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	04/25/2025

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 50855 Based on observation, interview, and record review, the facility failed to ensure dignity and privacy was upheld for one of two sampled residents (Resident 179) when Resident 179's Foley catheter drainage bag, (a device inserted into your bladder [organ that collects urine] to drain urine if you cannot urinate on your own made of a semi-flexible plastic tube, one end inserted into the bladder and the other end attached to a bag that collects urine) drain bag was left uncovered. This failure had the potential for adverse effects on the psychosocial well-being and health of Resident 179. Finding: During an observation on 4/21/25 at 10:46 a.m., in Resident 179's room. Resident 179 was observed lying on her bed. Her Foley catheter drainage bag was on the floor and the bag was left uncovered, yellow colored urine was visible from drainage bag. During a review of Resident 179's clinical record indicated Resident 179 was admitted to the facility with diagnosis including retention of urine (when bladder doesn't empty completely or at all). During a review of Resident 179's physician's order indicated an order for Indwelling Catheter: Foley Catheter size: FR 16 . dated 4/17/25. During an interview on 4/22/25 at 3:03 p.m., with the Director of Nursing (DON), the DON confirmed Resident 179's Foley catheter drainage bag was uncovered. She stated Resident 179's Foley catheter drainage bag should have a privacy bag cover when inside the room or outside. During a review of facility's policy and procedure (P&P) titled, Dignity revised February 2021, the P&P indicated, Residents are treated with dignity and respect at all times.12. Demeaning practices and standards of care that compromise dignity are prohibited. Staff are expected to promote dignity and assist residents; for example: a. helping resident to keep urinary catheter bag covered .

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 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. 50855 Based on interview and record review, the facility failed to ensure accurate accountability of controlled drugs (medications that can be easily abused and are under strict government control) to document medication administration as in accordance with the facility policy and procedures (P&P) and the availability of medication for three out of 13 sampled residents (Resident 10, Resident 9, and Resident 15). These failures had the potential for medication errors and controlled drug abuse or diversion (when healthcare providers obtain or use prescription medicines illegally) and had the potential for untreated or worsening of patient's medical conditions. Findings: 1. A review of Resident 10's clinical record indicated Resident 10 was admitted to the facility with diagnoses including anxiety (Intense, excessive, and persistent worry and fear about everyday situations). A review of Resident 10's physician's order indicated an order, dated 3/27/25, for diazepam (it can treat anxiety)5 mg (milligram, unit of measurement), 1 tablet by mouth every 8 hours as needed for anxiety for 14 days. During a concurrent interview and record review on 4/22/25 at 2:27 p.m., with Director of Nursing (DON), the DON reviewed Resident 10's Controlled Drug Record (CDR) for diazepam 5 mg, the March and April 2025 Medication Administration Records (MARs) indicated, on 3 occasions, the nursing staff signed out one tablet on CDR, but did not document their administration on the MAR, as follows: 3/29/25 at 2100 4/02/25 at 1806 4/15/25 at 1700 The DON confirmed these findings that those dates are not signed for in the MAR. DON stated they [nurses] should sign the MAR and CDR. She further stated it's a proof the medication is given to the resident and notification also to the nurse if the medication is due to be administered. 2. A review of Resident 9's clinical record indicated Resident 9 was admitted to the facility with diagnoses including type 2 Diabetes Mellitus (DM, a condition which affects the way the body processes blood sugar). A review of Resident 9's physician's order indicated an order, dated 4/9/25, for Oxycodone-Acetaminophen (a potent controlled medication for pain)5-325 mg (milligram, unit of measurement), 1 tablet by mouth every 4 hours as needed for moderate to severe pain. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on 4/22/25 at 2:49 p.m., with Director of Nursing (DON), the DON reviewed Resident 9's Controlled Drug Record (CDR) for Oxycodone-Acetaminophen 5 -325 mg, the April 2025 Medication Administration Records (MAR) indicated, on 4/16/25 at 1912, the nurse signed out one tablet on CDR, but did not document the administration on the MAR. The DON stated the nurse should sign the MAR specially if it's a controlled substance. During a review of facility's P&P titled, Administering Medications Revised date 2019, the P&P indicated, .23. As required or indicated for a medication, the individual administering the medication records in the resident's medical record: a. the date and time the medication was administered; b. the dosage; .e. any complaints or symptoms for which drug administered was administered; f. any result achieved and when those results were observed; and g. the signature and title of the person administering the drug . During a review of facility's P&P titled, Controlled Substances revised April 2019, the P&P indicated, indicated in part, 10. upon administration: a. The nurse administering the medication is responsible for . (3) Time of administration . (6) signature of nurse administering medication . 