STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056238	A. Building B. Wing	07/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Vallejo Nursing & Rehabilitation Center	2200 Tuolumne Street Vallejo, CA 94589

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46132 Based on interviews and record reviews, the facility did not ensure: 1. Resident 1 got to her medical appointment for one out of three sampled residents (Resident 1). 2. Resident 1 and her Responsible Party (RP, an appointed person who could act on behalf of the resident) was notified the facility was not able to procure transportation going to and from the medical appointment, for one out of three sampled residents (Resident 1). These failures could lead to miscommunication, frustration and could be a safety risk due to delayed care and treatment. Findings: A review of Resident 1's face sheet (demographics) indicated an admitted [DATE]. Her diagnoses included Hyperlipidemia (HLP, an elevated level of lipids -- fats, like cholesterol and triglycerides, in your blood), Major Depression (a serious mental disorder that negatively affects how you feel, think, act, and perceive the world) and Anxiety (a feeling of fear, dread, and uneasiness). Resident 1's Brief Interview for Mental Status (BIMS, a mandatory tool used to screen and identify the cognitive condition of residents), dated 6/5/24, score was 13, indicating intact cognition (a term for the mental processes that take place in the brain, including thinking, attention, language, learning, memory and perception). Resident 1 required the assistance of staff when performing her Activities of Daily Living (ADLs, the tasks of everyday life. Basic ADLs include eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet). During an interview on 7/2/24 at 1:46 p.m., Unlicensed Staff A stated, if a resident had a medical appointment, the facility should arrange transportation if requested by the family, per the facility's policy. Unlicensed Staff A stated, if the facility could not provide transportation or was not able to ensure a resident could get to her appointment, the resident or the RP should be notified. Unlicensed Staff A stated, not being able to be at a medical appointment could be a safety issue for the resident. Unlicensed Staff A stated residents would feel frustrated and upset if they were not able to be at their medical appointment. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2024

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/2/24 at 2:44 p.m., the Social Services Assistant 1 (SSA 1), stated it was the Social Services (SS) department that would schedule transportation for the resident to get to and from their appointments. SSA 1 stated it was the facility's policy to assist residents in securing transportation to and from their medical appointments. SSA 1 stated, if the facility was not able to secure transportation for a medical appointment, this information should be communicated to the resident and/or her RP. During an interview on 7/2/24 at 2:36 p.m., Licensed Staff B stated the resident or their RP should be notified if the resident was not able to be at their medical appointment. Licensed Staff B stated, not notifying the resident or RP timely could lead to miscommunication, and the resident feeling frustrated and upset. Licensed Staff B stated, missed medical appointment might lead to a resident's condition to worsen. During an interview on 7/2/24 at 3:59 p.m., SSA 2, when Resident 1's daughter came to the Care Conference on 6/7/24 at 1 p.m., the daughter stated her mom had a medical appointment on that day. SSA 2 stated Resident 1's daughter gave the medical appointment information for 6/7/24, to the Director of Nursing (DON). SSA 2 stated she did not receive this medical appointment information from the DON. SSA 2 stated the medical appointment was for the Physician to assess Resident 1's on and off bouts of diarrhea. SSA 2 stated she was not made aware of this appointment ahead of time, so there was no transportation arranged for Resident 1 to go to and from this medical appointment. SSA 2 stated it was the facility's responsibility to ensure residents got to their medical appointments. SSA 2 stated, if a resident was not able to go to the medical appointment for any reason, the facility should notify and communicate with the resident or RP the reason why the resident could not get to their scheduled medical appointment. SSA 2 stated, not notifying the resident or the RP about the reason why the facility was unable to get them to their appointment could result in the resident or the RP to feel upset and angry, especially if they were not notified timely of why the resident was not able to go to the medical appointment for any reason. SSA 2 stated a resident missing a medical appointment could be a safety risk for the resident and their symptoms could worsen. SSA 2 stated the medical appointment could catch something that would prevent a resident's symptoms from worsening. During an interview on 7/2/24 at 4:17 p.m., Licensed Staff C stated, missed medical appointments could be a safety risk for the resident. Licensed Staff C stated it was the facility's policy to ensure residents got to their medical appointments. Licensed Staff C stated, if a resident was not able to go to their medical appointment, the facility should notify the resident or the RP timely