

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/12/2025
NAME OF PROVIDER OR SUPPLIER Windsor Cypress Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36038</p> <p>Based on observation, interview and record review, the facility failed to ensure that reasonable accommodation were made for one of three sampled residents reviewed (Resident A), when the call light was placed on the weaker side.</p> <p>This failure had the potential to result in Resident A being unable to request assistance, leading to unmet needs and possible delays in care.</p> <p>Findings:</p> <p>On April 9, 2025, at 9:20 a.m., an unannounced visit to the facility was conducted to investigate an allegation of neglect.</p> <p>On April 11, 2025, at 11:38 a.m., Resident A's call light was observed clipped to the bedrails on the left side.</p> <p>A review of Resident A's Admission Record, indicated Resident A was admitted to the facility on [DATE], with diagnoses which included cerebral infarction- stroke- death of brain tissue due to inadequate blood supply) and contracture (tightening of muscles and tendon causing shortening and stiffness of joints) left upper arm.</p> <p>A review of Resident A's Minimum Data Set (an assessment tool) dated April 9, 2025, indicated Brief Interview of Mental Status (score of 14 (cognitively intact).</p> <p>On April 11, 2025, at 11:40 a.m., during an interview with Certified Nurse Assistant (CNA), CNA stated, she placed the call light on Resident A's left side which is the weaker side. The CNA stated, she should have placed the call light button on her strong side, which is the right side.</p> <p>On April 11, 2025 at 12 p.m., during an interview with Licensed Vocational Nurse (LVN), LVN stated Resident A was not able to call for help, when the call light was not placed on her strong side.</p> <p>A review of Resident A's Care plan indicated .Focus: Moderate risk for fall; Intervention .Follow facility fall protocol .a reachable call light .</p> <p>A review of the facility policy and procedure titled, Answering Call Lights, dated October 24, 2024, indicated, . Ensure that the call light is accessible to the resident when in bed .</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
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