

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 06/20/2025
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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that food provided to a resident on a puree diet (a type of texture-modified diet where all foods are blended to a smooth, pudding-like consistency) was given as ordered by the physician, when a cotton candy was given for consumption for one of three sampled residents (Resident 1).</p> <p>This failure had the potential to place Resident 1 at risk for choking or aspiration.</p> <p>Findings:</p> <p>On May 13, 2025, Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with diagnoses which included dysphagia (difficult swallowing).</p> <p>A review of Resident 1's History and Physical dated March 15, 2024, indicated, Resident 1 had the capacity to understand and make decisions.</p> <p>A review of Resident 1's Physician Order, dated June 13, 2024, indicated, Fortified diet [additional nutrients have been added to foods] Puree texture, Nectar/Mildly Thick Liquids consistency, LARGE PORTIONS.</p> <p>A review of Resident 1's Care Plan, dated June 13, 2025, indicated, .swallowing difficulty requiring altered texture diet: pureed foods, thickened liquids .Goal .Resident will safely consume prescribed diet with no signs of aspiration .Interventions .Offer choices within diet .Provide diet per order .</p> <p>A review of Resident 1's Nurses Progress Note, dated May 5, 2025, indicated, .STAFF NOTED THAT RESIDENT WAS CONSUMING COTTON CANDY, SPOKE WITH RESIDENT THAT RES IS CURRENTLY REGULAR DIET WITH PUREE TEXTURE AND MILD THICKENED FLUID .</p> <p>A review of Resident 1's Dietary Profile dated May 5, 2025, indicated, .Diet Texture .PUREE TEXTURE . RESIDENT IS TO REMAIN ON AN FORTIFIED DIET, PUREE TEXTURE .</p> <p>(continued on next page)</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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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On May 13, 2025, at 11:19 a.m., Licensed Vocational Nurse (LVN) 1 was interviewed. LVN 1 stated, she worked on May 5, 2025, at around 1:30 p.m., and saw Resident 1 eating cotton candy, and the container was about half full. LVN 1 stated, Resident 1 was on a puree diet and was at high risk for aspiration. LVN 1 stated, the Business Manager gave the cotton candy to the resident and had done so in the past.</p> <p>On May 13, 2025, at 1:44 p.m., Resident 1 was interviewed. Resident 1 stated, he was eating cotton candy when a staff took it away.</p> <p>On May 13, 2025, at 2:34 p.m., the Business Office Manager (BOM) was interviewed. The BOM stated she had asked the previous Director of Nursing (DON) if the resident could eat cotton candy and was told he could. The BOM stated, she gave Resident 1 the cotton candy.</p> <p>On May 13, 2025, at 3:25 p.m., the Registered Dietitian (RD) was interviewed. The RD stated Resident 1's diet was fortified puree nectar thick liquid. The RD stated Resident 1 should not be given cotton candy.</p> <p>On June 18, 2025, at 3:31 p.m., the Assistant Director of Nursing (ADON) was interviewed. The ADON stated, the staff should communicate with nursing before giving any treats or snacks to residents. The ADON stated, Resident 1 was on a puree diet as prescribed and should have not been given cotton candy. The ADON stated, the diet was prescribed to prevent injury and reduce the risk of choking.</p> <p>A review of the facility policy and procedure titled Therapeutic Diets, undated, indicated, .Therapeutic diets are prescribed by the Attending Physician to support the resident's treatment and plan of care in accordance with his or her goals and preferences .Snacks will be compatible with the therapeutic diet .</p>		