

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055995	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Windsor Convalescent Center of North Long Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 260 E Market St Long Beach, CA 90805	

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)
<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47092</b></p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1), who was transferred to a General Acute Care Hospital (GACH) due to blood in her urine, was readmitted to the facility, when it was determined by the GACH that Resident 1 was appropriate for transfer back to the facility (2/24/2025).</p> <p>This deficient practice resulted in Resident 1 remaining in the GACH for 20 days after attempts to transfer her back to the facility were made by the GACH. This deficient practice had the potential to cause Resident 1 anxiety and non-continuity of care.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including alcohol cirrhosis (a severe and irreversible liver disease caused by long-term excessive alcohol consumption) of the liver with ascites (a condition where excessive fluid accumulates in the abdomen) and portal hypertension (a condition in which there is increased blood pressure in the portal vein which is the large vein that carries blood from the digestive organs to the liver).</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 12/20/2024, the MDS indicated Resident 1's cognition (ability to think and reason) was intact.</p> <p>During a review of Resident 1's Physician's Order dated 2/20/2025, the Physician's Order indicated to transfer Resident 1 to a GACH due to blood in her urine.</p> <p>During a review of Resident 1's SBAR note ([situation, background, assessment, recommendation] a communication tool used by healthcare workers when there is a change of condition among the residents) dated 2/20/2025 and timed at 8:42 p.m., the SBAR note indicated Resident 1 was discharged via ambulance to the GACH.</p> <p>During a review of Resident 1's Bed Hold Notice dated 6/18/2025, the Bed Hold Notice indicated Resident 1 had the option of requesting within 24 hours a seven (7) day bed hold to keep a bed vacant and available for return to the facility.</p> <p>(continued on next page)</p>

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the Facility Census dated 2/24/2025, the Facility Census indicated Resident 1's room was available.</p> <p>During a review of Resident 1's GACH Emergency Department (ED) record dated 2/21/2025, the ED record indicated Resident 1 arrived at the ED on 2/21/2025 at 12:04 a.m.</p> <p>During a review of a Fax from the GACH, dated 3/7/2025, the Fax indicated Resident 1 was no longer on C. diff isolation.</p> <p>During an interview on 3/13/2025 at 12:31 p.m., the Director of Nursing (DON) stated on 2/24/2025 the GACH contacted them to readmit Resident 1 to the facility. The DON stated she was informed by the Admissions Director (AD) that Resident 1 had an active clostridium difficile ([C. diff] a highly contagious bacteria that causes severe diarrhea) infection. The DON stated she did not readmit Resident 1 to the facility because she needed to be placed on contact isolation precautions (a set of practices to prevent the spread of infection such as wearing a gown when providing care for a person who with a contagious disease transmitted via contact). in a private room. The DON stated active C. diff meant Resident 1 was still experiencing diarrhea and needed to be isolated. The DON stated she was not sure if Resident 1 actually had symptoms of diarrhea on 2/24/2025 when the GACH attempted to coordinate with the AD the readmit Resident 1 to the facility.</p> <p>During an interview on 3/13/2025 at 1:53 p.m., the AD stated on 2/24/2025 she spoke to the GACH's Case Manager (CM) who informed her Resident 1 was ready to be readmitted to the facility but informed her that Resident 1 was currently on contact isolation for C. diff. The AD stated she never discussed with the CM if Resident 1 had symptoms of diarrhea because she was not aware that she should do so.</p> <p>During an interview on 3/13/2025 at 2:02 p.m. the Administrator (ADM) stated Resident 1 was not readmitted to the facility on [DATE] because she needed to be placed on contact isolation because she had a C. Diff infection, and they did not have a single or cohort room (a shared room for residents infected or colonized with the same pathogen) at the time. The ADM stated she was not aware that after 48 hours without C. Diff symptoms (diarrhea) Resident 1 could be taken off isolation and share a room with another resident.</p> <p>During a review of facility's policy and procedure (P&amp;P) titled Bed-Holds and Returns dated 10/2022, the P&amp;P indicated following hospitalization , residents whom staff are concerned about permitting to return due to their clinical condition at the time of transfer are evaluated based on their current condition, not their condition when originally transferred.</p> <p>During a review of facility's P&amp;P titled Clostridium Difficile dated 9/18/2023, the P&amp;P indicated residents asymptomatic for 48 hours can be removed from precautions (diarrhea free).</p>		