STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555867	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forest Hill Manor Health Center	551 Gibson Avenue Pacific Grove, CA 93950

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure services were provided that meet professional standards of quality when assessments of pressure sores were incomplete for 2 of 3 residents (Residents 1 & 2). This failure had the potential to compromise Residents' health and safety. Findings: Resident 1 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus (DM, a disorder characterized by difficulty in blood sugar control), peripheral vascular disease (PVD, slow progressive narrowing of the blood flow to the arms and legs), Protein Caloric Malnutrition (PCM, condition resulting in inadequate intake of protein and calories, and chronic kidney disease (CKD, a condition where kidneys cannot properly filter blood in the body). Review of Resident 1's initial body check on 3/14/26 indicated, she had stage 2 sacral pressure ulcer (partial-thickness loss of skin, presenting as a shallow open sore or wound over the tail bone) measuring 0.3 centimeter (cm, unit of measurement) in length, 0.3 cm in width, and 0.1 cm in depth. There was no description of stage 2 sacral pressure ulcer. Review of Resident 1's weekly summary evaluation dated 3/21/26 indicated, there was no documentation of the measurement and description of stage 2 sacral ulcer. During an interview and medical record review with the Director of Nursing (DON) on 4/10/26 at 10:44 a.m., she confirmed that there was no documentation in Resident 1's medical record of the description of stage 2 sacral ulcer on 3/14/26, and no measurement and description of stage 2 sacral ulcer on 3/21/26. DON acknowledged facility's licensed nurses should have assessed and documented the measurement and description of Resident 1's sacral pressure ulcer such as the color, discharges, odor, surrounding skin and pain level to determine if it is improving or deteriorating. During an interview with Licensed Vocational Nurse A (LVN A) on 4/10/26 at 11:16 a.m., she stated that when assessing the pressure ulcer, the facility licensed nurse should include the measurement and description of the wound ulcer such as color, odor, discharges and pain level in the documentation. Review of Resident 2's medical record indicated he was admitted to facility on 3/31/26 with diagnoses including DM, PCM, and PVD. Review of Resident 2's initial body check on 3/31/26 indicated he had stage 2 sacral pressure ulcer measuring 0.75 cm in length, 0.5 cm in width and 0 cm in depth with redness and no drainage. Review of Resident 2's weekly summary evaluation dated 4/7/26 indicated there was no measurement and description of stage 2 sacral pressure ulcer. During an interview and record review with the DON on 4/14/26 at 2:50 p.m., she confirmed that there was no documentation in Resident 2's medical record of the measurement and description of stage 2 sacral ulcer on 4/7/26. DON acknowledged facility's licensed nurse should have documented the measurement and description of the stage 2 sacral ulcer. Review of the revised facility's policy and procedures dated 4/2018 titled, Pressure Ulcer /Skin Breakdown-Clinical Protocol indicated, the nurse shall describe and document/report the following: Full assessment of pressure sore including location, stage, width and depth presence of exudates or necrotic tissue.

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