

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2026
NAME OF PROVIDER OR SUPPLIER Monterey Palms Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 44610 Monterey Avenue Palm Desert, CA 92260	
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record and document review, the facility failed to ensure proper labeling and storage of medications that met the requirements of the facility's policy and procedures consistent with State and Federal law and manufacturer's specifications by: 1. Not maintaining the temperature of the medication room, specified by the drug manufacturers, at or below 77 F (Fahrenheit, unit of temperature measurement) in one of one medication room inspected;2. Storing residents' prescription medications without a pharmacy label in one of two medication carts inspected;3. Storing and not removing timely an expired, open, multi-dose vial of Humulin R (medication to control high blood sugar) in one of two medication carts inspected; and4. Storing two boxes of one medication requiring refrigeration, at room temperature in the drawer of one of two medication carts inspected. These failures had the potential for residents to receive wrong medications and ineffective medication therapy.1. On [DATE], at 2:26 p.m., during an inspection of F Court Medication Room with Licensed Vocational Nurse (LVN) 2, it was noted the room temperature on the thermometer indicated 80 F. There were three emergency kits (E Kits, pre-stocked emergency medication container): IV (intravenous, into vein), IM (intramuscular, into muscle), and oral. These E Kits contained injectable and oral medications urgently needed for residents without delay. There were 31 medications in the IV E Kit, 33 medications in the oral E Kit, and 19 medications in the IM E Kit. During a concurrent interview, LVN 2 confirmed the temperature on the thermometer was 80 F. On [DATE], at 9 a.m., during an interview, the Consultant Pharmacist (CP) stated the medication room temperature should be below 78F. The facility's policy and procedure titled, Storage of Medication, dated, 2007, was reviewed, and it indicated: .Medications and biologicals are stored properly, following manufacturer's or provider pharmacy recommendations, to maintain their integrity and to support safe effective drug administration . Medications requiring storage at room temperature are kept at temperatures ranging from 15 C (59 F) to 30 C (86 F). Controlled room temperature is defined as 20 C (68 F) to 25 C (77 F) . The manufacturer's prescribing information for some of the medications contained in the E Kits indicated:Ciprofloxacin (oral antibiotic for infection), clindamycin (oral antibiotic for infection), phenytoin (oral medication for seizure), Store at 20 to 25 C (68 to 77 F) .;Prednisone (oral medication for swelling), Store at controlled room temperature 20 to 25 C (68 to 77 F) .;Ceftriaxone (injectable antibiotic for infection) and cefepime (injectable antibiotic for infection) .store Ceftriaxone for Injection sterile powder at room temperature 20 -25 C (68 -77 F) .Cefazolin (injectable antibiotic for infection), Store the unactivated unit at 20-25 C (68-77 F) .;Glucagon (injectable medication to increase blood sugar), Vials of glucagon, as well as the diluent for glucagon, may be stored at controlled room temperature 20 to 25 C (68 to 77 F) .;Epinephrine (injectable medication for severe allergic reactions) and heparin (injectable medication to prevent blood clots), Store between 20 C to 25 C (68 F to 77 F) . 2. On [DATE], at 3:13 p.m., during a medication cart inspection of F Court Medication Cart 2 with LVN 2, the following prescription medications in the cart drawer did not have a pharmacy label: One lidocaine and prilocaine (local applied numbing medication) (continued on next page)		

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	cream 30 grams (unit of measurement); andOne manufacturer box containing 20 lidocaine (locally applied numbing medication to treat pain) 5% topical patches. During a concurrent interview, LVN 2 confirmed there was no pharmacy label on these two medications. LVN 2 stated without the pharmacy label LVN 2 did not know who the lidocaine patches belonged to. On [DATE], at 9 a.m., during an interview, the CP agreed all prescription medications from the pharmacy should have a pharmacy label. The facility's policy and procedure titled, Medications and Medication Label, dated, 2007, was reviewed, and it indicated: .Medications are labeled in accordance with currently accepted professional principles including appropriate auxiliary and cautionary instructions to promote safe medication use following state and federal laws .Each prescription medication will be labeled to include .Resident's name .Specific directions for use .Prescriber's name .Date medication is dispensed .Expiration or end-of-use date . 3. On [DATE], at 3:13 p.m., during a medication cart inspection of F Court Medication Cart 2 with LVN 2, there was an open 10-ml vial of Humulin R with the open date, 4-9-26. During a concurrent interview, LVN 2 confirmed the open date of the medication indicated it was expired. Guidelines for Labeling and Disposing Multi-Dose medications, undated, was reviewed, and it indicated: .Open Date Requirements .Use open dates ONLY when .The manufacturer or pharmacy instructions state: Discard X days after opening .Common examples include .Insulin pens/vials (28 days after opening) .A multi-dose container must be discarded when .if a pharmacy-Assigned BUD Exists .Discard at the earlier date between: Pharmacy's BUD .Manufacturer expiration date . The facility's policy and procedure titled, Disposal of Medications, dated, 2007, was reviewed, and it indicated: .Discontinued medications .are identified and removed from current medication supply in a timely manner for disposition . 4. On [DATE]. 2026, at 1:49 p.m., during a medication cart inspection of E Court Medication Cart 1 with LVN 1, one partial manufacturer box containing one Trulicity (medication to improve blood sugar control) 3 mg per 0.5 ml pen and one full manufacturer box containing four Trulicity 3 mg per 0.5 ml pens for Resident 31 were stored in the drawer of the cart at room temperature. Each box had a Refrigerate label. The partial box had a pharmacy label with the dispense date of [DATE], and the full box, [DATE]. The manufacturer box for Trulicity indicated, Refrigerate at 36 to 46 F up to the expiration date. Each Trulicity single-dose Pen can be stored unrefrigerated for up to 14 days at a temperature not to exceed 86 F (30 C). Trulicity should not be used past the expiration date . During a concurrent interview, LVN 1 confirmed that it should be refrigerated and when stored at temperature, the medication was good for 14 days. On [DATE], at 9 a.m., during an interview, the CP stated refrigerated Trulicity boxes that were stored in the medication cart at room temp would be a big issue. The CP stated staff should not keep any unopened refrigerated medications in the medication cart. The facility's policy and procedure titled, Storage of Medication, dated, 2007, was reviewed, and it indicated: .Medications and biologicals are stored properly, following manufacturer's or provider pharmacy recommendations, to maintain their integrity and to support safe effective drug administration . Medications requiring refrigeration or temperature between 2 C (36 F) and 8 C (46 F) are kept in a refrigerator with a thermometer to allow temperature monitoring .		

