorganisms in order to reduce or eliminate the risk of foodborne infection. Handwashing: Handwashing is critical to safe food service. To prevent transfer of bacteria and viruses to food, food service workers must pay particular attention to handwashing. B. Hands of food handlers must washed according to Nutrition Service Department requirements: 2. After handling trash .		

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. Based on observation, interview, and document review, the facility failed to ensure the garbage dumpster (a movable waste container) lid was kept closed. This failure had the potential to attract insects, rodents, and other pests to the facility. Findings: During a concurrent observation and interview 9/4/25 at 3:05 p.m., with the Dietetic Technician Registered (DTR), there were two dumpsters in the facility's designated waste area. One of the receptacles was for cardboard and one receptacle was for garbage. The receptacle lids for the garbage was open. The DTR confirmed the garbage dumpster lid was open. The trash had some flies flying around it. The DTR further stated the practice is it should be closed so no animals get in. During an interview with the Assistant Director of Environmental Services (ADEVS) on 9/4/25 at 3:54 p.m., the ADEVS verified the receptacle for garbage should be closed all the time to prevent pest. The United States Food and Drug Administration's 2022 Food Code indicated, Refuse, recyclables, and returnable shall be stored in receptacles or waste handling units so that they are inaccessible to insects and rodents. The Food Code further indicated, Outside receptacles must be constructed with tight-fitting lids or covers to prevent the scattering of the garbage or refuse by birds, the breeding of flies, or the entry of rodents. Review of the facility's policy dated 2024, titled Disposal of Trash, indicated, It is the policy of the [facility] to comply with local, state, and federal laws in the storage and disposal of trash.		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to identify appropriate interventions for two of 12 residents (Resident 4 and 38):1. Resident 4's dysphagia (difficulty in swallowing foods or liquid) care plan had no interventions; and2. Resident 38's wound care plan did not indicate wound care interventions.This failure had the potential to compromise the facility's ability to implement interventions. Findings:1. Review of Resident's 4 medical record indicated Resident 4 was admitted on [DATE] and had diagnoses including Herpes zoster encephalitis (a rare but serious complications of herpes zoster ([shingles] infection), hypertension (high blood pressure), acute kidney infection (AKI, inflammation of the kidney caused by bacterial infection), diabetes mellitus 2 (a disorder characterized by difficulty in blood sugar control).A review of Resident 4's Minimum Data Set (MDS, a tool used to measure health status in nursing home residents) completed on 8/4/25 indicated a Brief Interview for Mental Status (BIMS, a cognitive screening tool) score of 10 out of 15. A score of 8 to 12 indicated the resident's cognition was moderately impaired.Review of Resident 4's diet report indicated the resident had a dysphagia diet (a modified diet designed for individuals with difficulty swallowing); 4-pureed (food); 2-mildly thick (Nectar Thick liquid).During a concurrent interview and record review with MDS A on 9/4/25 at 11:23 a.m., MDS A stated Resident 4's had a dysphagia diet. Resident 4's had a care plan for dysphagia and confirmed there was no intervention identified. MDS A further stated the intervention should be listed in the care plan because Resident 4 has a dysphagia diet and got food for oral gratification.During a concurrent interview and record review with the Interim Director of Nursing (DON) on 9/5/25 at 2:19 p.m., the interim DON stated the care plan should have an intervention that was specific and specific to the resident. The Interim DON confirmed that there was no intervention in Resident 4's care plan. She stated the goals were set, but the intervention was missing.2. Review of Resident 38's medical record indicated Resident 38 was admitted on [DATE] and had diagnoses including end stage renal disease (ESRD, a chronic condition where the kidneys have permanently lost most of their function).A review of Resident 38's MDS completed on 8/28/25 indicated a BIMS score of 13 out of 15. A score of 13 to 15 indicated the resident was cognitively intact.During an observation inside Resident 38's room on 9/2/25 at 10:19 a.m., Resident 38 was observed with several skin tears on the lower extremities.During a concurrent interview and record review with MDS A on 9/4/25 at 11:13 a.m., MDS A verified Resident 38 had a care plan for the wounds on the right radius left upper extremities (lue, referring to left arm, shoulder and hand) and the right knee left tibia (lower leg bone). MDS A confirmed there was no intervention for Resident 38's wound care plan and stated an intervention should be there. MDS A stated the interventions should reflect what we are providing the resident. MDS A further stated the nurse should be the one putting the intervention into the care plan.During a concurrent interview and record review with the Interim DON on 9/5/25 at 2:41 p.m., the DON verified there was no intervention for the wound care plan in place.Review of facility's policy and procedure (P&P), titled, Care Planning (General Patient Care Policy), dated 2025, indicated, Patient care planning is an interdisciplinary effort, resulting in an individualized plan of care. Evidence of implementation of an individualized plan of care is contained within the patient's record. Routine documentation of patient assessment, order, patient care and discharge planning is considered evidence of care planning. A. the care planning process includes patient assessment, problem identification, goal setting, intervention, referral to other health care is contained within the patient's record. Routine documentation of patient assessment, orders, patient care and discharge planning is considered evidence of care planning.		