of why the resident was not able to go to their scheduled medical appt. During an interview on 7/2/24 at 4:36 p.m., the DON stated Resident 1's daughter made a medical appointment for 6/7/24, and she had given this information to the Administrator. The DON was unable to recall the date when Resident 1's daughter handed her the medical appointment information and could not recall the date when she gave the medical appointment information to the Administrator. The DON stated it was the facility's policy to provide or arrange transportation to and from residents' medical appointments. The DON stated Resident 1 was a [Medical Organization] recipient and did not need to go to the medical appointment as arranged by Resident 1's daughter. When asked if she had mentioned this to Resident 1's daughter, and if Resident 1's daughter agreed for Resident 1 not to go to the scheduled medical appointment at Kaiser, the DON stated, No. The DON stated the facility did not communicate with Resident 1 or her daughter that Resident 1 would not be able to go to her scheduled medical appointment on 6/7/24, because the facility was not able to arrange transportation to and from her medical appointment. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's policy and procedure (P&P) titled, Transportation, Social Services, revised 12/2008, the P&P indicated, The facility shall help arrange transportation for residents as needed .social services will help the resident as needed to obtain transportation.

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F 0726 Level of Harm - Actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46132 Based on interviews and record reviews, the facility failed to ensure: 1. Staff were aware of what was sepsis (a serious complication of an infection, without prompt treatment, it can lead to organ failure, tissue damage and death) and its symptoms. 2. Staff were monitoring for signs and symptoms of Urinary Tract Infection (UTI, A condition in which bacteria invade and grow in the urinary tract system, which removes waste from the blood, in the form of urine) for one out of two sampled residents (Resident 1). These failures resulted in Resident 1 hospitalization on [DATE], due to Sepsis. A review of Resident 1's Discharge Summary Note from the hospital, dated 7/1/24, indicated she presented at the hospital with a fever and had met the criteria for severe sepsis (when sepsis causes your organs to malfunction, usually because of low blood pressure, a result of inflammation- body's response to injury or infection, throughout your body, with fever, tachypnea (rapid, shallow breathing), leukocytosis (high white blood cell count due to an infection) and Acute Kidney Injury (AKI, when your kidney- the organ that removes waste and extra water from the blood as urine and helps keep chemicals balanced in the body, suddenly stops working properly). A review of the Physician's Order, dated 6/8/24 at 3:23 p.m., indicated to monitor Resident 1 for signs and symptoms of UTI. Findings: A review of Resident 1's face sheet (demographics) indicated an admitted [DATE]. Her diagnoses included Hyperlipidemia (HLP, an elevated level of lipids (fats, like cholesterol and triglycerides, in your blood), Major Depression (a serious mental disorder that negatively affects how you feel, think, act, and perceive the world) and Anxiety (a feeling of fear, dread, and uneasiness). Resident 1's Brief Interview for Mental Status (BIMS, a mandatory tool used to screen and identify the cognitive (a term for the mental processes that take place in the brain, including thinking, attention, language, learning, memory, and perception) condition of residents), dated 6/5/24, score was 13, indicating intact cognition. Resident 1 required the assistance of staff when performing her Activities of Daily Living (ADLs, the tasks of everyday life. Basic ADLs include eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet). During an interview on 7/2/24 at 2:36 p.m., Licensed Staff B stated some residents did not present with symptoms of UTI. Licensed Staff B stated, if a resident was complaining of not feeling well, generalized fatigue or malaise or showing a slightly altered mental status (AMS, a change in mental function that could stem from illness), staff should monitor the resident closely and should investigate what was causing these symptoms. Licensed Staff B stated untreated infections could lead to sepsis. Licensed Staff B stated a resident should be suspected of having sepsis if they had a fever, altered mental status, increased heart rate and respiration. Licensed Staff B stated sepsis was an emergency. Licensed Staff B stated sepsis indicated the infection had already worsened. (continued on next page)

