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	02/19/2025

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44505 Based on interview and record review, the facility failed to complete a post-dialysis (a medical treatment that removes waste, excess fluids, and toxins from the blood when the kidneys are no longer able to function properly) assessments on December 27, 2024, and December 31, 2024, for one of three sampled residents (Resident 1). This failure had the potential to result in an increased risk of undetected complications post hemodialysis and delayed medical interventions. Findings: A review of Resident 1's, Admission Record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included end stage renal disease (an irreversible kidney failure) and diabetes mellitus (abnormal blood sugar level). A review of Resident 1's Dialysis Communication Record, dated December 27, 2024, and December 31, 2021, indicated no post hemodialysis assessments were completed on December 27, 2024 , and December 31, 2024. On January 29, 2025, at 2:10 p.m., during a concurrent interview and record review of Resident 1's Dialysis Communication Record Binder with Licensed Vocational Nurse (LVN). The LVN stated the post hemodialysis assessments were missing on December 27, 2024, and December 31, 2024 for Resident 1. The LVN stated failing to complete the assessments could result in staff being unaware of critical health changes in the resident. On January 29, 2025, at 4:57 p.m., during a concurrent interview and record review with the Assistant Director of Nursing (DON). The ADON stated, post dialysis assessment form should be completed to document the resident's condition after coming back from dialysis treatment. The ADON stated, Resident 1's dialysis communication record should be completed as it was a form of communication and the licensed nurses' assessment of Resident 1's post hemodialysis treatment. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056315	A. Building B. Wing	02/19/2025

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's policy and procedures (P&P) titled, Dialysis Care, dated August 25, 2021, indicated, . Communication and Collaboration .the Nursing Staff, Dialysis Provider Staff, and the attending Physician will collaborate on a regular basis concerning the resident's care as follows: .Nursing staff may use Hemodialysis communication record .the Nursing staff will send a dialysis communication form to the dialysis center every time a resident is scheduled for offsite dialysis .documentation will be maintained in the resident's medical record .

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	02/19/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44505 Based on observation, interview, and record review, the facility failed to provide hand hygiene before a meal to one of three sampled residents (Resident 1). This failure had the potential to expose Resident 1 to bacterial contamination from unclean hands and increasing the risk of infection. Findings: A review of Resident 1's, Admission Record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included end stage renal disease (an irreversible kidney failure), blind right and left eye category, and osteomyelitis (inflammation of bone). On January 29. 2025 at 1:01 p.m., during an observation of lunch service in Resident 1's room, the CNA was observed serving lunch to Resident 1. The CNA held Resident 1's hand, which had red residue under the fingernails. The CNA had Resident 1 touched the food to identify the meal served. The CNA did not offer or provide hand wipes or hand hygiene before Resident 1 touched and ate his food. On January 29, 2025, at 1:10 p.m., during an interview, CNA stated, she had not provided hand hygiene to Resident 1. The CNA stated she should have provided Resident 1 with hand wipes to clean his hands before serving the lunch tray. The CNA further stated it had been the facility's process for residents to perform hand hygiene before meals to prevent the spread of germs and infection. On January 29, 2025, at 3:30 p.m., during an interview with the Assistant Director of Nursing (ADON), the ADON stated the staff should have offered residents hand hygiene before providing their meals to prevent the spread of infection. The facility policy and procedure titled, Handwashing/Hand Hygiene, dated September 18, 2023, indicated . the facility considers hand hygiene the primary means to prevent the spread of infections .all personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors .