

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056194	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2025
NAME OF PROVIDER OR SUPPLIER Windsor Gardens Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 915 S. Crenshaw Blvd. Los Angeles, CA 90019	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the safety of one of four sampled residents Resident 1. As a result of this deficient practice Resident 1 fell on 6/19/2025 at 4:40 AM and transferred to General Acute Care Hospital (GACH). Findings: A review of Resident 1's admission record indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with a diagnosis including metabolic encephalopathy (a problem in the brain caused by a chemical imbalance in the blood) chronic kidney disease (kidneys cannot filter blood as well as they should), weakness (a lack of strength in the muscles), Alzheimer's disease (a progressive disease that destroys memory and other important mental functions). During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 4/22/2025 indicated brief interview for mental status (BIMS: a screen used to assist with identifying a resident's current cognition and to help determine if any interventions needed to occur) 1 out of 15, indicating the resident had severe cognitive (ability to acquire and understand knowledge) impairment. Impairment (weakness or loss of strength) on upper extremity (shoulder, elbow, wrist, hand) on lower extremity (hip, knee, ankle, foot). During a review of Resident 1's at risk for fall care plan dated 7/30/2025, related to cognitive loss, lack of safety awareness, impaired mobility and cognition, indicated the goal was resident will have no falls. The care plan interventions indicated to maintain a clutter-free environment in the resident's room, monitor and assist for toileting needs, place call lights within reach while in bed or close proximity to the bed. During a review of Resident 1's GACH record dated 6/19/2025, indicated Resident 1 was brought to GACH from the facility for abdominal discomfort and had a fall from bed. The reason for admission was a large amount of stool on the computerized tomography scans (CT scans - a series of X-ray images taken by computers to create more detailed images of bones, blood vessels, and tissues inside the body) on the abdomen. A review of Resident 1's Change of Condition (COC) dated 6/19/2025, indicated on 6/19/2025 at 4:40 AM Resident 1 was found on the floor on left bedside. The resident was transferred to GACH via 911 (emergency vehicle used to transport sick or injured people to a hospital or other medical facility, especially during emergencies) for evaluation status post fall. During an interview on 7/29/2025 at 12:40 PM, Certified Nursing Assistant (CAN) 1 stated, Resident 1 is very dependent on care, unable to fully turn or get up, it takes long for the resident to slide down. During an interview on 7/29/2025 at 1:02 PM, Licensed Vocational Nurse (LVN) 1 stated, Resident 1 is bed bound, requires full assistance for mobility. Fall is not a desired outcome, It can potentially cause physical harm to the resident and psychosocial decline. During an interview on 7/29/2025 at 2:57 PM with Director of Nursing (DON), the DON stated, Resident 1 has been in the facility for over a year. Resident 1 was found on the floor on 6/19/2025 during the night shift and was sent to GACH for evaluations. During an interview on 7/30/2025 at 12:45 PM with LVN 2, LVN 2 stated, on 6/19/2025 around 4:30 AM Resident 1's lower extremities and half of the body were down on the floor next to the bed. LVN 2 was unable to recall the last time he observed Resident 1 in bed. LVN 2 further stated, the primary physician for Resident 1 and family member were contacted, Resident 1 was transferred to GACH for evaluations. A review of the facility's Policy and Procedures (P&P) titled Fall Management revised 3/6/2025, the P&P indicated, Patients will be assessed for falls risk as part of the nursing assessment process. Those determined to be at risk will receive appropriate interventions to reduce risk and minimize injury. A review of the facility's P&P titled Resident Rights revised 3/6/2025, the P&P indicated Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: be free from abuse, neglect, misappropriation of property and exploitation.</p>		