3. During a medication administration observation on 4/22/25 at 4:26 p.m., Registered Nurse A (RN A), she was observed preparing medication for Resident 15. RN A stated Carbidopa-levodopa (combination medication used to treat Parkinson's disease [a disease that include symptoms of slowness of movements, muscle rigidity, involuntary tremors/shaking and impaired balance, and posture] and related conditions.) for Resident 15 is not available. RNA A stated it was ordered from pharmacy. RN A further stated Resident 15 is not getting her 5:00 p.m. dose. A review of Resident 15's clinical record indicated Resident 15 was admitted to the facility with diagnoses including Parkinson's disease. A review of Resident 15's physician's order indicated an order dated 4/4/25, for Carbidopa-levodopa 25-100 mg (milligram, unit of measurement), 1 tablet by mouth before meals (0630,1130, and 1630). During a review of Resident 15's Medication Administration Record (MAR), the MAR indicated on 4/22/25 at 1630 RN A put chart codes 9=Other/see progress notes. During a review of Resident 15's Progress Notes dated 4/22/25 RN A documented Meds (medication) not on hand call Dr. (Doctor) ok to give when meds arrive. During an interview on 4/23/25 at 3;16 p.m., with the Director of Nursing (DON), the DON stated nurse should order 72 hours before they run out of medication. She further stated the resident should receive the medication on time and should have medications available all the time. During a review of facility's P&P titled, Administering Medications Revised date 2019, the P&P indicated, Medications are administered in a safe and timely manner, and as prescribed .7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders) .

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident’s drug regimen must be free from unnecessary drugs. 50855 Based on interview and record review, the facility failed to ensure one of 13 sampled residents (Residents 19) were free from unnecessary medication when Resident 19 received Lasix (used to treat edema [fluid retention; excess fluid held in body tissues]) without monitoring. This deficient practice resulted in unmonitored medical condition. Finding: During a review of Resident 19's clinical record indicated Resident 19 was admitted to the facility with diagnosis including Diastolic congestive heart failure (a condition in which the heart muscle can't pump enough blood to meet the body's needs for blood and oxygen). A review of Resident 19's physician's orders indicated an order for Lasix 20 mg, 1 tablet by mouth every 48 hours for swelling on feet, dated 4/12/24. A review of Resident 19's medication administration record (MAR) indicated the nursing staff did not monitor for swelling on the feet. During a concurrent interview and record review on 4/23/25 at 3:12 p.m., with the Director of Nursing (DON), the DON reviewed Resident 19's physician's orders and confirmed there was no monitoring for swelling on the feet. The DON stated Resident 19 should have monitoring for swelling to see the effectiveness of medication. During a review of the facility's policy and procedures titled, Medication Therapy, revised April 2007, indicated, 1. Each resident's medication regimen shall include only those medications necessary to treat existing conditions and address significant risks. 2.Medication use shall be consistent with an individual's condition, prognosis, values, wishes and response to such treatments. 3. All medication orders will be supported by appropriate care and practices . 1. All decisions related to medications shall include appropriate elements of the care process, such as: a. Adequate detailed assessment .

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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. 50855 Based on observation, interview, and record review, the facility failed to ensure proper medication storage when the medication refrigerator temperature is below the acceptable range of 36 Fahrenheit (F) to 46 (F). These failures had the potential for residents to receive medications with reduced efficacy. Findings: On 4/21/25 at 9:46 a, m., an inspection of the medication refrigerator in Medication Room with the Director of Nursing (DON) observed the built up of thick ice inside the medication refrigerator and the temperature was 32 F. There were medications inside the refrigerator. The DON confirmed these findings, she stated the ice built up inside the medication refrigerator should not be that thick. During a follow inspection of medication refrigerator inside the Medication room on 4/21/25 at 1:57 p.m., with the DON, The DON checked the refrigerator temperature, and she stated the temperature was 28 F, she further stated the acceptable range for medication refrigerator temperature is 36 F to 46 F. She stated she will call the pharmacy. The DON confirmed the Medications inside the refrigerator were as follows. a. Unopened vial of insulin (used to control blood sugar) manufacturer's label indicated store refrigerator at 36 F to 46 F. b. One 60 ML (milliliter, unit of measure) compounded drug (a medication that is prepared by a pharmacist by mixing, combining, or altering ingredients to create