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. Based on observation, interview, and record review, the facility failed to ensure dietary staff were trained and competent to carry out the functions of the department safely and effectively when1. Diet Aide 1 did not follow standard practice to clean the soil meal cart.2. [NAME] 3 unable performed spoon testing for pureed diet and fork testing for Minced and Moist diet. (Cross reference 805)These failures had the potential to cause foodborne illness (stomach illness acquired from ingesting contaminated food), choking and/or aspiration and further in a medically compromised 85 out of 85 sample residents who received foods from the kitchen.During a review of FDA (Food & Drug Administration) Food Code, 2022, the FDA Food Code indicated, Failure to maintain clean wash, rinse, and sanitizing solutions adversely affects the warewashing (means the cleaning and SANITIZING of UTENSILS and FOOD-CONTACT SURFACES of EQUIPMENT) operation. Equipment and utensils may not be sanitized, resulting in subsequent contamination of food.On May 11,2025, at 9:59 a.m., a concurrent observation and interview were conducted with Diet Aide (DA) 1 at dishwashing area. DA 1 was asked to demonstrate how she cleaned and sanitized soil meal cart. DA 1 showed surveyor she only used sanitizer to sanitize soil meal cart.On May 13, 2026, at 9:31 a.m., an interview was conducted with the Registered Dietitian (RD). The RD stated for standard of practice dietary staff should wash the soil meal cart with detergent ; then rinse the detergent; and sanitized with sanitizer and final step was air dried. The RD explained the soil meal cart could not clean and sanitize properly and effectively by only using sanitizer.During a review of the facility's Job Description titled, STAFFING INSERVICE AND ORIENTATION dated 2025, the Job Description indicated, SUBJECT: FOOD PREPARATION STAFF POLICY: .The staff assists in assuring proper .sanitation and cleaning procedures are followed.RESPONSIBILITIES: .Cleans and sanitizes equipment .using recommended cleaning agents and cleaning methods and following established procedures .2. On May 12, 2026, at 11:39 a.m., [NAME] (CK) 3 was asked to demonstrate spoon test for pureed diet and fork testing for Minced and Moist (MM 5) diet. CK 3 unable to demonstrate. As a result, CK 3 served running Pureed cauliflower during lunch. And all MM 5 modified texture for beef, noodle, cauliflower were not in the right modified texture during lunch. (Cross reference 805)On May 13, 2026, at 9:31 a.m., an interview was conducted with the RD and Dietary Supervisor (DS). The RD stated to ensure Residents received right texture to prevent choking and aspiration, all dietary staff should know and fully applied spoon and fork test for International Dysphagia Diet Standardization Initiative (IDDSI: is a worldwide effort to create a standardized framework for diet modification for people with swallowing difficulties). The DS stated dietary staff and her needed more guidance from the menu company, RD and Speech Therapy for preparing IDDSI modified diet texture.During a review of the facility's Job Description titled, ORIENTATION, INSERVICE AND PERSONNEL MANAGEMENT dated 2025, the Job Description indicated, SUBJECT: COOK JOB DESCRIPTION POLICY: The [NAME] prepares and serves food including texture modified and therapeutic diets according to the facility menu.RESPONSIBILITIES: Prepares food, including modified texture and therapeutic diets.		

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview, and record review, the facility failed to ensure1. [NAME] 1 used the right scoop served Minced and Moist meat during lunch on 5/11/2026.2. [NAME] 2 used the right scoop served pureed dessert during lunch on 5/11/2026.3. [NAME] 3 used the right scoop served Beef Stroganoff for Residents on Regular diet, Easy to chew, Soft and Bite Sized, and Minced and moist during lunch on 5/12/2026.4. [NAME] 3 followed recipe preparing pureed cauliflower during lunch on 5/12/2026. Failure to follow recipe resulted in pureed cauliflower unable hold its shape (running) on plate and which compromise swallowing safety and increase the risk of choking and/or aspiration. (Cross reference 805).These failures had the potential to negatively impact on the residents' nutritional status and further compromising residents' medical status.1. On May 11, 2026, at 12:26 p.m., a concurrent observation and the Therapeutic Diet Spreadsheet [the document used to guide dietary staff on food items, portions, and therapeutic diet (is a nutritionally planned diet that is ordered by a physician to meet a specific medical need. It modifies the type, texture, nutrient content, or amount of food to support a patient's treatment plan)] review were conducted at the trayline (the process of plating resident meals according to physician ordered diets). The Therapeutic Diet Spreadsheet indicated, Minced and Moist (MM5) meat used number (#) 6 scoop [6 ounce (oz - a unit for measurement)]. [NAME] (CK) 1 was observed using 2 oz scoop plated MM 5 meat.On May 13, 2026, at 9:31 a.m., a concurrent interview and the Therapeutic Diet Spreadsheet review were conducted with the Registered Dietitian (RD). After reviewing the Therapeutic Diet Spreadsheet, the RD stated CK 1 underserved 4 oz of meat for Residents on MM5 diet. The RD stated underserved 4 oz of meat resulted in Residents on MM 5 diet get less protein and calories per planned menu which did not meet the nutritional needs in accordance with the physician's diet order. The RD expectation was Cooks followed the Therapeutic Diet Spreadsheets. During a review of the facility's provided Diet Type Report (same as physician diet order), dated May 12, 2026, the Diet Type Report indicated, five Residents (Resident 11, 17, 34, 88, and 114) on MM5 diet.During a review of the facility's Policy and Procedure (P&P) titled, MENUS, dated 11/25/2025, the P&P indicated, POLICY: Menus are designed to meet current federal and state regulations, RDAs (Recommended Dietary Allowances), and client-specific needs, including special dietary modifications. They align with medical nutrition therapy trends and are tailored to age, sex, disability, and activity. A Registered dietitian evaluates menus for nutritional adequacy.PROCEDURES: Menus are planned to meet the nutritional needs of the clients in accordance with the physician's diet order, the approved food and nutrition manual, federal and state regulations, and in accordance with the most current edition of the RDA .Menus will provide a variety of foods and indicate standard portions to be served at each meal.Portion sizes served will correspond to the client's prescribed diet.2. A review facility provided the Therapeutic Diet Spreadsheet on Monday (5/11/2026) indicated, Puree diet: pureed fruit used # 10 scoop (3 oz).On May 11, 2026, at 11:22 a.m., a concurrent observation and interview were conducted with CK 2 in the kitchen at Prep area. CK 2 was observed using green scoop (# 12; 2.5 oz) portioned out individual serving pureed fruit into single serving bowl. CK 2 stated he was going to serve the pureed fruit for today lunch.On May 13, 2026, at 9:31 a.m., a concurrent interview and the therapeutic Diet Spreadsheets review were conducted with the RD. After reviewing the Therapeutic Diet Spreadsheet, the RD stated CK 2 underserved 0.5 oz pureed dessert.During a review of the facility's provided Diet Type Report, dated May 12, 2026, the Diet Type Report indicated, three Residents (Resident 8,14, and 84) on pureed diet.During a review of the facility's Policy and Procedure (P&P) titled, MENUS, dated 11/25/2025, the P&P indicated, POLICY: Menus are designed to meet current federal and state regulations, RDAs (Recommended Dietary Allowances), and client-specific needs, including special dietary modifications. They align with medical nutrition therapy trends and are tailored to age, sex, disability, and activity. A Registered dietitian evaluates menus for nutritional (continued on next page)		

