

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  Windsor Rosewood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1911 Oak Park Boulevard Pleasant Hill, CA 94523	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>32717</p> <p>Based on interview and record review, for one of four sampled residents (Resident 1), the facility failed to ensure Resident 1 was free from verbal abuse when Certified Nursing Assistant (CNA) 1 yelled at Resident 1 Why don't you shut the hell up! during a verbal altercation.</p> <p>This failure had the potential to result in further conflict and emotional distress.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility in July 2022 with diagnoses that included alcohol abuse with intoxication and anxiety disorder (mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a resident assessment instrument used to identify resident care problems to be addressed in an individualized care plan), dated 7/12/24, the MDS indicated a Brief Interview for Mental Status (BIMS, a scoring system used to determine the resident's cognitive status in regard to attention, orientation, and ability to register and recall information) score of 15. A BIMS score of 13-15 is an indication of intact cognitive status.</p> <p>During an interview on 7/24/24 at 11:50 a.m. with Resident 1, Resident 1 stated on 7/6/24, CNA 1 entered the room and went to Resident 2's bedside (Resident 1's roommate). Resident 1 stated while CNA 1 was at Resident 2's bedside, Resident 2 hollered and cried even louder. Resident 1 stated the privacy curtains were drawn and Resident 1 thought CNA 1 might have harmed Resident 2. Resident 1 stated telling CNA 1 to leave the room to get the charge nurse. Resident 1 stated that was when CNA 1 yelled back Why don't you shut the hell up? at Resident 1. Resident 1 stated feeling uncomfortable and told CNA 1 Do not talk to me like that, who the hell you think you are?</p> <p>During an interview on 7/24/24 at 11:45 a.m. with CNA 1, CNA 1 stated passing by Resident 1's room when Resident 2 started to holler and cry. CNA 1 stated she went to Resident 2's side of the room to offer help. CNA 1 stated Resident 2 continued to holler, while Resident 1 repeatedly, and loudly, yelled at CNA 1 to get out of the room. CNA 1 stated between Resident 2 hollering and Resident 1 yelling, she was not being able to hear what Resident 2 was trying to say. CNA 1 stated she yelled at Resident 1 Why don't you shut the hell up!.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Care Plan for Exhibiting Verbal Behaviors toward staff, initiated on 4/10/24, the care plan indicated interventions that included for staff to; Allow time for expression of feelings, provide empathy, encouragement, and reassurance .If resident becomes combative or resistive, postpone care activity and allow time for him/her to regain composure .Remove resident/patient from environment, if needed. Gently guide the resident from the environment while speaking in a calm, reassuring voice.</p> <p>During a review of another care plan for Resident 1's History of Verbal Outbursts Directed Toward Others, initiated on 5/5/24, the care plan indicated for staff to provide a calm, quiet, well-lit environment.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>32717</p> <p>Based on interview and record review, the facility failed to implement written policies and procedures that prohibit and prevent abuse when facility did not conduct reference check on Certified Nursing Assistant (CNA) 1 prior to hiring.</p> <p>This failure had the potential to result in exposing residents to staff that may have propensity for abusive behavior.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility in July 2022 with diagnoses that included alcohol abuse with intoxication and anxiety disorder (mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities).</p> <p>During a review of Resident 1's Progress Notes dated 7/6/24, the Progress Notes indicated Resident 1, while intoxicated, had a verbal altercation with CNA 1 when CNA 1 told Resident 1 to Shut the hell up after Resident 1 told CNA 1 to be careful with assisting roommate.</p> <p>During an interview on 7/24/24 at 11:45 a.m. with CNA 1, CNA 1 stated passing by Resident 1's room when Resident 1's roommate (Resident 2) started to holler and cry. CNA 1 stated entering the room towards Resident 2's side of the room to offer help. CNA 1 stated, Resident 2 continued to holler, Resident 1 repeatedly yelled at CNA 1 to get out of the room. CNA 1 stated, between Resident 2 hollering and Resident 1 yelling, CNA 1 stated not being able to hear what Resident 2 was trying to say. CNA 1 stated yelling at Resident 1 Why don't you shut the hell up!.</p> <p>During a review of CNA 1's employee files on 7/24/24 at 10:40 a.m., the employee files indicated, CNA 1 had entered two previous employers but a reference check was not done.</p> <p>During an interview on 7/24/24 at 11:41 a.m. with Director of Staff Development (DSD), DSD stated background screening/checks for prospective employees were done but not reference check. DSD stated there was no documentation that CNA 1's previous or current employers were contacted.</p> <p>During a review of the facility's policy and procedure P&amp;P titled Abuse Prohibition &amp; Prevention and Reporting Reasonable Suspicion of a Crime in the Facility, last revised August 2022, the P&amp;P indicated, under Screening, the facility will review prospective employee's employment history, will check information from previous/current employers and will make reasonable efforts to uncover information about past disciplinary actions/ criminal prosecutions.</p>		