a medication tailored to the needs of a specific patient) of Daptomycin (medication used to treat certain blood infections or serious skin infections). c. Two unopened bottle of latanoprost eyedrops (used to treat glaucoma [group of eye diseases that can cause vision loss and blindness]) the pharmacy label indicated to Stored unopened bottle under the refrigeration at 36 F to 46 F. d. Two vials of tuberculin (contains the solution used in a Mantoux test to detect exposure to tuberculosis) with manufacturer's label indicated store (in) refrigerator at (35 F to 46 F) Do not freeze. e. One small box of Emergency kit (E-Kit) inside the box was two vials of insulin and one vial of Lorazepam (medication used to treat anxiety disorders {excessive and persistent worry or fear that can interfere with daily life}). f. Two doses of influenza vaccine (a shot that helps protect against influenza viruses). (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on 4/22/25 at 3:01 p.m., with the DON, the DON reviewed the medication refrigerator log for month of April 2025 which indicated NORMAL TEMPERATURE LOG OF THE REFRIGERATOR IS: 36 TO 46 DEGREE FAHRENHEIT (2-8 Degree Celsius). there were seven occasions that the temperature were below the acceptable range as follows: 4/08/25=34 F 4/12/25=34 F 4/14/25=34 F 4/15/25=34 F 4/16/25=34 F 4/18/25=34 F 4/21/25=34 F The DON stated the 34 F is not acceptable range and the nurse should have reported it. She further stated medication inside the fridge like insulin has temperature recommendations. A review of facility's policy and procedure titled Storage of Medications, revised 11/2020, indicated, The facility stores all drugs and biologicals in a safe, secure, and orderly manner. 1. Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls. Only persons authorized to prepare and administer medications have access to locked medications .

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 38087 Based on observation, interview and record review, the facility failed to ensure food was stored, prepared, distributed, and served in accordance with professional standards for food safety when: 1. There were opened, undated, and unlabeled food items in the reach-in refrigerator; 2. There were undated and unlabeled food items in the food preparation area; 3. Pans used for food preparation and food service were stacked and stored wet. These failures had the potential to cause food contamination and food-borne illness to 24 of 24 residents who received their food from the kitchen. Findings: 1. During an initial kitchen tour on 4/21/25 at 9:20 a.m., accompanied by the registered dietician (RD), the following observations were made in the reach-in refrigerator: The following items were opened and undated: - 1 gallon of milk - 1 32-ounce carton of liquid eggs - 3 5-pound containers of sour cream - 1 gallon of Italian dressing and 1 gallon of coleslaw dressing - 1 gallon of maple syrup The following items were opened, undated, and unlabeled: - 3 pitchers containing yellow, orange and brown colored liquids - 3 glasses containing yellow liquid - 1 bowl containing a pink substance The RD confirmed the above observations and stated all food items should be dated with an open date and labelled. The RD stated the undated and unlabeled food items need to be discarded. Review of the facility's undated policy titled Guidelines for Storage - Date your products with Use By Dates indicated a list of food items with specific use by dates for refrigerated items. The list included: Milk 8-20 days; Sour Cream 2 weeks; Egg substitute 10 days; and Salad Dressings 3 months. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2. During an initial kitchen tour on 4/21/25 at 9:20 a.m., accompanied by the registered dietician (RD), the following items were observed in plastic containers on a shelf above the food preparation area: rigatoni noodles, lentils, rice, brown sugar, polenta, and panko breadcrumbs. The plastic bins were unlabeled and undated. The RD confirmed the observations and stated the bin's contents should be labeled and dated when they are placed in the containers. Review of the facility's undated policy titled Food Storage indicated Metal or plastic containers with tight fitting covers must be used for storing cereals, cereal products, flour, sugar, dried vegetable, and broken lots of bulk foods. All containers must be legibly and accurately labeled. 3. During an initial kitchen tour on 4/21/25 at 9:20 a.m., accompanied by the registered dietician (RD), there were 13 metal pans of various sizes, observed to be stacked on a metal wire rack. The pans were stacked upside down inside of one another and were wet inside and outside of the pan's surfaces. The RD confirmed the pans were wet and she stated they should have been air dried before being stacked and stored. According to the 2022 Food and Drug Administration (FDA) Food Code, Section 4-901.11 Equipment and Utensils, Air-Drying Required, After cleaning and sanitizing, equipment and utensils: shall be air-dried . According to the FDA Food Code 2017 Annex 4-901.11 items must be allowed to drain and to air-dry before being stacked or stored.