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	adequacy.PROCEDURES: Menus are planned to meet the nutritional needs of the clients in accordance with the physician's diet order, the approved food and nutrition manual, federal and state regulations, and in accordance with the most current edition of the RDA .Menus will provide a variety of foods and indicate standard portions to be served at each meal.Portion sizes served will correspond to the client's prescribed diet.3. On May 12, 2026, at 11:56 a.m., a concurrent observation and the therapeutic Diet Spreadsheet review were conducted at Trayline. The Therapeutic Diet Spreadsheet indicated, Beef Stroganoff: for Regular diet, Easy to chew, Soft and Bite Sized, and Minced and Moist used # 6 scoop (6 oz). There was only a pan of Beef Stroganoff at Trayline. CK 3 stated he was going to use the only pan of Beef Stroganoff to serve Residents who on Regular diet, Easy to chew, Soft and Bite Sized, and Minced and Moist. CK 3 was observed using 4 oz scoop plated Beef Stroganoff.On May 13, 2026, at 9:31 a.m., a concurrent interview and the Therapeutic Diet Spreadsheet review were conducted with the RD. After reviewing the Therapeutic Diet Spreadsheet, the RD stated CK 3 underserved Beef Stroganoff to all Residents except Residents on pureed diet. The RD stated the resulting undeserved Beef Stroganoff was Residents receiving less calories and nutrients per planned menu which did not meet the nutritional needs in accordance with the physician's diet order. The RD stated the bottom line was Dietary staff should follow the Therapeutic Diet Spreadsheets using the right scoop serving food items accordance to therapeutic diets.During a review of the facility's provided Diet Type Report, dated May 12, 2026, the Diet Type Report indicated, total 82 (census 86 minus 1 resident on tube feeding, and 3 Residents on pureed diet) effected by underserved Beef Stroganoff.During a review of the facility's Policy and Procedure (P&P) titled, MENUS, dated 11/25/2025, the P&P indicated, POLICY: Menus are designed to meet current federal and state regulations, RDAs (Recommended Dietary Allowances), and client-specific needs, including special dietary modifications. They align with medical nutrition therapy trends and are tailored to age, sex, disability, and activity. A Registered dietitian evaluates menus for nutritional adequacy.PROCEDURES: Menus are planned to meet the nutritional needs of the clients in accordance with the physician's diet order, the approved food and nutrition manual, federal and state regulations, and in accordance with the most current edition of the RDA .Menus will provide a variety of foods and indicate standard portions to be served at each meal.Portion sizes served will correspond to the client's prescribed diet.4. On May 12, 2026, at 10:48 a.m., a concurrent observation and interview were conducted with CK 3 in the kitchen. CK 3 was observed preparing pureed cauliflower. CK 3 put 4 serving steam cauliflower into blender and then blended the cauliflower. CK 3 then added 3 tablespoon thickener and approximate 2 cups of drained liquid from steam cauliflower into blender and then continued blended the pureed cauliflower. The end product of pureed cauliflower was running unable hold its shape. CK 3 did not refer to recipe when preparing pureed cauliflower.During a review of the facility's provided recipe titled, Cauliflower .Pureed, the recipe did not indicate adding any liquid.On May 12, 2026, at 1:14 p.m., with the RD and Dietary Supervisor (DS), at Food and Nutrition Service office, a test meal was performed for the pureed diet. The RD and DS verified the pureed cauliflower not in right consistency which was too running. The RD stated [NAME] 3 adding too much liquid while preparing the pureed cauliflower.During a review of the facility provided document titled, International Dysphagia Diet Standardization Initiative (IDDSI: is a worldwide effort to create a standardized framework for diet modification for people with swallowing difficulties.) FOOD AND DRINKS CLASSIFICATION AND TESTING, review 2024, indicated, Pureed: Testing info: Holds its shapeDuring a review of the facility's Policy and Procedure (P&P) titled, FOOD PREPARATION, dated 11/25/2025, the P&P indicated, SUBJECT: STANDARDIZED RECIPES. POLICY: Standardized recipes are the most effective tool for the control of food production quality, quantity, consistency and cost. Clients have a right to expect the product to be the same quality each time it is served. PROCEDURES: Standardized recipes will be used for each item prepared as indicated on the menu.		

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation, interviews, and record review, the facility failed to ensure the appropriate food textures was provided when1. Residents on pureed diet received grainy pureed beef, lumpy bread and running pureed cauliflower during lunch on 5/12/2026. (Cross reference 802, and 803)2. Residents on Minced and Moist received wrong texture for beef, noodle and cauliflower during lunch on 5/12/2026.3. Residents on Soft and Bite Sized received wrong texture for noodle during lunch on 5/12/2026.4. Resident 88 and 20 received wrong broccoli texture during lunch on 5/11/2026.5. Resident 20 received wrong dessert texture during lunch on 5/11/2026. These failures had the potential to place the residents at risk of aspiration (when food is breathed into the lungs) and choking.1. On May 12, 2026, at 1:14 p.m., with the Registered Dietitian (RD) and Dietary Supervisor (DS), at Food and Nutrition Service office, a test meal was performed for the pureed diet. The following were the test results of different pureed food items:a) The RD verified the pureed beef was not smooth with grainy particles. The RD stated all pureed food items should be smooth with mashed potatoes consistency, and without grainy particles. The DS stated cooks should have left the beef in the blender for a longer period with adding some broth to reach the smooth consistency. The DS stated cooks should taste the pureed food items to ensure no grainy particles before served to residents. The RD and DS stated Residents could have potential risk of aspiration and hard time of swallowing with this kind of grainy particles. b) The RD and DS verified the pureed bread had lumps. The RD stated the pureed bread should be lumps free. The RD stated Residents on pureed diet could choke and resistance to swallow the lumpy pureed bread.c) The RD and DS verified the pureed cauliflower not in right consistency was too running. Observed [NAME] 3 prepared pureed cauliflower. [NAME] 3 adding approximate 2 cups of liquid while preparing 4 servings pureed cauliflower. The RD stated [NAME] 3 adding too much liquid while preparing pureed cauliflower which cause too running and unable hold its shape. The DS stated Resident had potential risk of aspirate or choke on running pureed cauliflower. During a review of the facility's provided Diet Type Report (same as physician diet order), dated May 12, 2026, the Diet Type Report indicated, three Residents (Resident 8,14, and 84) on pureed diet. During a review of the facility provided document titled, International Dysphagia Diet Standardization Initiative (IDDSI: is a worldwide effort to create a standardized framework for diet modification for people with swallowing difficulties.) FOOD AND DRINKS CLASSIFICATION AND TESTING, review 2024, indicated, Pureed: Holds its shape .Smooth with no lumps, .no chewing ability needed.2. During a review of the facility provided diet definition from diet menu, reviewed 2025, the diet menu indicated, IDDSI Food Level 5 Minced and Moist (MM5) .Requires minimal chewing ability and consists of foods that are easy to swallow because they are minced, very soft, and moist .Foods pieces should be no larger than 4 mm (millimeters- unit for measurement) width by 15mm length .Minced pieces of food should fit in between the tines of a fork. On May 12, 2026, at 1:14 p.m., with the RD and DS, at Food and Nutrition Service office, a test meal was performed for MM5 diet. The RD used fork to test the texture of MM5 for beef, noodles and cauliflower. All of the foods items were bigger than the tines of a fork. The RD and DS admitted [NAME] 3 prepared wrong texture for MM5 which could cause choking. During a review of the facility's provided Diet Type Report, dated May 12, 2026, the Diet Type Report indicated, five Residents (Resident 11, 17, 34, 88, and 114) on MM5 diet.3. During a review of the facility provided document titled, International Dysphagia Diet Standardization Initiative FOOD AND DRINKS CLASSIFICATION AND TESTING, review 2024, indicated, Soft and Bite Sized (SB 6): Pieces no bigger than 1.5 cm (centimeters- unit for measurement) x 1.5 cm in size On May 12, 2026, at 1:14 p.m., with the RD and DS, at Food and Nutrition Service office, a test meal was performed for SB 6 diet. The RD admitted SB 6 noodles size were bigger than 1.5 cm x 1.5 cm. The RD stated there was potential risk of choking serving big pieces of noodle. During a review of the facility's provided Diet Type Report, (continued on next page)		

