

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2025
NAME OF PROVIDER OR SUPPLIER  Windsor Hampton Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  442 Hampton Street Stockton, CA 95204	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>49823</p> <p>Based on interview, and record review, the facility failed to document and investigate the grievances (complaints) of one of three sampled residents (Resident 3), regarding his care concerns.</p> <p>This failure had the potential for Resident 3's care concerns not being addressed timely.</p> <p>Findings:</p> <p>A review of Resident 3's ADMISSION RECORD, indicated Resident 3 was admitted to the facility in 2024 with diagnoses which included cerebral infarction (a result of disrupted blood flow of the brain due to problems with the blood vessels that supply it, also known as a stroke or CVA).</p> <p>A review of Resident 3's Nurses Progress Notes, dated 10/18/24, indicated, .Had a meeting with [Resident 3] today and shared some concerns including previous grievances that he submitted (copies at hand) .Resident shared he requested for another provider .Resident is requesting to see a podiatry [foot doctor] .He is requesting for ophthalmology [eye doctor] for his eyes, he is also requesting for x rays to right shoulder, right foot, right hip, right and left knees .</p> <p>A review of Resident 3's Nurse Progress Notes, dated 10/25/24, indicated, .[Resident 3] came to my office upset with grievance form on hand .Resident is very upset about waiting too long for the podiatry and the ophthalmology to see him .Resident requested copies of his recent x rays .He shared frustration that it is taking too long for the ancillary [additional medical services] providers to come .</p> <p>During a concurrent interview and record review on 3/21/25, at 12:16 p.m., with Resident 3 in his room, Resident 3 stated that he filed grievances at the facility and kept personal copies of the grievances that he filed. Resident 3 further stated that after he made copies of the completed grievance forms, he took the original grievance forms to the Social Services department. Resident 3 stated that he felt that his grievances were not being addressed by the facility in a timely manner.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 3/21/25, at 3 p.m., with the Social Services Director (SSD), the facility Grievances Binder was reviewed. The SSD stated regarding grievances that if a resident had a grievance, the facility had the resident complete a grievance form. The SSD further stated the completed grievance form was forwarded to the affected department. The SSD explained that after three days, the affected department manager followed up with the resident. The SSD stated the facility kept track of the grievance forms in the Grievance Binder. The SSD further stated the grievances were sorted in the binder by resident name and by month. The SSD explained that after the follow-up, the affected department returned copies of the grievance investigation forms to the Social Services office, and the grievance investigation forms were kept in the Grievance Binder. The SSD stated that the grievance investigation forms were stored for three years per facility policy. The SSD confirmed that there were no copies of Resident 3's grievance forms in the Grievance Binder. The SSD acknowledged that the facility policy was not followed.</p> <p>During a concurrent interview and record review on 3/21/25, at 5:02 p.m., with the Assistant Director of Nursing (ADON), Resident 3's Nursing Progress Notes, were reviewed. The ADON stated the facility Grievance officers were Social Services and the Administrator. The ADON confirmed that the nursing progress notes in Resident 3's medical record indicated that Resident 3 discussed grievances with the Director of Nursing (DON) with grievance forms in hand on 10/18/24 and on 10/25/24. The ADON further confirmed that there were no grievance forms stored for Resident 3 in the facility Grievance Binder. The ADON confirmed that the facility policy was not followed.</p> <p>A review of a facility policy and procedure (P&amp;P) titled, Grievances/Complaints, Filing, revised April 2017, the P&amp;P indicated, .Residents and their representatives have the right to file grievances, either orally or in writing, to the facility staff or to the agency designated to hear grievances .The Administrator and staff will make prompt efforts to resolve grievances to the satisfaction of the resident and/or representative .3. All grievances .concerning issues of resident care in the facility will be considered. Actions on such issues will be responded to in writing, including a rationale for the response .8. Upon receipt of a grievance and/or complaint, the Grievance Officer will review and investigate the allegations and submit a written report of such findings to the Administrator within five (5) working days of receiving the grievance and/or complaint . 12. The resident, or person filing the grievance and/or complaint on behalf of the resident, will be informed (verbally and in writing) of the findings of the investigation and the actions that will be taken to correct any identified problems .b. A written summary of the investigation will also be provided to the resident, and a copy will be filed in the business office .14. The results of all grievances files, investigated and reported will be maintained on file for a minimum of three years from the issuance of the grievance decision .