PRINTED: 02/23/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		056315	B. WING		C	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	02/21/2023	3
WANTE OF THOUSER OR SOFT LIER				9025 COLORADO AVENUE		
WINDSO	R CYPRESS GARDE	NS		RIVERSIDE, CA 92503		
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		BE COMPLE	
F 000		cts the findings of the ent of Public Health during the	F 00	The following written Plan of Corre (POC) is provided as a matter of regulatory compliance. It does not necessarily indicate agreement wit findings or deficiencies identified. F	n the	5
AANOST	Complaint intake no	umbers: CA00814916		consider this written POC as our allegation of compliance with the		
J. Brido V. G. Aligija	Representing the D Evaluator Nurse, 36	epartment: Health Facilities 3153		deficiency(ies) identified.		
	complaint investiga the findings of a full	limited to the specific ted and does not represent inspection of the facility. identified for complaint intake r to E-tag 755)				
F 755 SS=D	Pharmacy Srvcs/Pr	ocedures/Pharmacist/Records	F 75	The medication record for Resident reviewed and reconciled on Decem		/28
147, 148	drugs and biological them under an agree §483.70(g). The fapersonnel to admin permits, but only unalicensed nurse.	ovide routine and emergency ls to its residents, or obtain		2022 by DON1. The other Residents orders for anti-anxiety medications records were reviewed for similar discrepancies and none were found that time. Work with the pharmacy provider hoeen ongoing since the incident by DON1 and DON2. Additionally, insewas initially held with the facility licentring staff on 1/10/2023 that incidents	at nas both rvicing ensed	
	dispensing, and addition biologicals) to meet	urate acquiring, receiving, ministering of all drugs and the needs of each resident. Consultation. The facility		the topic of medications that may be unavailable and the procedures to in those instances. The inservice	ollow	
		ain the services of a licensed		education was provided by the facil director of staff development, and additional inservicing shall continue		
LABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	IATLIDE	TITLE	(X6) DATE	

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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WINDSOR CYPRESS GARDENS				9025 COLORADO AVENUE RIVERSIDE, CA 92503	, <u> </u>	
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F 755	aspects of the provide facility. §483.45(b)(2) Esta receipt and disposs sufficient detail to expect the conciliation; and sufficient detail to expect the conciliation; and sufficient detail to expect the conciliation; and sufficient dispersion of the conciliation; and that an axis maintained and provided the conciliation of	age 1 vides consultation on all vision of pharmacy services in ablishes a system of records of ition of all controlled drugs in enable an accurate ermines that drug records are in account of all controlled drugs periodically reconciled. NT is not met as evidenced ation, interview and record failed to provide or obtain a routine medication, Xanax dication used to treat anxiety c disorders), within a timely three residents reviewed a multiple doses of the fiety were not received by sition of anti-anxiety e potential to impede the on and relief of anxiety, which ect Resident A's condition. D22, an unannounced visit was icility for the investigation of d22, Resident A was admitted to 16, 2022, with diagnoses that	F7	monthly for a period of at least to ensure the process remains. The health information managed designee, will audit the controvercord on a monthly basis as a forward item. The shift to shift will be audited as an additional procedure to the regular phare. The DON, or designee, will most compliance through a random audit of the tracker. These audits of the tracker. These audits of the tracker and forwarded to administrator for follow up. All findings will be discussed at monthly QAPI meeting. Any neaction plans will be developed implemented immediately to econtinuous compliance.	s viable. ger, or blied drug a move t tracker al macy audit. bnitor weekly dits shall han 90 e remedied the t the eccessary and	