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	dated May 12, 2026, the Diet Type Report indicated, Seven Residents (Resident 29, 32, 41, 78, 80, 100, and 108) on SB 6 diet. During a review of the facility provided Soft and Bite sized diet definition from diet menu, reviewed 2025, the diet menu indicated, IDDSI Food Level 6 Soft and Bite Sized. This dysphagia diet required some chewing ability. Food provided consists of foods that are easy to swallow because they are soft, tender, moist foods. Food pieces should be no longer than 1.5 cm length by 1.5 cm width for adults. 4. On May 11, 2026, at 1:22 p.m., a concurrent dining observation and meal ticket review were conducted with Resident 88 at Assistance Feeding dining room. Resident 88 meal ticket indicated, Minced and Moist (MM5). Observed Resident 88 being served big chunk of broccoli 20 mm length x 20 mm width. On May 11, 2026, at 1:29 p.m., a concurrent dining observation and meal ticket review were conducted with Resident 20 at Assistance Feeding dining room. Resident 20 meal ticket indicated, MM5. Observed Resident 20 being served big chunks of broccoli 30 mm length x 20 mm width. On May 11, 2026, at 1:31 p.m., a concurrent observation and interview were conducted with the DS at Assistance Feeding dining room. The DS used fork to check Resident 88 and Resident 20's served broccoli and stated the served broccoli was too hard and the size was too large. The DS stated Residents 88 and 20 could choke on the served broccoli. During a review of the facility provided diet definition from diet menu, reviewed 2025, the diet menu indicated, IDDSI Food Level 5 Minced and Moist (MM5). Requires minimal chewing ability and consists of foods that are easy to swallow because they are minced, very soft, and moist. Foods pieces should be no larger than 4 mm width by 15mm length. Minced pieces of food should fit in between the tines of a fork. 5. On May 11, 2026, at 1:29 p.m., a concurrent dining observation and meal ticket review were conducted with Resident 20 at Assistance Feeding dining room. Resident 20 meal ticket indicated, MM5. Observed Resident 20 being served with big chunks of can pear. On May 11, 2026, at 1:31 p.m., a concurrent observation and interview were conducted with the DS at Assistance Feeding dining room. The DS used fork to check Resident 20's served pear. Minced pieces of pear could not fit in between the tines of a fork. The DS stated the served pear size was too large. The DS stated Resident 20 on MM5 could choke on the served pear. During a review of the facility provided diet definition from diet menu, reviewed 2025, the diet menu indicated, IDDSI Food Level 5 Minced and Moist (MM5). Requires minimal chewing ability and consists of foods that are easy to swallow because they are minced, very soft, and moist. Foods pieces should be no larger than 4 mm width by 15mm length. Minced pieces of food should fit in between the tines of a fork.		

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NAME OF PROVIDER OR SUPPLIER Monterey Palms Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 44610 Monterey Avenue Palm Desert, CA 92260	
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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observation, interview, and record review, the facility failed to ensure residents' food preference were honored for seven out of 30 sampled residents (Resident 12, 41, 46, 66, 88, 101 and 104) during lunch on 5/11/2026 and 5/12/2026. This failure had the potential to result in decreased food intake, further compromising Resident 12, 41, 46, 66, 88, 101 and 104's nutritional and medical status. On May 11, 2026, at 12:13 p.m., a concurrent observation, interview and meal ticket (contains Resident name, room number, physician diet order, Allergies, food like and dislike) review were conducted with Resident 104 and Social Services Assistant (SSA) at dining room. Review Resident 104's meal ticket indicated, Preferences: Ice cream. Observed served food items, there was no ice cream. Resident 104 stated, I want ice cream for my lunch and dinner. SSA confirmed Resident 104 did not receive ice cream with his lunch. On May 11, 2026, at 1:05 p.m., a concurrent observation, interview and meal ticket review were conducted with Resident 46 and Director of Nursing (DON) at dining room. Review Resident 46's meal ticket indicated, Preferences: Ice cream. Observed served food items, there was no ice cream. Resident 46 stated, Yes, I want ice cream. The DON confirmed Resident 46 did not receive ice cream. The DON stated Resident's food preference needed to be honor. On May 11, 2026, at 1:08 p.m., a concurrent observation, interview and meal ticket review were conducted with Resident 41 and the DON at dining room. Review Resident 41's meal ticket indicated, Preferences: Ice cream. Observed served food items, there was no ice cream. Resident 41 stated, They did not give me ice cream. The DON confirmed Resident 41 did not receive ice cream. On May 11, 2026, at 1:17 p.m., a concurrent observation, interview and meal ticket review were conducted with Resident 12 and Licensed Vocational Nurse (LVN) 1 at dining room. Review Resident 12's meal ticket indicated, Preferences: Fortified soup. Observed food items, there was no Fortified soup. LVN 1 confirmed Resident 12 did not receive any soup. On May 11, 2026, at 1:20 p.m., a concurrent observation, interview and meal ticket review were conducted with Resident 101 and Certified Nursing Assistant (CNA) 1 at dining room. Review Resident 101's meal ticket indicated, Preferences: Ice cream. Observed served food items, there was no ice cream. CNA 1 confirmed Resident 101 not being served ice cream. On May 11, 2026, at 1:22 p.m., a concurrent observation, interview and meal ticket review were conducted with Resident 88 and CNA 2 at Assisted Feeding dining room. Review Resident 88's meal ticket indicated, Preferences: Jello. Observed served food items, there was no Jello. CNA 2 confirmed Resident 88 not being served Jello. On May 12, 2026, at 1:22 p.m., a concurrent observation, interview and meal ticket review were conducted with Resident 66 and CNA 3 at Resident 66 bedside. Review Resident 66's meal ticket indicated, Preferences: Ice cream. Observed served food items, there was no Ice cream. Resident 66 stated, I am upset. I want ice cream. Dietary staff put the food preference on my meal ticket with ice cream, and they should honor my preference. CNA 3 confirmed Resident 66 not being served Ice cream. On May 13, 2026, at 9:31 a.m., an interview was conducted with the Registered Dietitian (RD). The RD stated, The facility is residents' home. Residents should honor the food preferences. The RD stated Residents would get upset if they did not get the food preferences as they request. During a review of the facility's policy and procedure (P&P) titled NUTRITION CARE, dated November 25, 2025, indicated, SUBJECT: RESIDENT/PATIENT RIGHTS POLICY: Resident Centered Care. Resident have the right to determine delivery of Nutrition Care, and food preference. PROCEDURES: Residents/patients have the right to be served food per their individual preferences, .		

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. Based on meal distribution observation, interview and record review, the facility failed to ensure physician ordered diets were followed when:1. Residents on Renal diet being served high sodium and potassium foods during lunch on 5/11/2026.2. Resident 104 on large portion did not receive large portion during lunch on 5/11/2026 and 5/12/2026.3. Resident 104 on No added salt diet being served with salt package during lunch on 5/12/2026.4. Resident 55 on high calories, high protein and high fiber diet did not receive high calories, high protein and high fiber during lunch on 5/11/2026. These failures had the potential negative impact on the residents' medical and nutrition status and in severe instances may result in hospitalization or death.1. On May 11, 2026, at 12:25 p.m., an observation was conducted at the trayline (the process of plating resident meals according to physician ordered diets). Confirmed with [NAME] (CK) 1, there was only one kind of meat (processed ham) and one kind of starch (mashed potatoes) available at the trayline. CK 1 was observed served processed ham and mashed potatoes as an entree to all residents including Residents on CKD 5. During a review of the facility provided document titled, Chronic Kidney Disease 5 Diet, indicated, The Chronic Kidney Disease 5 (CKD 5) Diet provides high protein with limited . phosphorus .the foods that are typically restricted on the CKD 5 diet include high potassium foods and high sodium foods .High-Potassium .Vegetables: Potatoes; High-phosphorus Foods: Processed meatsOn May 11, 2026, at 3:23 p.m., a concurrent interview and the Therapeutic Diet Spreadsheet [the document used to guide dietary staff on food items, portions, and therapeutic diet (is a nutritionally planned diet that is ordered by a physician to meet a specific medical need. It modifies the type, nutrient content, or amount of food to support a patient's treatment plan)] review were conducted with the Registered Dietitian (RD). The RD stated Residents on CKD 5 diet not supposed to have potatoes due to high potassium and processed ham due to high sodium and phosphorus. Concurrent review the Therapeutic Diet Spreadsheet, there was no CKD 5. The RD stated the menu company missed including CKD 5 on the Therapeutic Diet Spreadsheet. When surveyor asked the RD several times did he reviewed the Therapeutic Diet Spreadsheet, since his signature on the Therapeutic Diet Spreadsheet. The RD kept avoiding answering the question. The RD stated Resident on CKD 5 diet was prescribed by the physician as part of the medical and nutrition treatment, since there was no CKD 5 in Therapeutic Diet Spreadsheet that mean the physician diet order was not being followed. On May 12, 2026, at 10:33 a.m., a concurrent interview and the Therapeutic Diet Spreadsheet review were conducted with CK 2. Concurrent review the Therapeutic Diet Spreadsheet, CK 2 stated, I followed the CKD 5 on the Therapeutic Diet Spreadsheet, but I do not know why there is no CKD 5 diet. On May 13, 2026, at 8:55 a.m., a concurrent interview and the Therapeutic Diet Spreadsheet review were conducted with CK 3. CK 3 stated he followed the CKD 5 on the Therapeutic Diet Spreadsheet when he served Resident on CKD 5 diet and he unable find the CKD 5 diet on the Therapeutic Diet Spreadsheet. During a review of the facility's provided Diet Type Report (same as physician diet order), dated May 12, 2026, the Diet Type Report indicated, five Residents (Resident 12, 30, 42, 105, and 116) on CKD 5 diet.2. Review Therapeutic Diet Spreadsheet on 5/11/2026, indicated, House (Regular) diet: Ham 6 ounce (oz-unit for measurement); Potatoes: 1/2 cup; wheat roll 1 each; Margarine: 1 each. Large portion: Ham 8 oz; Potatoes 1 cup; wheat roll 2 each; Margarine: 2 eachOn May 11, 2026, at 12:13 p.m., a concurrent observation and meal ticket (contains Resident name, room number, physician diet order, Allergies, food like and dislike) review were conducted with Resident 104 at dining room. Review Resident 104's meal ticket indicated, large portion. Observed Resident 104 served food items and portion size, there was same food items and portion size as Regular diet being served to Resident 104 with 6 oz ham; 1/2 cup mashed Potatoes; wheat roll 1 each; and Margarine: 1 each. Review Therapeutic Diet Spreadsheet on 5/12/2026, indicated, Regular diet: Beef Stroganoff 6 oz; Noodle: 1/2 cup; wheat bread 1 slice; Margarine: 1 each. Large portion: Beef Stroganoff 8 oz; Noodle: 1 cup; wheat bread 2 (continued on next page)		