</p> <p>A review of a facility P&amp;P titled, Grievances/Complaints - Staff Responsibility, revised October 2017, indicated, .Staff members are encouraged to guide residents about where and how to file a grievance and/or complaint when the resident believes that his/her rights have been violated .1. Should a staff member overhear or be the recipient of a complaint voiced by a resident, a resident's representative (sponsor), or another interested family member of a resident concerning the resident's medical care, treatment .the staff member is encouraged to guide the resident, or the person acting on the resident's behalf, as to how to file a written complaint with the facility .2. Staff members will inform the resident or the person acting on the resident's behalf that he or she may file a grievance or complaint with the Administrator or other government agencies .without fear or threat or any form of reprisal .</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>49823</p> <p>Based on interview, and record review, the facility failed to consistently conduct Interdisciplinary Team (IDT, a care team consisting of different disciplines who assess and coordinate care) care plan conferences (a meeting which provides opportunities for the resident and/or his/her representative, and each discipline to revise the resident's care plans) for two of three sampled residents (Resident 1 and Resident 2) when there was no documentation of quarterly IDT care plan conferences held for Resident 1 and Resident 2.</p> <p>These failures had the potential for unmet care needs for Resident 1 and Resident 2.</p> <p>Findings:</p> <p>a. A review of Resident 1's ADMISSION RECORD, indicated Resident 1 was admitted to the facility in 2024 with diagnoses which included diabetes mellitus (a chronic condition that affects the way the body processes blood sugar), and hypertension (a condition in which the force of the blood pushing against the blood vessel walls is consistently too high. This causes the heart to work harder to pump blood).</p> <p>During an interview on 3/21/25, at 3:34 p.m., with Resident 1 in his room, Resident 1 stated that he did not recall ever being invited to a care conference.</p> <p>b. A review of Resident 2's ADMISSION RECORD, indicated Resident 2 was admitted to the facility in 2024 with diagnoses which included chronic kidney disease (a progressive damage and loss of function of the kidneys), and malignant neoplasm of the prostate (prostate cancer).</p> <p>During an interview on 3/21/25, at 3:04 p.m., with Resident 2 in his room, Resident 2 denied ever attending a care conference meeting or being invited to one. Resident 2 stated that there was a meeting when he first got to the facility, but nothing since then.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 3/21/25, at 3 p.m., with the Social Services Director (SSD), Resident 1 and Resident 2's electronic medical records (EMR) were reviewed. The SSD stated the IDT care conferences were held upon the resident's admission, every three months (quarterly), and annually. The SSD further stated that during the initial IDT care conference, Social Services, Physical Therapy, Director of Nursing, Dietary, Activities, the resident and/or the resident's responsible party (RP, the person designated to direct the care of a loved one admitted into a nursing facility) attended the care conference meeting. The SSD stated the same participants attended the quarterly meetings and the annual meetings. The SSD further stated the IDT care conferences was held in the conference room on Tuesdays and Thursdays. The SSD explained that if the dates/times for the meetings were not convenient for the resident and/or RP, the SSD scheduled a meeting date/time that was convenient for the resident and/or RP. The SSD stated the notes from the IDT care conferences were completed by all disciplines then saved in the resident's EMR. During a review of Resident 1's EMR, the SSD confirmed that there was no quarterly IDT care conferences documented in Resident 1's EMR since admission. During a subsequent review of Resident 2's EMR, the SSD confirmed that there was no quarterly IDT care conferences documented in Resident 2's EMR since admission. The SSD stated the risk of not having the quarterly IDT meetings was that the residents' concerns were not addressed and that there was no plan of care.</p> <p>During a concurrent interview and record review on 3/12/25, at 5:01 p.m., with the Assistant Director of Nursing (ADON), Resident 1 and Resident 2's EMR were reviewed. The ADON confirmed no quarterly IDT care plan conferences were documented in Resident 1 and Resident 2's EMR since admission. The ADON further confirmed the facility policy was not followed.</p> <p>A review of a facility policy and procedure (P&amp;P) titled, Care Planning - Interdisciplinary Team, dated 8/25/21, indicated, .Our facility's Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan for each resident .3. The resident, the resident's family and/or the resident's representative are encouraged to participate in the development of and revisions to the resident's care plan .</p>