

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  05/06/2025
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47368</b></p> <p>Based on interview, and record review, the facility failed to ensure Certified Nurse Assistant (CNA) 1 was qualified to provide care and treatment to residents in the facility when CNA 1 was allowed to work with an expired CNA certificate from [DATE] to [DATE].</p> <p>This deficient practice had the potential to put the residents' care and safety at risk.</p> <p>Findings:</p> <p>During an interview on [DATE], at 1:56 p.m., Licensed Nurse (LN) 1 confirmed CNA 1 was working on [DATE] as a CNA and she had been providing direct resident care.</p> <p>During an interview on [DATE], at 2:10 p.m., CNA 1 stated she had been providing direct resident care for the last three years at the facility. CNA 1 further stated that her CNA certificate was currently active, and she had renewed her certificate before it expired. CNA 1 further stated she had never worked as a CNA with an expired certificate.</p> <p>During an interview on [DATE], at 9:19 a.m., the Staffing Coordinator (SC) stated the Director of Staff Development (DSD) would notify her when a staff member had an issue with their CNA certificate and had to be taken off the staff schedule. The SC further stated she was not aware CNA 1's certificate had expired.</p> <p>During a concurrent interview and record review on [DATE], at 9:35 a.m., CNA 1's timecard and CNA certificate was reviewed with the DSD, the DSD confirmed CNA 1's CNA certificate expired on [DATE]. The DSD stated CNA 1 had worked with residents from [DATE] through [DATE] with an expired CNA certificate. The DSD stated she had submitted CNA 1's certificate renewal application online on [DATE] at 11:29 a.m. The DSD further stated that there was a lack of communication, and she should have notified CNA 1 at least sixty days prior to her certificate expiring to avoid a delay in the renewal process. The DSD stated CNA 1 should not have been scheduled to provide direct resident care with an expired CNA certificate.</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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on [DATE], at 11:26 a.m., CNA 1's timecard and CNA certificate was reviewed with the Administrator (ADM), the ADM confirmed CNA 1 had worked while waiting for her renewed certificate. The ADM further stated the expectation was for the DSD, payroll staff, and the Staffing Coordinator to make sure the staff schedule was done appropriately. Further review of CNA 1's timecard and staff schedule indicated CNA 1 worked with an expired CNA certificate for a total of thirty-two days (from [DATE] to [DATE]) providing direct resident care.</p> <p>A review of the facility's policy titled, Staffing, revised on ,d+[DATE], indicated, .Licensed nurses and certified nursing assistants are available 24 hours a day to provide direct resident care services .</p> <p>A review of the facility's job description titled, Certified Nursing Assistant, revised on ,d+[DATE], indicated, . Staff Development Functions .to maintain current certification as a CNA .Experience - Must be a licensed Certified Nursing Assistant (CNA) in accordance with laws of the state .</p>		