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	slices; Margarine: 2 eachOn May 12, 2026, at 12:47 p.m., a concurrent observation and meal ticket review were conducted with Resident 104 at dining room. Review Resident 104's meal ticket indicated, large portion. Observed Resident 104 served food items, it was same serving size as Regular for Beef Stroganoff and Noodle ; 1 slice wheat bread and 1 Margarine.On May 13, 2026, at 9:31 a.m., a concurrent interview, the Therapeutic Diet Spreadsheet and Resident 104 Electronic Medical Record (EMR) review were conducted with the RD. After review EMR, the RD stated physician prescribed large portion for Resident 104. Concurrent review the Therapeutic Diet Spreadsheet and the served meals, the RD stated cooks missed to serve large portion for Resident 104. The RD stated therapeutic diet prescribed by the physician was part of nutrition and medical treatment. The RD stated his expectation was dietary staff should follow the meal ticket diet ordered (same as physician diet ordered) and the Therapeutic Diet Spreadsheet.During a review of the facility's Policy and Procedure (P&P) titled, NUTRITION CARE, dated 11/25/2025, the P&P indicated, SUBJECT: Diet orders . PROCEDURES: 1. All residents will have a written diet order . which has been prescribed by the physician.2. The facility will serve diets ordered by the physician and in accordance with the approved diet manual.3. Review the Therapeutic Diet Spreadsheet on 5/12/2026, indicated, No added Salt (NAS) diet: No salt packageOn May 12, 2026, at 12:47 p.m., a concurrent observation and meal ticket review were conducted with Resident 104 and Licensed Vocational Nurse (LVN) 1 in the dining room. Review Resident 104's meal ticket indicated, NAS diet. Observed Resident 104 served meal, there was a package of salt. LVN 1 reviewed Resident 104's meal ticket and stated Resident 104 not supposed to get the salt package.On May 13, 2026, at 9:31 a.m., a concurrent interview, the Therapeutic Diet Spreadsheets and Resident 104 EMR review were conducted with the RD. After review EMR, the RD stated physician prescribed NAS diet for Resident 104 as part of medical nutrition therapy. Concurrent review the Therapeutic Diet Spreadsheets and the meal served on 5/12/2026, the RD stated Resident 104 no supposed to get salt package. The RD stated his expectation was dietary staff should follow the meal ticket diet ordered (same as physician diet ordered) and the Therapeutic Diet Spreadsheet.During a review of the facility's Policy and Procedure (P&P) titled, NUTRITION CARE, dated 11/25/2025, the P&P indicated, SUBJECT: Diet orders . PROCEDURES: 1. All residents will have a written diet order .which has been prescribed by the physician.2. The facility will serve diets ordered by the physician and in accordance with the approved diet manual.4. On May 11, 2026, at 12:59 p.m., a concurrent observation and meal ticket review were conducted with Resident 55 in the dining room. Review Resident 55's meal ticket indicated, High fiber, high protein. Resident 55 was observed being served regular sandwich of the day as entree. There was no extra fiber food items, or large portion food items being served for Resident 55.On May 12, 2026, at 10:33 a.m., a concurrent interview and the Therapeutic Diet Spreadsheet review were conducted with CK 2. CK 2 stated he never came across Resident on high calories, high protein and high fiber diet.On May 13, 2026, at 8:55 a.m., a concurrent interview and the Therapeutic Diet Spreadsheet review were conducted with CK 3. CK 3 unable to demonstrate which diet on the Therapeutic Diet Spreadsheet he should follow for Resident on high calories, high protein and high fiber diet.On May 13, 2026, at 9:31 a.m., a concurrent interview, the Therapeutic Diet Spreadsheet and Resident 55 EMR review were conducted with the RD. After review EMR, the RD stated physician prescribed High calories, high protein, high fiber diet for Resident 55 as part of medical nutrition therapy. Concurrent review the Therapeutic Diet Spreadsheets and the served meal, the RD stated Cooks should follow large portion on the Therapeutic Diet Spreadsheet for high calories, high protein and high fiber diet. The RD unable provided in service documentation instructed dietary staff served large portion on the Therapeutic Diet Spreadsheets for High calories, high protein, high fiber diet.During a review of the facility's Policy and Procedure (P&P) titled, NUTRITION CARE, dated 11/25/2025, the P&P indicated, SUBJECT: Diet orders . PROCEDURES: 1. All residents will have a written diet order .which has been prescribed by the physician.2. The facility will serve diets ordered by the physician and in accordance with the approved diet manual.During a review of the facility (continued on next page)		

Department of Health & Human Services
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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	provided document titled, High Fiber Diet, indicated, A high Fiber Diet is used in the prevention or treatment of several gastrointestinal, cardiovascular, and metabolic disease including diverticular disease, cancer of the colon, constipation, irritable bowel disease, hypercholesterolemia, diabetes, and obesity. During a review of the facility provided document titled, High Calories/High Protein Diet, indicated, High Calories/High Protein Diet is based on the Regular diet with additional protein sources.		

