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| 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 09/04/2024 |
| NAME OF PROVIDER OR SUPPLIER Windsor Vallejo Nursing & Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Tuolumne Street Vallejo, CA 94589 | |

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) |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>38335</p> <p>Based on observation, interview and record review, the facility failed to provide clean and non-soiled privacy curtains and failed to ensure the windows were clean and washed, in one of three resident rooms occupied by Residents 2 and 3. These failures resulted in Residents 2 and 3 living in an unclean environment.</p> <p>Findings:</p> <p>During an interview on 8/30/24, at 10:35 a.m., Resident 2 stated Resident rooms are not cleaned daily, and that, you are lucky if your room gets cleaned twice a week. Resident 2 further reported the windows were not washed regularly and were dirty. During a concurrent observation, the windows in Resident 2's room were visibly dirty. During the same interview, Resident 2's roommate, Resident 3, endorsed Resident 2's complaints about the cleanliness of their room.</p> <p>During an observation on 8/30/24, at 1:55 p.m., the privacy curtains around Residents 2's and 3's beds were dirty and stained. During a concurrent interview, Resident 2 stated the privacy curtains had not been washed in months.</p> <p>A review of the Resident Council's minutes for the month August 2024, dated 8/21/24, indicated, under, DISCUSSION OF OLD/UNFINISHED BUSINESS, that Residents complained about rooms not being cleaned.</p> <p>During an interview on 8/30/24, at 2 p.m., the Administrator was asked for the facility's policy and procedure on housekeeping, but none was provided.</p> <p>During an interview on 8/30/24, at 2:05 p.m., the Housekeeping Director (HD) stated Resident rooms were cleaned daily, seven days a week. The HD stated staff maintained logs of room cleaning. The HD was requested to provide these logs for the month of August 2024. A review of these logs indicated Residents 2's and 3's room was last cleaned on 8/23/24.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>38335</p> <p>Based on interview and record review, the facility failed to report an allegation of abuse within two hours to the Department and failed submit an investigative summary of the abuse allegation within five working days to the Department, for one of two abuse allegations. These failures had the potential to delay the Department's investigation of the abuse allegation.</p> <p>Findings:</p> <p>A review of Form SOC 341 - Report of Suspected Dependent Adult/Elder Abuse (SOC 341), dated 10/16/23, indicated Certified Nursing Assistant (CNA) A verbally abused Resident 1 on 10/12/23. The SOC 341 indicated the facility reported the incident to the Department on 10/14/23, via voicemail. The SOC 341 further indicated a fax transmission sheet reflected the SOC 341 was faxed to the Department on 10/16/23 at 12:16 p.m.</p> <p>A review of the facility's investigative report of the abuse allegation, dated 10/20/23, indicated the facility became aware of the abuse allegation on 10/12/23. A review of the investigative report indicated a fax transmission sheet showing it was faxed to the Department on 10/25/23 at 1:45 p.m.</p> <p>During interviews on 8/29/24, at 3:48 p.m., and 8/30/24, at 2 p.m., the Administrator confirmed the information on the SOC 341 and in the investigative report. The Administrator was asked for evidence the allegation of abuse was reported to the Department within two hours and the investigative report was submitted within five working days. The Administrator stated he did not have an explanation for the late reporting of the abuse allegation and late submission of the investigative report to the Department.</p> <p>A review of the facility's policy and procedure titled, Abuse Prohibition Policy and Procedure, dated 2/23/21, indicated the facility staff would report all allegations of abuse within two hours of the incident and submit an investigative report of the incident within five working days of the incident.</p> |

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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>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38335</p> <p>Based on observation, interview and records review, the facility failed to complete a Fall Risk Assessment for one (Resident 4) of four residents (Resident 4, Resident 5, Resident 6, Resident 7) prior to developing interventions to reduce the risk of falls. This failure had the potential for facility staff not knowing what appropriate and personalized interventions to implement to prevent residents from falls that may result in injuries.</p> <p>Findings:</p> <p>On 7/8/24, the Department received a report from the facility on Resident 4's fall with resulting injury, on 7/6/24.</p> <p>A review of Resident 4's facesheet indicated she was admitted to the facility on [DATE], for an after effect of stroke, encephalopathy (group of medical conditions causing brain dysfunction), history of fall from slipping, tripping, and stumbling without striking against an object, need for assistance with personal care, and difficulty in walking amongst other disease conditions.</p> <p>Further review of facility documents, titled: Progress Notes, dated 7/6/24, 9:50 AM, and, Interdisciplinary (IDT- usually composed of the Director of Nursing, Social Services Supervisor, Activities Supervisor, Director of Rehabilitation, facility Physician, and Administrator) Fall, dated 7/9/24, 10:25 AM, indicated Resident 4 had an unwitnessed fall on the morning of 7/6/24, and was sent to the acute hospital for evaluation.</p> <p>Further review of Resident 4's EMR (Electronic Medical Record) on 9/4/24 at 2:48 PM, indicated there was no Fall Risk Assessment completed for Resident 4.</p> <p>During an interview on 9/4/24, at 3:41 PM, with the Director of Nursing (DON), when asked when Fall Risk Assessment were supposed to be conducted, she responded upon admission and during IDT fall meetings - after a fall incident, when contributing factors were identified, interventions were assessed for effectiveness, and the fall care plan was reviewed and revised as appropriate.</p> <p>During continued interview on 9/4/24, at 3:44 PM, when asked why a Fall Risk Assessment documentation was not found among Resident 4's medical records, the DON responded: The nurse who assessed Resident 4 on admission filled out the wrong report form (Daily Charting) instead of the Nursing Evaluation V2. The DON clarified that the Daily Charting did not include a Fall Risk Assessment, whereas the Nursing Evaluation V2 had a section for Fall Risk Assessment.</p> <p>A review of the facility's policy titled: Fall Management, dated effective 5/26/21, indicated, Patients will be assessed for falls as part of the nursing assessment process. Those determined to be at risk will receive appropriate interventions to reduce risk and minimize injury.</p> | | |