STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056315	A. Building B. Wing	01/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Cypress Gardens	9025 Colorado Avenue Riverside, CA 92503

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. 37536 Based on observation, interview, and record review, the facility failed to ensure that staffing information was accesible to residents and visitors. This failure had the potential for residents and visitors from being able to view the level of care provided, including the number of certified nursing assistants, licensed nurses, and other available staff to assist. Findings: On January 2, 2025, at 9:15 a.m., an unannounced visit to the facility was conducted to investigate an allegation regarding a nursing service staffing issue. On January 2, 2025, at 9:20 a.m., during observation at the reception area, the staffing information was found hidden, having fallen between the front glass window and the receptionist desk. On January 2, 2025, at 9:25 a.m., during an interview with the Director of Staff Development (DSD), the DSD stated the staffing information should be posted in a visible area daily at the start of shift. The DSD further stated the posted staffing information did not reflect the current date. The DSD further stated, the Census and Direct Care Service Hours Per Patient Per Day (DHPPD - a metric used to measure the amount of direct care provided to patients or resident by nursing staff within a 24-hour period) was dated December 31, 2024. The DSD stated the staffing information should have been current and visibly posted. it should be current and should be visible. A review of the facility policy and procedure titled, Posting Direct Care Daily Staffing Numbers, dated August 20, 2022, indicated .Within 2 hours of the beginning of each shift the number of licensed nurses (RN,s LPNs and LVNs) and the number of unlicensed nursing personnel (CNAs and NAs) directly responsible for resident care is posted in prominent location (accessible to residents and visitors) .

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)
F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37536 Based on interview and record review, the facility failed to ensure the food preferences of one of three residents (Resident A) were honored when pork loin was served on Resident A's dinner tray. This failure had the potential in the resident eating less or skipping meals, leading to weight loss. Findings: On January 2, 2025, at 9:15 a.m., an unannounced visit to the facility was conducted to investigate an allegation of a dietary service issue. On January 2, 2025, at 9:15 a.m., during an interview with Resident A, Resident A stated that on December 20, 2024, his evening meal tray included pork loin, eventhough his meal ticket clearly indicated in large letters NO PORK. Resident A further stated that his was not an isolated incident and had occurred multiple times in the past. Resident A stated he kept the meal ticket from the days he was served pork. On January 2, 2025, during a review of Resident A ' s Admission Record, it indicated Resident A was admitted to the facility on [DATE], with diagnoses which included depression. A review of Resident A ' s Nutritional Assessment, dated September 23, 2024, indicated .cultural, religious, ethnic preferences .No Pork . A review of Resident A ' s History and Physical examination dated December 5, 2024, indicated Resident A has the capacity to make decision . A review of Resident A ' s evening meal ticket on December 11 and December 20, 2024 indicated .Evening Meal .Pork Loin .Dislikes: NO PORK OF ANY KIND .Assist Instructions .NO PORK. On January 2, 2025, at 11:04 a.m., during an interview with the Registered Dietitian (RD), the RD indicated it is the facility's practice to honor the preferences of residents. The RD stated if Resident A specifies no pork, Resident A should not have been served pork. On January 6, 2025, at 1:30 p.m., during an interview with the Cook, the [NAME] stated he was unaware that the resident disliked pork. The [NAME] stated, he served what was read to him from the meal ticket. The [NAME] stated it was possible that the dietary staff read it as pork, instead of no pork. On January 6, 2025, at 13:05 p.m., during an interview with the Dietary Service Supervisor (DSS), the DSS stated what appears in the meal ticket is what is served. The DSS further stated if the resident ' s meal ticket indicated no pork, the resident should not have been served pork. (continued on next page)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On January 3, 2025, during a review of the facility policy and procedure titled, Resident Food Preference, dated July 2017, indicated .The Dietary Department will provide residents with meal consistent with their preferences .