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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 dietary observation, interview, and record review, the facility failed to ensure safe and sanitary food preparation and storage practices in the kitchen when:1. Ice machine in kitchen found grime buildup on ice maker.2. Dust found on several pieces of equipment and area.3. Grime buildup found on several pieces of equipment.4. [NAME] 1 had exposed facial hair during meal preparation.These failures had the potential to result in cross contamination (bacteria are unintentionally transferred from one substance or object to another with harmful effect) and foodborne illnesses (are illnesses that results from ingesting contaminated foods) for 85 out of 85 sampled residents who received foods from the kitchen.1. On May 12, 2026, at 11:08 a.m., a concurrent observation and interview were conducted with the RD in the kitchen. Ice machine's ice maker was observed had black/ brown/yellowish grime buildup. The RD stated the ice maker needed to have deep clean. The RD stated inside ice machine should be free of grime buildup. The RD stated germ could grow on the grime buildup and cross contaminate the ice. The RD stated the facility only had one ice machine which located in the kitchen. The ice produced by the ice machine used for Residents consumption and also used for food production.During a review of the facility's policy and procedure (P&P) titled SANITATION AND INFECTION CONTROL, dated November 25, 2025, indicated, SUBJECT: Ice HANDLING POLICY: -Ice will be produced, stored and dispensed in a manner to avoid contamination. PROCEDURES: Ice will be dispensed through an ice machine, which has no contact with . contaminated source .2. According to the Federal Food and Drug Administration (FDA) 2022 Food Code, indicated, Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. Also, The objective of cleaning focuses on the need to remove . soil from non-food contact surfaces so that pathogenic microorganisms will not be allowed to accumulate, and insects and rodents will not be attracted.On May 11, 2026, at 9:48 a.m., during a general kitchen tour was concurrent with the RD. Several pieces of kitchen equipment and areas found had brown debris. The RD referred the brown debris as dust. The equipment and areas were: a) door frame leading out of the kitchen; b) door frame leading to dining room; c) walk-in freezer fans' guard covers; d) walk-in refrigerator fans' guard covers; e) black pipe behind ventilator in the walk-in refrigerator. The RD confirmed above findings. The RD stated kitchen equipment and area should be kept clean, free of dust to prevent cross contamination and foodborne illness.3. According to the Federal Food and Drug Administration (FDA) 2022 Food Code, indicated, Cleanliness of the food establishment is important to minimize attractants for insects and rodents, aid in preventing the contamination of food and equipment, and prevent nuisance conditions.On May 11, 2026, at 9:56 a.m., during a general kitchen tour was conducted with the RD. Several kitchen equipment found in kitchen not clean to sight and touch including grime buildup found in walk-in freezer green storage shelves; splash found inside top of microwave; grime buildup found on Microwave's door; black sticky grime found on can opener based.The RD confirmed above findings and stated kitchen equipment should be kept clean to prevent cross contamination and foodborne illness.4. According to the Federal Food and Drug Administration (FDA) 2022 Food Code, indicated, Food employees shall wear hair restraints such as, hair coverings, nets, or bears restraints to cover body hair to keep hair from contacting exposed food, clean equipment, and utensils.On May 11, 2026, at 10:01 a.m., an observation was conducted with [NAME] (CK) 1 in the kitchen. CK 1 had facial hair not covered was observed preparing foods in cook area.On May 11, 2026, at 10:34 a.m., an interview was conducted with the RD in the kitchen. The RD stated CK 1 should wear bear restraint to prevent hair fall into food.		

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on observation, interview and record review, the facility failed to ensure timely maintenance of equipment when:1. The walk-in freezer was maintained in good working condition with ice condensation buildup.2. Rust found on several shelves in kitchen.3. Two worn out cooking pans with missing nonstick coating found in kitchen.4. Chipped paint found in several pieces of equipment in kitchen.These failures had the potential to cause food borne illnesses and poor quality of food served to a population 85 out of 86 sample residents who received food from the kitchen.1. On May 11, 2026, at 10:10 a.m., a concurrent observation and interview were conducted with the Registered Dietitian (RD) in the walk-in freezer. Ice condensation was observed on the ceiling, on the black pipe behind ventilator, on storage shelves below ventilator. There was ice buildup observed on top of food boxes stored under the ventilator. The RD stated it was unacceptable to have ice condensation and ice buildup in the walk-in freezer. The RD explained ice buildup on food boxes could affect the quality of foods.During a review of the facility's policy and procedure (P&P) titled Cold Food Storage Areas, dated November 25, 2025, the P&P indicated, PURPOSE To safely and sanitarly store cold food. FUNDAMENTAL INFORMATION .Freezers are designed to keep food cold enough to .preserve the freshness and quality of foods. Units work effectively and efficiently when maintained .PROCEDURE: Inspect .freezers regularly .2. According to the Federal Food Code 2022, the Food Code indicates food-contact surfaces and utensils are to be clean to sight and touch. Utensils and food contact surfaces of equipment are to have a smooth, easily cleanable surface and resistant to pitting, chipping, crazing, scratching, scoring and decomposition.On May 11, 2026, at 10:41 a.m., during a general kitchen tour observation and interview were conducted with the RD. [NAME] grime was found on several pieces of equipment. The RD referred brown grime as rust. Example of those equipment were: a) Silver color storage shelves in walk-in freezer; b) Silver color storage shelves stored onion and potatoes; and c) drying board.The RD confirmed above findings. The RD stated rust could trap bacteria and cause cross contamination.3. According to the Federal Food Code 2022, the Food Code indicates food-contact surfaces and utensils are to be clean to sight and touch. Utensils and food contact surfaces of equipment are to have a smooth, easily cleanable surface and resistant to pitting, chipping, crazing, scratching, scoring and decomposition.On May 12, 2026, at 11:23 a.m., a concurrent observation and interview were conducted with the RD. Two worn out cooking pans with missing nonstick coating found in drying board. The RD stated for Residents safety, the two cooking pans were not appropriate to use.4. According to the Federal Food Code 2022, the Food Code indicates food-contact surfaces and utensils are to be clean to sight and touch. Utensils and food contact surfaces of equipment are to have a smooth, easily cleanable surface and resistant to pitting, chipping, crazing, scratching, scoring and decomposition.On May 12, 2026, at 11:23 a.m., a concurrent observation and interview were conducted with the RD. Several pieces of equipment found had chipped paint. Example of those equipment were: a) [NAME] storage shelves in walk-in freezer; b) drain in dish washing area. The RD stated those equipment needed to be painted or replaced otherwise unsmooth surface could trap bacteria.		

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure there was documentation in the medical record the resident or the responsible party was fully informed with material information provided by the prescriber to be able to make informed decisions prior to starting a psychotropic medication for one of five residents reviewed (Resident 114). This failure had the potential for the residents to receive unnecessary medication. On May 12, 2026, the medical record of Resident 114 was reviewed and the following was noted: Resident 114 was [AGE] years old, admitted to the facility on [DATE], with diagnoses that included dementia with psychotic disturbance, major depressive disorder, and anxiety disorder; Resident 114 had a physician order on May 4, 2026, for ramelteon 8 mg by mouth daily 30 minutes prior to bedtime without an indication or diagnosis, which was discontinued on May 7, 2026; Resident 114 had a physician order on May 7, 2026, for ramelteon 8 mg by mouth daily at bedtime for supplement; Resident 114's care plan was reviewed and there was no indication the facility care planned for the resident's use of ramelteon for sleep; Resident 114's behavior monitoring record review did not indicate there was documentation of behavior monitoring for ramelteon; Resident 114's record review did not indicate there was an informed consent from the resident or the responsible party prior to use of ramelteon; and The electronic medication administration record (eMAR) in Resident 114's medical record indicated Resident 114 received one dose of ramelteon 8 mg daily from May 4, 2026 to May 12, 2026. The manufacturer's prescribing information for ramelteon indicated: Ramelteon tablets are indicated for the treatment of insomnia characterized by difficulty with sleep onset. Ramelteon Tablets are an orally active hypnotic. Ramelteon is a melatonin receptor agonist. Product Type .Human prescription drug . On May 13, 2026, at 11:38 a.m., during an interview, the Director of Nursing (DON) stated she thought it was a supplement because it was similar to melatonin and was not aware the medication was a prescription drug. The DON stated since it was for sleep, it would need informed consent and require monitoring of sleep. On May 14, 2026, at 9 a.m., during an interview, the Consultant Pharmacist (CP) stated ramelteon was a psychotropic medication and should not be given as a supplement, and because it was a psychotropic medication, there needed to be an informed consent for the medication and the monitoring of behavior for ramelteon. The facility's policy and procedure titled, Informed Consent, undated, was reviewed, and it indicated: It is the policy of this facility to ensure that all residents and/or their legally authorized representatives are fully informed and provide voluntary, written informed consent prior to initiation of any psychotropic medication. Psychotropic Medications: Any drug that affects brain activities associated with mental processes and behavior (e.g., antipsychotics, antidepressants, anxiolytics, hypnotics) .		