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F 0726 Level of Harm - Actual harm Residents Affected - Few	During an interview on 7/2/24 at 4:17 p.m., Licensed Staff C stated, although some residents did not show symptoms of UTI, staff should monitor residents closely when they complained of not feeling well or if staff noted a resident to be complaining of generalized malaise or feeling tired. Licensed Staff C stated staff should monitor these residents closely because this could be a symptom of an infection. Licensed Staff C stated sepsis developed gradually. Licensed Staff C stated sepsis was an infection that was not treated and had worsened. Licensed Staff C stated an untreated UTI could lead to hospitalization and sepsis. During an interview on 7/2/24 at 5:16 p.m., the Assistant Director of Nursing (ADON) stated sepsis could be prevented with the right treatment. The ADON stated the best defense to sepsis was prevention, meaning the existing infection should be treated so it did not worsen. The ADON stated sepsis was a response of the body in severe infection. The ADON stated an untreated UTI could lead to sepsis and hospitalization . The ADON stated sepsis could be life threatening. During an interview on 7/15/24 at 3:20 p.m., Licensed Staff E stated, even if a resident did not present with symptoms of UTI , there would still be changes in the resident such as altered mental status, the color of the urine and its smell, or mild discomfort in the lower abdomen or when peeing. Licensed Staff E stated, if there were any subtle changes in a resident's status, then nurses should monitor the resident closely and request of the Physician a urinalysis to check if the resident had a UTI. Licensed Staff E stated untreated UTIs could lead to hospitalization , sepsis, and death. Licensed Staff E stated sepsis was due to an infection that was left untreated, had worsened, and had gotten into the blood stream. Licensed Staff E stated sepsis was a medical emergency, which could lead to septic shock or worse, death. Licensed Staff E stated, if a resident was sent out to the hospital and was diagnosed with sepsis, it meant the resident already had an infection at the facility that was missed, was left untreated and had worsened. During an interview on 7/15/24 at 3:42 p.m., Licensed Staff G stated an asymptomatic (when you have bacteria in your urine but do not have symptoms) UTI could present as a general feeling of tiredness or feeling unwell. Licensed Staff G stated it could also present as pain in the lower abdomen, and frequency of urination. Licensed Staff G stated residents who had history of UTIs were more likely to get UTIs. Licensed Staff G stated, since some UTIs did not present with classic symptoms, the nurses should monitor residents closely for any change in condition. Licensed Staff G stated sepsis was an infection of the bloodstream and was always an emergency. Licensed Staff G stated sepsis could occur if a resident had an infection that was missed or left untreated, and it had worsened. Licensed Staff G stated, if a resident was sent out to the hospital and was diagnosed with sepsis, it could mean the resident already had an infection brewing at the facility, and the infection was not treated and had worsened. Licensed Staff G stated, untreated infections could lead to sepsis, septic shock hospitalization and death. Licensed Staff G stated the best way to address sepsis was prevention and treating the existing infection. During an interview on 7/15/24 at 4:03 p.m., Licensed Staff I stated a complaint of a general feeling of unwellness or being tired should always be monitored closely. Licensed Staff I stated some UTIs did not present with classic symptoms, but staff needed to monitor residents closely if they were showing AMS. Licensed Staff I stated an untreated UTI could lead to worsening of the infection. Licensed Staff I stated sepsis was the result of an untreated infection. Licensed Staff I stated, if a resident was admitted to the hospital for sepsis, it meant the resident already had an infection at the facility that was missed and not treated. Licensed Staff I stated sepsis could lead to hospitalization , septic shock or even death. (continued on next page)

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F 0726 Level of Harm - Actual harm Residents Affected - Few	During a telephone interview on 7/16/24 at 11:28 a.m., the Director of Staff Development (DSD) verified Resident 1 was transferred to the ED on 6/20/24, due to AMS. The DSD stated staff were not monitoring Resident 1 for signs and symptoms of a UTI. The DSD verified there was no urinalysis (UA, a test of your urine, used to detect and manage a wide range of disorders, such as Urinary Tract Infections) done to check whether Resident 1 had a UTI. The DSD stated sepsis was an infection that was not treated and had worsen. During a telephone interview on 7/17/24 at 8:37 a.m., when asked if Resident 1 could have had an infection prior to transfer to the hospital on 6/20/24, where she was diagnosed with sepsis, the Director of Nursing (DON) stated, Yes. The policy and procedure for sepsis was requested but was not provided. A review of the facility's policy and procedure (P&P) titled, Change of Condition, revised 8/25/21, the P&P indicated, The facility must immediately consult with the Physician where there was a significant change in residents physical, mental and psychosocial status such as deterioration in health, mental or psychosocial status in either life threatening condition or clinical complication. A review of the facility's policy and procedure (P&P) titled, Urinary Tract Infection/Bacteriuria (presence of bacteria in the urine) Clinical Protocol, revised 4/2018, the P&P indicated, The staff and practitioner will identify individuals with possible signs and symptoms of UTI .signs and symptoms of a UTI may be specific to the urinary tract and/or generalized .acute deterioration in stable chronic urinary symptoms may indicate an acute infection .

