

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 03/28/2025
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)
<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>49950</p> <p>Based on interview and record review, the facility failed to ensure an injury of unknown source was reported within the required timeframe for one of five sampled residents (Resident 2) when an injury of unknown source was reported to the California Department of Public Health (CDPH) the following day.</p> <p>This failure of timely reporting had the potential to cause a delayed response by enforcement agencies to ensure resident safety.</p> <p>Findings:</p> <p>A review of a facility document, dated 3/21/25 and received by the CDPH on 3/21/25, indicated an injury of unknown source occurred when Resident 2 obtained a broken left wrist on 3/20/25.</p> <p>During an interview, on 3/28/25 at 1:00 p.m., with the Director of Nursing (DON) and Administrator (ADM), DON and ADM stated they did not know an injury of unknown source, that resulted in serious bodily injury, should have been reported within two hours.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigating, undated, the P&P indicated injury of unknown source should be reported within two of hours of serious bodily injury.</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
---	-------	-----------