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- Nostalaja.	Į.		B. WING			C 02/21/2023	
NAME OF PROVIDER OR SUPPLIER WINDSOR CYPRESS GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 9025 COLORADO AVENUE RIVERSIDE, CA 92503				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 755		the brain and spinal cord),	F 7	'55			
ELLENGER ELS MODE	self-responsible for						
	comprehensive ass September 23, 202 has a BIMS Score of Status- an assessin process]) of 15 (con functional status ind supervision with se transfers, walking,	num data set (MDS- a sessment tool), dated 2, was reviewed. Resident A (Brief Interview of Mental nent tool for cognition [thinking gnitively intact). Resident A's dicated she required tup help only, in bed mobility, and bathing, and with one essing, eating, toilet use and					
1 (F & QE 1	December 2022, w	Order Summary Report," for as reviewed. The physician 's nber 19, 2022, indicated the ns:					
	measurement) (ALI Give 1 tablet by mo manifested by restl	.25 MG (milligram- a unit of PRAZolam- generic name) outh every 8 hours for Anxiety essness and pacing (walking in expression of anxiety) Give tab (tablet); and					5.
+ # <u>1</u> 1	tablet by mouth eve	MG (ALPRAZolam) Give 1 ery 8 hours for Anxiety essness and pacing Give with"					
	(MAR)," for Decem	lication Administration Record ber 2022, was reviewed. The ns were not administered to					

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	056315 B. WING			C 02/21/2023			
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 755	Continued From pa	ge 3	F 7	55			
	Xanax Tablet 0.25 tablet by mouth ever manifested by restl	022, 0800, 1400, and 2200 : MG (ALPRAZolam) Give 1 ery 8 hours for Anxiety essness and pacing Give with Code 9 (Other/See Nurses		,			
TAG	Tablet 0.5 MG (ALF mouth every 8 hou	e, 0800, 1400, 2200, Xanax PRAZolam) Give 1 tablet by rs for Anxiety manifested by acing Give with Xanax 0.25mg					
		s for December 2022, were icensed nurses documented					
	Medication Adminis 0.25 MG (ALPRAZ every 8 hours for A	5 eMar (electronic MAR) - stration Note, Xanax Tablet olam) Give 1 tablet by mouth nxiety manifested by acing Give with Xanax 0.5mg on) not on site;					
ARSONE TIMB	(ALPRAZolam) Giv hours for Anxiety m	eMar - Medication e, Xanax Tablet 0.5 MG re 1 tablet by mouth every 8 nanifested by restlessness and anax 0.25mg tab, Med not on					
	-12/2/2022, 13:15, Administration Note pharmacy;	eMar - Medication e, awaiting delivery from				The same of the sa	
	-12/2/2022, 13:15, Administration Note pharmacy;	eMar - Medication e, awaiting delivery from					

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F 755	Continued From pa	age 4	F	755	5		
PORULOMS	-12/2/2022, 21:37, Administration Not and	eMar - Medication e, On order from pharmacy;					
	-12/2/2022, 21:37, Administration Not	eMar - Medication e, On order from pharmacy"					
	and record review Director of Nursing 1 stated Code 9 inc given and to see th stated the MAR incomedication and sho	022, a concurrent interview was conducted with the (DON) 1 (former DON). DON dicated the medication was not be Progress Notes. The DON dicated Xanax was a routine could have been given as y should have not run out of ax medications.					
e , tr	was interviewed. R times when she ne anxiety and the fac medications. Resid	22, at 9:50 a.m., Resident A lesident A stated there were leded her medications for lility had run out of her Xanax lent A was unable to indicate e run out of her Xanax					
	interview was cond Nurse (LVN) 1. LVI the Progress Notes medication had rur the medication refi stated Xanax refills approval from the s can deliver the refil bubble pack for Xa only 10 days suppl bubble pack are sh	23, at 12:25 p.m., a telephone lucted with Licensed Vocational N 1 stated she documented in s when Resident A's Xanax n out in December 2022, and Ils did not arrive on time. LVN 1 requires signature and physician, before the pharmacy Ils for Xanax. LVN 1 stated the max had 30 tablets, good for y, and the last 4 tablets in the laded blue, indicating time to LVN 1 stated Resident A's					