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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 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have policies on smoking. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46132 Based on observations, interviews, and record reviews, the facility failed to implement its smoking policy (a facility's set of ideas or a plan for action for smoking) and failed to follow the smoking interventions identified in the Smoking Risks Assessment form (an assessment carried out for people who smoke) and smoking care plan (CP, a formal process that correctly identifies existing needs and recognizes a client's potential needs or risks created for individual residents), for two out of two sampled residents (Residents 1 and 2), to promote safety while they were smoking. These failures were a safety hazard and could result in accidents, burns and smoke inhalation injuries. Findings: A review of Resident 1's face sheet (demographics) indicated she was initially admitted to the facility on [DATE], with the diagnoses of Bipolar disorder (a disorder that causes extreme mood swings which include emotional highs-mania or hypermania and lows-depression), Heart Failure (HF, occurs when the heart muscle does not pump blood as well as it should), and Chronic Obstructive Pulmonary Disease (COPD, a common lung disease causing restricted airflow and breathing problems). Resident 1's Brief Interview for Mental Status (BIMS, a mandatory tool used to screen and identify the cognitive condition of residents), dated 3/12/24, score was 15, indicating intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). Resident 1's Smoking Evaluation, dated 7/9/24, indicated supervised smoking was required. Resident 1's smoking CP, dated 7/9/24, indicated Resident 1 may smoke with supervision, and Resident 1's smoking materials were kept in the Nursing Station. A review of Resident 2's face sheet indicated he was initially admitted to the facility on [DATE], with diagnoses of Multiple Sclerosis (MS, a disease in which the immune system eats away at the protective covering of nerves, resulting in nerve damage that disrupts communication between the brain and the body), Quadriplegia (a form of paralysis that affects all four limbs, plus the torso), and Muscle Weakness. Resident 2's BIMS, dated 6/17/24, score was 15, indicating intact cognition. His smoking evaluation, dated 7/15/24, indicated he required supervised smoking. Resident 2's smoking CP, dated 12/7/23, indicated he was allowed to smoke three times a day with staff supervision, and all cigarettes and lighters were kept in the Social Services office. During an interview on 7/15/24 at 3:08 p.m., Resident 1 stated the facility allowed residents to smoke based on these schedules 8:30-9:00 a.m., 1:30-2:00 p.m., and 3:30 to 4:00 p.m. Resident 1 stated the facility also provided a staff member to supervise residents while they were smoking. Resident 1 stated the smoking area was at the patio outside the [NAME] Room. Resident 1 stated she kept her own smoking materials such as cigarettes and lighters for months now although the facility should be keeping them. Resident 1 stated staff knew about this. Resident 1 stated sometimes she and other residents smoked without staff supervision. Resident 1 stated it was not the residents' fault if the facility was not able to provide a staff member to supervise them while they were smoking. (continued on next page)

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F 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 7/15/24 at 3:15 p.m., Licensed Staff A stated it was the facility's policy to ensure residents were supervised by staff when they were smoking, and the Social Services Department kept the residents' smoking materials. Licensed Staff A stated this was the smoking policy and was for residents' safety. Licensed Staff A stated residents were not allowed to keep their smoking materials, such as cigarettes and lighters, for safety measures. Licensed Staff A stated, if residents were smoking with no staff supervision, and if residents were keeping their smoking materials, then the facility policy was not followed, and it could result in accidents, injuries and burns. During an interview on 7/15/24 at 3:26 p.m., Unlicensed Staff B stated the residents