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure there was a proper diagnosis and indication associated with the use of one psychotropic medication for one of five residents reviewed (Resident 114). This failure had the potential for the residents to receive unnecessary medication. On May 12, 2026, the medical record of Resident 114 was reviewed and the following was noted: Resident 114 was [AGE] years old, admitted to the facility on [DATE], with diagnoses that included dementia with psychotic disturbance, major depressive disorder, and anxiety disorder; Resident 114 had a physician order on May 4, 2026, for ramelteon 8 mg by mouth daily 30 minutes prior to bedtime without an indication or diagnosis, which was discontinued on May 7, 2026; Resident 114 had a physician order on May 7, 2026, for ramelteon 8 mg by mouth daily at bedtime for supplement; and The electronic medication administration record (eMAR) in Resident 114's medical record indicated Resident 114 received a dose of ramelteon 8 mg daily from May 4, 2026 to May 12, 2026. The manufacturer's prescribing information for ramelteon indicated: Ramelteon tablets are indicated for the treatment of insomnia characterized by difficulty with sleep onset. Ramelteon Tablets are an orally active hypnotic. Ramelteon is a melatonin receptor agonist. Product Type. Human prescription drug. On May 13, 2026, at 11:38 a.m., during an interview, the Director of Nursing (DON) stated she thought it was a supplement because it was similar to melatonin and was not aware the medication was a prescription drug. The DON stated since it was for sleep, it would need informed consent and require monitoring of sleep. On May 14, 2026, at 9 a.m., during an interview, the Consultant Pharmacist (CP) stated ramelteon was a psychotropic medication and should not be given as a supplement, and because it was a psychotropic medication, there needed to be an informed consent for the medication and the monitoring of behavior for ramelteon. The facility's policy and procedure titled, Physician Orders, undated, was reviewed, and it indicated: Physician orders are obtained to provide a clear direction in the care of the resident. The licensed nurse receiving the order must verify to ensure the order is complete and that it includes other information as may be necessary to accurately and completely carry out the order. When receiving an order, ensure that the following necessary information is received. Diagnosis for medication.		

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide necessary care and treatment for an injury/wound to prevent decline in skin integrity for a right second toe injury for one of 21 residents reviewed (Resident 3). This failure resulted in the wound going unmonitored, placing the resident at risk for infection and skin breakdown. Findings: On May 11, 2026, at 11:16 a.m., an observation and a concurrent interview was conducted with Resident 3. Resident was observed resting in bed without socks on. The right second toe was observed with a discolored area below the nailbed with a wound/injury present. The area was open to air, and no wound dressing was visualized. Resident stated his foot hit the door in his room a few days ago, possibly a week ago. Resident stated that the injury occurred during transport to the emergency room (ER) by paramedics. Resident was alert, oriented and able to self-report the incident. Resident denied pain and stated he did not report the injury to nursing staff because the staff were already aware and he was not experiencing pain. On May 12, 2026, at 3p.m., an interview and a concurrent record review was conducted with the Minimum Data Set Nurse (MDS). The MDS nurse stated the most recent skin assessment for Resident 3 was dated April 9, 2026. The skin assessment indicated Resident 3 was free of any open skin areas. The MDS stated there were no other weekly skin assessments documented regarding Resident 3's skin assessment since April 9, 2026. She stated the requirement was that nurses document once a week on skin assessment and that was not done. The facility document titled, Shower Record, dated May 11, 2026, indicated the 2nd toe foot toe wound and was signed by Certified Nurse Assistant (CNA) and Licensed Vocational Nurse (LVN). On May 12, 2026, at 3:08 p.m., an interview was conducted with Resident 3. Resident 3 stated he hit his foot when the paramedics were transferring him out of his room. Resident 3 stated the staff at the facility were aware, the wound had been cleaned and looked at. Resident 3 stated he had no pain in the area. On May 12, 2026, at 3:13 p.m., an interview was conducted with LVN 3. LVN 3 stated Resident 3 was transported to the ER on [DATE]. LVN 3 stated there was no documentation regarding Resident 3's skin assessment by the accepting nurse when he was brought back to the facility. LVN 3 further stated that it was the standard of practice when a resident returns from transport, nurses document a skin assessment under the progress note section. On May 12, 2026, at 3:18 p.m., an interview and concurrent record review was conducted with LVN 1. LVN 1 stated she is the primary nurse for Resident 3. LVN 1 stated she was not aware of any skin issues/concerns/injuries/wounds on Resident 3. LVN 1 Stated the Wound Nurse completes weekly skin checks on Sundays. The last wound documentation was completed on May 10, 2026. A review of the May 10, 2026, skin check revealed no skin concerns or wounds documented for Resident 3. LVN 1 stated wound nurses conduct weekly skin checks on all residents every Sunday to identify any new skin concerns that need to be addressed. On May 13, 2026, at 8:24 a.m., a concurrent observation and interview was conducted with Resident 3. Resident 3 was observed to have a dressing to right foot second toe in place. Resident stated nursing staff cleaned and dressed the wound on May 12, 2026. On May 13, 2026, at 8:46 a.m., an interview and concurrent record review was conducted with Director of Staff Development (DSD). The DSD stated every Sunday the wound nurse would come and do weekly rounds, assess skin on every resident and assess any previous wounds. There was no documented evidence completed by the wound nurse regarding Resident 3 having any skin injuries. The DSD stated the first document for Resident 3 regarding the wound/injury was entered on May 12, 2026, at 9:58 p.m. The DSD stated if a wound was identified in the facility a notification to the Medical Doctor (MD) needs to occur immediately. The DSD stated if the MD was not notified immediately regarding a new wound/injury, Resident 3 could have a decline in his health. On May 13, 2026, at 9:11 a.m., an interview was conducted with LVN 4. LVN 4 stated she was the nurse for Resident 3 on May 2, 2026, when he was picked up by paramedics. LVN 4 stated Resident 3 must have hit his foot on the door during transport (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	because there was blood on the floor. LVN 4 stated the paramedics said they would take care of Resident 3 at the hospital. LVN 4 stated she did not inform the next nurse what had occurred. LVN 4 did not document about the skin injury. On May 13, 2026, at 9:26 a.m., an interview and a concurrent record review was conducted with Director of Nurses (DON). The DON stated there is no documentation regarding Resident 3's wound/injury prior to May 12, 2026. The DON stated the failure to identify, assess, and treat Resident 3's wound/injury placed him at risk for possible infection. Resident 3's clinical record was reviewed. Resident 3 was admitted to the facility on [DATE], with a diagnosis which included infection and inflammatory reaction due to internal left knee prosthesis (an artificial device designed to replace a missing or non-functioning body part). The undated facility policy and procedure titled, Pressure Ulcer/Injury & Skin Care Management, indicated, A licensed nurse checks the resident's body for the presence of pressure ulcers/injuries, wounds and other skin conditions whenever the resident arrives by medical transport .weekly on all residents .the presence of any pressure ulcer/injury, wound, or other skin condition is documented weekly on pressure ulcer/injury or skin report forms .in progress notes .and in care plan.		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide respiratory care and treatment for one resident (Resident 85) reviewed for oxygen (O2) use when the nasal cannula (NC - a tube used to deliver oxygen through the nose) was not dated when it was last replaced. This failure had the potential to result in deterioration of the nasal cannula, which would allow infectious organisms to grow, causing an infection. Findings: On May 11, 2026, at 12:05 p.m., Resident 85 was observed in bed, awake and alert. Resident 85 was using an NC for O2. The NC did not have a label to indicate the date when it was last changed. In a concurrent interview, Resident 85 stated she did not know when the NC was last changed. On May 11, 2026, at 12:09 p.m., a concurrent observation and interview was conducted with Licensed Vocational Nurse (LVN) 5. LVN 5 observed the NC for Resident 85 and confirmed the NC did not have a label with the date when it was last changed. LVN 5 stated without a date, there was no way to know when Resident 85's NC was last changed. LVN 5 stated Resident 85's NC should have had a label with a date when it was last changed. LVN 5 stated the NC should be changed every seven days, to prevent infection. On May 13, 2026, at 12:57 p.m., the Director of Nursing (DON) was interviewed. The DON stated the NC for Resident 85 should have been labeled with the date it was last changed. The DON stated the NC should be changed every seven days, as per facility policy. Resident 85's clinical record was reviewed. Resident 85 was admitted to the facility on [DATE], with diagnoses which included anemia (lack of red blood cells to carry enough oxygen in the blood). Resident 85's physician order was reviewed. The order, dated March 31, 2026, indicated, .Oxygen @ (at) 2 l (liters per minute - a unit of measurement) . The facility policy and procedure titled, Care and Handling of Respiratory Equipment, undated, was reviewed. The policy indicated, .Care should be exercised in handling respiratory equipment to prevent contamination.Change within every seven days.cannula .		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record and document review, the facility failed to ensure accurate and complete record of controlled substances (CSs), free of discrepancies when the remaining volume in the one pharmacy-labeled bottle containing hydromorphone (a federally scheduled II CS which has the highest potential for addiction and abuse) 5 mg/5 ml (5 milligram per 5 milliliter, unit of concentration of a liquid) oral solution did match the corresponding CS dispense log. This failure could lead to potential diversion of CS and residents not receiving medications needed for pain relief. On May 13, 2026, at 1:49 p.m., during a controlled substance (CS) audit in E Court Medication Cart 1 with Licensed Vocational Nurse (LVN) 1, the following was noted: There was a pharmacy-dispensed bottle labeled, hydromorphone 5 mg/5 ml solution for Resident 10 with the dispensed date of April 1, 2026; The bottle had approximately 100 ml of the solution; The dispense log for Resident 10's hydromorphone solution indicated 2-ml doses were logged out from April 12, 2026, with the last 2-ml dose logged on May 13, 2026, at 5:13 a.m.; and The dispense log indicated the volume remaining after the last dose on May 13, 2026, was 52 ml. During a concurrent interview, LVN 1 confirmed the remaining volume in the bottle was about 100 ml and was more than the volume last counted according to the dispense log for Resident 10's hydromorphone. On May 14, 2026, at 9 a.m., during an interview, the CP stated the CS count log and the actual volume of the bottle should match. The facility's policy and procedure titled, Controlled Medication Administration and Declining Sheet Verification, undated, was reviewed, and it indicated: .To ensure the safe, accurate, and accountable administration of controlled medications in the facility by requiring the use of a Controlled Medication Declining Sheet Binder in conjunction with the electronic Medication Administration Record (eMAR) or MAR paper form .This Process ensures .Accurate narcotic count verification .Prevention of medication diversion .Prevention of missed or duplicate doses .Immediate identification of discrepancies .Verification Before Administration .Verify that the remaining count matches the declining sheet balance .		