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38087 Based on observation, interview, and record review, the facility failed to ensure infection prevention practices were followed for two of seven residents (Resident 83 and 179) when: 1. Resident 83's intravenous (IV, within or into a vein) tubing was undated; 2. A Certified Nursing Assistant not wearing wearing Personal Protective Equipment (PPE, its equipment worn to minimize exposure to hazards in the workplace) during patient care and; 3. Resident 179's Foley catheter drainage bag (a device inserted into your bladder [organ that collects urine] to drain urine if you cannot urinate on your own made of a semi-flexible plastic tube, one end inserted into the bladder and the other end attached to a bag that collects urine) was on the floor and uncovered. These failures had the potential to place the residents at risk for developing an infection and the potential to result in transmission of infection in the facility. Findings: 1. Review of Resident 83's clinical record indicated he was admitted to the facility on [DATE] with diagnoses including sepsis (an illness caused by the body's response to an infection). During an observation on 4/21/24 at 11:33 a.m., Resident 83 had a peripherally inserted central catheter (PICC, a thin, soft, long catheter [tube] that is inserted into a vein in arm, leg or neck and the tip of the catheter is positioned in a large vein that carries blood into the heart) line on his left upper arm. The IV equipment was infusing (administering medication into a vein) medication and the IV tubing was undated. Review of Resident 83's physician orders, dated 4/20/25, indicated an order to give Ceftriaxone Sodium (antibiotic) 2 grams intravenously two times a day for sepsis for 36 days. Another physician order, dated 4/20/25, indicated PICC: Intermittent IV tubing change daily every day and evening shift. During an observation and concurrent interview with the director of nurses (DON) on 4/21/25 at 11:39 a.m., she confirmed Resident 83 was receiving Ceftriaxone Sodium via intravenous administration. The DON confirmed the IV tubing was undated and she stated the IV tubing should be dated. A review of the facility's policy titled Administration Set/Tubing Changes, revised April 2016, indicated The purpose of this procedure is to provide guidelines for aseptic administration set changes in order to prevent infections associated with contaminated IV therapy equipment. The policy further indicated Label new tubing with date, time, and initials. 50855 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. During an observation on 4/21/25 at 10:16 a.m., inside Resident 179's room. CNA B stated she is doing patient care. CNA B walked towards the privacy curtains and closed it, she was observed not wearing PPE. After a few minutes she was observed going to the restroom inside Resident 179's room, she was holding a urinal with urine about 1/4 full, she was not wearing PPE. During an interview on 4/21/25 at 10:24 p.m., shortly after the observation outside Resident 179 room. CNA B was asked what patient care she provided to Resident 179. CNA B stated she change Resident 179's brief and empty the Foley catheter bag. CNA B confirmed she did not wear PPE while providing patient care to Resident 179. CNA B reviewed the signage posted outside Resident 179's door, the signage indicated Enhanced Barrier Precautions (EBP, an infection prevention strategy, particularly in nursing homes, that uses PPE to reduce the transmission of multi-drug resistant organisms {MDRO a germ that is resistant to many antibiotics}) .Providers and staff must also: Wear gloves and a gown for the following High-Contact Resident Care Activities . Changing briefs or assisting with the toileting, Device care or use: central line, urinary catheter . CNA B stated she should wear a gown when providing patient care to Resident 179. During a review of Resident 179's physician's order, dated 4/21/24 indicated Enhanced barrier precautions due to (High- contact resident care activities with, increased risk of MDRO acquisition due to presence of indwelling Foley Catheter. During an interview on 4/24/25 at 10:17 a.m., with the Infection Prevention Nurse (IP), the IP stated the CNA should wear PPE when doing direct contact like Foley catheter care and changing briefs. During a review of the facility's policy and procedures titled, Enhanced Barrier Precautions, dated 6/18/24, indicated, . Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). High-Contact Resident Care Activities include activities such as .Changing briefs or assisting with toileting, Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator . 3. During an observation on 4/21/25 at 10:46 a.m., in Resident 179's room. Resident 179's foley catheter drainage bag was observed on the floor and the drainage bag was left uncovered. During a review of Resident 179's clinical record indicated Resident 179 was admitted to the facility with diagnosis including retention of urine (when bladder doesn't empty completely or at all). During a review of Resident 179's physician's order indicated an order for Indwelling Catheter: Foley Catheter size: FR 16 . dated 4/17/25. During an interview on 4/22/25 at 3:04 p.m., with the Director of Nursing (DON) the DON confirmed that Resident 179's foley catheter bag was on the floor. The DON stated the Foley catheter drainage bag should not be touching the floor for infection control. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedures titled, Catheter Care, Urinary, revised date 9/2014, indicated, .Infection Control .b. Be sure the catheter tubing and drainage bag are kept off the floor .