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F 755	Xanax medication times a day. LVN 1 bubble pack are or dose for the next d have difficulty in ge	age 5 was ordered as routine at 3 stated the last 4 tablets in the aly good for one day plus 1 ay. LVN 1 stated the pharmacy etting the physician 's signature e Xanax refills within a timely	F 7	755			
nonu. Pag	Resident A 's Xana The (name of phar December 3, 2022	23, the delivery receipt for eax medication was reviewed. macy) delivery receipt, dated, at 1:08 a.m., indicated: 1 0.254 MG TAB, Quantity 30, and					
	Delivered" On February 9, 202 interview and record DON 2 (the current December 2022 was confirmed Residen her Xanax medicate 2, 2022, because to the medications with stated medications physician should not because the pharm DON 2 stated reord medications should in a timely manner.	23, at 11:30 a.m., a concurrent of review was conducted with to DON). The MAR for as reviewed, and DON 2 to A was not administered with the consumer of the pharmacy had not delivered thin a timely manner. DON 2 ordered as routine by the pot have a missed dose nacy has not delivered yet. The der for Resident A 's Xanax at the done days in advance and the procedure titled, RECEIVING MEDICATIONS					
	FROM THE DISPE April 2008, was rev	ENSING PHARMACY, dated riewed. The policy indicated, elated products are received				e e e e e e e e e e e e e e e e e e e	

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NAME OF PROVIDER OR SUPPLIER WINDSOR CYPRESS GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 9025 COLORADO AVENUE					
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE			
from the dispensin The facility maintai medication order a	g pharmacy on a timely basis. ins accurate records of and receiptReorder	F 75	55					
assure an adequate order is called in, for the pharmacy regular delivery, imprompt delivery. The drug supply as appresident needs an delivery A license medications delivery delivery as appresident needs and delivery A license medications delivery as a series of the delivery A license medications delivery A license medication A license medic	te supply is on handThe refill axed, or otherwise transmitted lf needed before the next form pharmacy of the need for he emergency kit or emergency plicable is used when the nedication prior to pharmacy ed nurse: Receives red to the facility and	•						
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	SUMMARY ST (EACH DEFICIENC REGULATORY OR I Continued From particles of the dispension order a medication order a medication five data assure an adequate order is called in, for the pharmacy regular delivery, in prompt delivery. The drug supply as appresident needs and delivery A license medications delived documents that the was secure on the	R CYPRESS GARDENS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 from the dispensing pharmacy on a timely basis. The facility maintains accurate records of medication order and receiptReorder medication five days in advance of need to assure an adequate supply is on handThe refill order is called in, faxed, or otherwise transmitted to the pharmacyIf needed before the next regular delivery, inform pharmacy of the need for prompt delivery. The emergency kit or emergency drug supply as applicable is used when the resident needs a medication prior to pharmacy deliveryA licensed nurse: Receives medications delivered to the facility and documents that the delivery was received and was secure on the medication delivery receipt"	R CYPRESS GARDENS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 from the dispensing pharmacy on a timely basis. The facility maintains accurate records of medication order and receiptReorder medication five days in advance of need to assure an adequate supply is on handThe refill order is called in, faxed, or otherwise transmitted to the pharmacyIf needed before the next regular delivery, inform pharmacy of the need for prompt delivery. The emergency kit or emergency drug supply as applicable is used when the resident needs a medication prior to pharmacy deliveryA licensed nurse: Receives medications delivered to the facility and documents that the delivery was received and was secure on the medication delivery receipt"	PROVIDER OR SUPPLIER R CYPRESS GARDENS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUIATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 from the dispensing pharmacy on a timely basis. The facility maintains accurate records of medication order and receiptReorder medication five days in advance of need to assure an adequate supply is on handThe refill order is called in, faxed, or otherwise transmitted to the pharmacyIf needed before the next regular delivery, inform pharmacy of the need for prompt delivery. The emergency kit or emergency drug supply as applicable is used when the resident needs a medication prior to pharmacy deliveryA licensed nurse: Receives medications delivered to the facility and documents that the delivery was received and was secure on the medication delivery receipt"	PROVIDER OR SUPPLIER R CYPRESS GARDENS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 from the dispensing pharmacy on a timely basis. The facility maintains accurate records of medication order and receipt Reorder medication five days in advance of need to assure an adequate supply is on hand The refill order is called in, faxed, or otherwise transmitted to the pharmacy If needed before the next regular delivery, inform pharmacy of the need for prompt delivery. The emergency kit or emergency delivery A licensed nurse: Receives medications delivered to the facility and documents that the delivery was received and was secure on the medication delivery receipt "			