

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POC Received: 5/9/25
POC Approved: 5/12/25
BIC: 5/8/25
Per Diane Bradley

PRINTED: 05/07/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056238	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER WINDSOR VALLEJO NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2200 TUOLUMNE STREET VALLEJO, CA 94589		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaints CA00956372, CA00957106, CA00957119, and CA00957158. The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was written for Complaint #CA00956372.	F 000	Preparation, submission, and implementation of this plan of correction does not constitute an admission of the deficiency, or agreement of the conclusion or facts brought forward by this survey report. Our plan of correction is prepared and executed to continuously improve quality of care, and to comply with all applicable state and federal regulatory requirements. This plan of correction is submitted as the facility's credible allegation of compliance.		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed follow their policy and procedures (P&P) and to assure that services being provided met professional standards of quality for one of four residents, (Resident 1), when a Licensed Nurse (LN 1) administered medication four hours late, improperly disposed of medication and incorrectly documented these errors. These deficient practices had the potential to cause harm and have a negative impact on the intended therapeutic effect of the medications. Findings:	F 658	Services Provided Meet Professional Standards Corrective Action(s): On 04/24/2025, LN 1 had discussion with Resident 1 regarding her medications time preferences and notified the physician and ordered to changed time of medications to be administer. On 04/24/2025, Assistant Director of Nursing initiated an eInteract CIC to evaluate Resident 1 for any undesired effect of medications that are not given timely and notified the physician. On 04/24/2025, Director of Nursing re-educated LN 1 regarding the Policy and Procedure of Physician Orders, Discarding and Destroying Medications, Administering Medications, Medication Errors and Nursing Documentation. Identification other residents at risks: On 04/24/2025, Assistant Director of Nursing checked if any other residents didn't receive medications at scheduled time and no other residents affected to this deficient.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Handwritten Signature]

Administrator

5/9/2025

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.

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F 658	<p>Continued From page 1</p> <p>A review of Resident 1 ' s "Admission Record," the Admission Record indicated, Resident 1 was admitted in January of 2025, with diagnoses that included Rhabdomyolysis (rare muscle injury where your muscles break down), Bariatric surgery status, (patient had undergone a bariatric procedure, such as gastric banding or bypass), and Hypomagnesemia (low magnesium levels in the blood. Magnesium is an essential mineral for energy production, muscle and nerve function, bone health and blood pressure regulation).</p> <p>During a concurrent observation and interview with LN 1 at Nurses Station 2, on 4/24/25 at 1:40 p.m., LN 1 stated Resident 1 had not taken her scheduled medications doses at 8 a.m. and 9 a.m. LN 1 accessed her medication cart, removed Resident 1 ' s medications from the cart, placed them inside a medication cup, poured MiraLAX into another cup, and instructed Resident 1 to take her medications. Resident 1 took all her medications except for the MiraLAX, and the LN 1 disposed of the MiraLAX in the trash. LN 1 confirmed Resident 1 ' s medications were administered late and that she disposed of the MiraLAX in the trash. LN 1 stated that it was not good practice to dispose of medications in the trash because the medication could be removed and ingested by a person it was not intended for and could have a harmful effect on them.</p> <p>During an interview with the Director of Nursing (DON) on 4/24/25 at 3:59 p.m., the DON confirmed LN 1 administered Resident 1 ' s medications after the scheduled time. The DON stated her expectation was for the nurses to</p>	F 658	<p>Systemic Changes:</p> <p>On 05/08/2025, Director of Staff Development will re-educated regarding the Policy and Procedure of Physician Orders, Discarding and Destroying Medications, Administering Medications, Medication Errors and Nursing Documentation.</p> <p>The Director of Staff Development or designee will weekly skills check the Licensed nurses for Medication Observation Pass including discarding and destroying medications until competency met.</p> <p>Monitoring:</p> <p>The Director of Staff Development or designee will report result of Licensed Nurses skills check of Medication Observation Pass including discarding and destroying medications to the Director of Nursing for further intervention if needed.</p> <p>The Director of Staff Development will report the finding and trends of the Medication Observation Pass including discarding and destroying medications to the QAPI committee monthly X3 months or until compliance is met.</p> <p>Compliance Date: 05/08/2025</p>		

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F 658	<p>Continued From page 2</p> <p>follow the physician ' s order and to inform the physician if the resident refused to take their medications. The DON stated LN 1 should not have disposed of the medication in the trash as they were trained to discard medications in their drug buster container (drug disposal system) inside their medication carts. The DON emphasized the importance of properly disposing medications as the medications may cause damaging effects to a resident if taken without a physician ' s order.</p> <p>During a review of Resident 1 ' s Medication Administration Record (MAR) on 4/24/25, the MAR indicated Resident 1 ' s following medications were scheduled to be given every day at 8 a.m.:</p> <p>Ascorbic Acid (Vitamin C), Calcium Citrate (helps build strong bones), Vitamin D, Docusate Sodium (laxative), Ferrous Gluconate (iron supplement), Folic Acid (also known as Vitamin B9), Magnesium Oxide (supplement used to treat migraine and constipation), Multi Vitamin, MiraLAX, and Sennosides (stool softener). The following medications for Resident 1 were scheduled to be given every day at 9 a.m.: Pantoprazole Sodium (reduces the amount of acid in the stomach), B-12 (Vitamin), Vitamin D, Vitamin A, and Thiamin HCL (Vitamin).</p> <p>A further review of the MAR for April indicated</p>	F 658	BLANK PAGE		

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F 658	<p>Continued From page 3</p> <p>that all medications scheduled for 8 a.m. and 9 a.m. on 4/24/25 were inaccurately documented by LN 1 as given timely and not when they were actually administered at 1:40 p.m. The 8 a.m. dose of MiraLAX from 4/24/25 was documented as given when it had been disposed.</p> <p>During a phone interview with the Assistant Director of Nursing (ADON) on 4/29/25 at 3:55 p.m., the ADON confirmed as documented in Resident 1 ' s MAR, there was a check mark and initial of LN 1 on 4/24/25 at 8 a.m., which indicated MiraLAX was consumed by Resident 1. The ADON stated, it is not safe to indicate a certain task was performed if it was not done.</p> <p>A review of the facility ' s P&P, titled, "Physician Order," dated 3/22/22, indicated, " ... VIII. the Licensed Nurse receiving the order will be responsible for documenting and implementing the order ..."</p> <p>A review of the facility ' s P&P, titled, "Discarding and Destroying Medications," dated November 2022, indicated, "Medications that cannot be returned to the dispensing pharmacy (e.g., non unit-dose medications, medication refused by the resident, and/or medications left by residents upon discharge) are disposed of in accordance with federal, and state and local regulations governing management of non-hazardous pharmaceuticals, hazardous waste and controlled substances ..."</p>	F 658	BLANK PAGE		