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. Based on observation, interview, and record review, the facility failed to ensure one of two sampled residents (Resident 57) was provided with special adaptive equipment as ordered by physician for eating with meals. This failure had the potential to result in a burn accident while Resident 57 drinking hot beverage. On May 11, 2026, at 12:28 p.m., a concurrent observation and meal ticket (contains Resident name, room number, physician diet order, allergies, adaptive equipment, food like and dislike) review were conducted with Resident 57 at Assisted Feeding dining room. Resident 57's meal ticket indicated, 2 Handled cup (sippy cup). Resident 57 was observed being used regular cup serving beverage. On May 12, 2026, at 12:42 p.m., an observation was conducted with Resident 57 at Assisted Feeding dining room. Resident 57 was observed both of her hands were shaking intensely. On May 12, 2026, at 1:01 p.m., a concurrent observation, interview and meal ticket review were conducted with Resident 57 and Certified Nursing Assistant (CNA) 2 at Assisted Feeding dining room. CNA 2 reviewed Resident 57's meal ticket and stated Resident 57 did not get sippy cup with her juice and coffee. On May 13, 2026, at 8:36 a.m., a concurrent interview and Electronic Medical Record (EMR) review were conducted with the Occupation Therapy (OT) and Rehabilitation Director (RHD). Concurrent review Resident 57's EMR, OT stated Resident 57 able eating independent with intense tremors hands. OT stated physician ordered sippy cup with each meal for Resident 57 to help her prevent spilled beverage. The RHD stated one time Resident 57 almost had an accident spilled hot beverage on herself. The RHD and OT stated for Resident 57's safety, it was important Resident 57 using sippy cup when she was drinking especially hot beverages. On May 13, 2026, at 9:01 a.m., an interview was conducted with Dietary Aide (DA) 2. DA 2 stated the facility only had 1 sippy cup and the sippy cup was missing for almost 3 weeks. On May 13, 2026, at 9:31 a.m., a concurrent interview and Electronic Medical Record (EMR) review were conducted with the Registered Dietitian (RD). The RD stated Dietary staff should follow the meal ticket providing sippy cup for Resident 57. The RD stated doctor ordered sippy cups as medical treatment for Resident 57 and he expected Dietary staff follow the doctor order. During a review of the Resident's 57 Physician Order Report, dated 5/01/2026 -05/12/2026, Physician's order indicated, Feeding/Mealtime order: For all meals, please providing the following equipment: .Closed cup (sippy cup) During a review of the facility's policy and procedure (P&P) titled MEAL SERVICE, dated November 25, 2025, indicated, RESTORATIVE DINING POLICY: The facility may establish a Restorative dining program to improve the resident's/patient's self-feeding skills, .foster independence and self-esteem by promoting safe swallowing, individualism, dignity, and socialism during dining. PROCEDURES: .Adaptive Equipment a. Recommended by OT, .other feeding equipment: order information can be obtained from your OT: .cups .		

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observation, interview and record review, the facility failed to dispose of garbage and refuse properly when trash were found outside surrounding the dumpsters. And the lids of the dumpsters did not close properly due to overflowing. This failure had the potential to attract pests and rodents. On May 11, 2026, at 9:39 a.m., a concurrent observation and interview were conducted with the Dietary Supervisor (DS) outside back kitchen at dumpster area. There was three dumpsters, one for recycle and another two for trash. The lids of the two trash dumpsters were unable to fully close due to overflowing with trash. Trash was found on floor surrounding the trash dumpster area. One of the recycled dumpster's lid was widely opened. The DS stated surrounding dumpsters should not have trash and dumpsters' lids should close properly to prevent attract pests. On May 11, 2026, at 9:45 a.m., an interview was conducted with the Registered Dietitian (RD). The RD stated it was infection control, and environment hazard issue with trash surrounding dumpsters and lids of the dumpsters not close properly which could attract pests. During a review of the facility's policy and procedure (P&P) titled Pest Control, dated November 25, 2025, indicated, .Keep facility grounds free of trash .Keep the dumpster area clean and the lids closed.		