were not allowed to keep their cigarettes and lighters, and residents would need to be supervised by staff when they were smoking, no exceptions. Unlicensed Staff B stated this was the facility's smoking policy. Unlicensed Staff B stated it was the facility's policy to ensure there was staff to supervise residents when they smoked. Unlicensed Staff B stated, if the residents kept their cigarettes and lighters and were not supervised by staff when they were smoking, it meant the facility policy was not followed. Unlicensed Staff B stated it was a safety issue and could result in accidents and injuries. During an interview on 7/15/24 at 3:29 p.m., Smoking Attendant C (SA C) stated the smoking schedule was 8:30 to 9:00 a.m., 1:30-2:00 p.m. and 4:00 to 4:30 p.m. SA C stated the facility policy was to ensure residents were supervised by staff while they were smoking, and the Activity Department kept their cigarettes and lighters. SA C stated residents were not allowed to smoke by themselves and were not allowed to keep their smoking materials, no exception, per the facility's smoking policy. SA C stated if these were not done, it meant the facility smoking policy was not followed. SA C stated this was a safety issue which could result in accidents and injuries. During an interview on 7/15/24 at 3:46 p.m., the Activity Director Assistant (ADA) stated it was the facility's responsibility to ensure staff was present when residents were smoking. The ADA stated it was the facility's policy to ensure residents were supervised by staff while they were smoking. The ADA stated the Activity Department kept the residents' cigarettes and lighters. The ADA stated this was for residents' safety to avoid accidents, burns and injuries. During an interview on 7/15/24 at 3:48 p.m., Unlicensed Staff E stated, per the facility's smoking policy, it was the facility's responsibility to ensure a staff was supervising residents when they were smoking, and residents were not allowed to keep their cigarettes and lighters. Unlicensed Staff E stated these were done to ensure residents' safety to prevent injuries, accidents and burns. During an interview on 7/15/24 at 3:58 p.m., Unlicensed Staff F stated it was the facility's policy to ensure residents were supervised by staff when they were smoking. Unlicensed Staff F stated residents were not allowed to keep their cigarettes and lighters. Unlicensed Staff F stated this was for residents' safety to avoid accidents and burns. During an interview on 7/15/24 at 4:03 p.m., Licensed Staff G stated it was the facility's responsibility to provide supervision to the residents while they were smoking. Licensed Staff G stated residents were not allowed to keep their cigarettes and lighters. Licensed Staff G stated it was for residents' safety and to avoid accidents and burn injuries. (continued on next page)

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F 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 7/15/24 at 4:16 p.m., Resident 2 stated the facility was not consistent in providing staff to supervise them when they were smoking. Resident 2 stated staff knew he sometimes smoked without supervision, and that he kept his own cigarettes and lighter. Resident 2 stated everything was good if SA C was in the facility but if he was not, then it became an issue. Resident 2 also confirmed he kept his own cigarettes and lighter. Resident 2 stated staff did not ask to keep his cigarettes and lighter. During an interview on 7/15/24 at 4:45 p.m., the Director of Nursing (DON) confirmed residents needed staff supervision when they were smoking, and staff kept residents' cigarettes and lighters. The DON stated this was for resident safety. A review of the facility's policy and procedure (P&P) titled, Smoking, effective date of 8/9/22, the P&P indicated, It is the policy of this facility to accommodate residents who desire to smoke by taking reasonable precaution and providing a safe environment for them .Interdisciplinary Team [a group of dedicated healthcare professionals who work together to provide you with the care you need] will develop individualized plan for safe storage, use of smoking materials, assistance and required supervision if necessary for residents who smokes, this is documented on residents' smoking evaluation and residents' plan of care.