Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	051931	01/15/2026
Name of Provider or Supplier	**Street Address, City, State**	
Salud Para La Gente	204e Beach St, Watsonville, CA	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	Summary Statement of Deficiencies (Each deficiency should be preceded by full regulatory or LSC identifying information)
J0000	The following reflects the findings of the California Department of Public Health during the investigation of Complaint CA00983989 regarding Pharmaceutical Services. Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was identified for the complaint number: CA00983989 (Refer to Jtag 0125).
J0125	PROVISION OF SERVICES CFR(s): 491.9(b)(3)(iii) 491.9(b) Patient care policies. (3) The policies include: (iii) Rules for the storage, handling, and administration of drugs and biologicals. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the clinic failed to ensure: 1. Medications in one of three inspected service areas was locked while not in use as per its policy and procedures. The failure had the potential for unauthorized access and drug loss or abuse. 2. It had policy and procedures for the administration of drugs and biologicals. The failure resulted in lack of delineation in the medication administration process (such as the 5-rights of medications and scope and type of personnel who administer medications) and potential for inconsistency in staff practice and non-adherence to standards or guidelines for pharmaceutical services and medication administration.

3. It retained a consulting pharmacist (CP) to conduct regular visits to the clinic to assess for compliance related to medication use as in accordance with the clinic's policy. The failure resulted in the lack of pharmacist's review for appropriate pharmaceutical services (such as storage, distribution, administration, recalls, etc.) which had the potential for negative clinical outcomes.

Findings:

1. During a visit to the Women's Health Clinic (WHC) at the Main Clinic, on 12/30/25 at 10:21 a.m., with the presence of Medical Assistant A (MA A) and the Director of Family Practice (DFP), the medication cabinet for the WHC was identified, and it was observed unlocked. The cabinet was in an open area, located above the staff's workstation. It was observed to contain numerous medications and products including numerous boxes of Nexplanon (an implanted contraceptive to prevent pregnancy), several boxes of 3 different types of intrauterine devices (IUDs, a device inserted into the uterus to prevent pregnancy), multiple boxes containing medroxyprogesterone (an injectable contraceptive) individual vials, and a few other injectable products. MA A stated it was supposed to be locked when not in use. She then obtained a lock box, which was also in the medication cabinet, and locked it after the inspection.

During an interview with the Chief Operating Officer (COO) and the Clinical Manager (CM) on 12/31/25 at 11:21 a.m., both staff stated medications in the clinics are to be locked at all times.

A review of the facility's "Administered Medications Manual Plan," revised February 2025, indicated in part, "All medications, syringes, and needles will be stored in locked cabinets/rooms."

2. During an inspection of the emergency cart (cart containing medications and supplies for use in emergency situations) at the WHC with MA A and the DFP on 12 /30/25 at 10 a.m., MA A stated she was one of the MAs who are responsible for storage of medications within the clinics. She stated the providers (such as physicians, nurse practitioners, physician assistants, etc.) administer medications to patients, but MAs could also administer certain medications such as vaccines and injectable medications that do not contain lidocaine (an anesthetic).

During a group interview on 12/30/25 at 11:05 a.m. in the presence of the DFP, the CM, and the Director of Nursing and Clinical Practice (DON), they were asked to provide a policy and procedures addressing medication administration.

On 12/30/25 at 11:15 a.m., the above staff provided the "Administered Medications Manual Plan" revised 2/2025. Its review with the DFP, the DON, and the CM indicated it contained processes for the pharmacy program, drug storage, drug recalls, drug disposals, clinic formulary, and drug distribution but it did not include the processes for medication administration such as the 5 patient-rights (right patient, right drug, right dose, right route, and right time), the type of personnel and the scope of medication administration, such as that for MAs.

On 12/30/25 at 11:23 a.m., the DON provided the "SAFE IZ [immunization] & MEDICATION ADMINISTRATION" workflows for Medical Assistants, last updated 11/28/22. The DON and the CM stated they only had the workflow for MAs including the "7 rights" but could not find any policies addressing medication administration. The DFP stated he found a separate policy on drug distribution but

	could not find one specific to medication administration. During a group interview with the DFP, the DON, the CM, and the Compliance Officer (CO) on 12/30/25 at 11:55 a.m., the CO stated the clinic did not have a general policy on medication administration. During another group interview, on 12/31/25 at 11:14 a.m., with the CM, the CO, and the Chief Operating Officer (COO), when asked about medication administration policy, the COO stated "We have bits and pieces here and there" but they were not in one policy. When asked about what medications the MAs could administer, the CM stated, "It is easier to say what they can't give... Certain medications such as lidocaine." Both the COO and the CM could not provide a clear answer as to what the MAs could or could not give; and acknowledged there was no policy to indicate such. The COO confirmed the Clinic's "Administered Medications Manual Plan" lacked the medication administration component. 3. During a group interview on 12/30/25 at 11:05 a.m., the DFP and the CM stated the clinic did not have a consulting pharmacist (CP). During another group interview including the COO and the CO, on 12/31/25 at 10:05 a.m., when asked whether the clinic had a CP, the COO stated, "There hasn't been one since I joined" which was about a year ago. The CO stated the last pharmacist's contract ended in May 2024. A review of the facility's "Administered Medications Manual Plan," revised February 2025, indicated: "A consulting pharmacist will be retained and required to visit the clinic regularly. The consulting pharmacist will certify in writing during the visit that the clinic is, or is not, operating in compliance. Each completed written certification will be kept on file in the clinic for three years and include recommended corrective actions, if appropriate" and "Salud's CMO [Chief Medical Officer] and Chief of Clinic Operations (CCO) will review the Consultant Pharmacist's written certification as to Salud's compliance with California Pharmacy Laws; such review and certification will be conducted at least quarterly."