PRINTED: 05/19/2022 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			
					(	С			
		056315	B. WING			05/	18/2022		
	PROVIDER OR SUPPLIER  R CYPRESS GARDET	48		9	TREET ADDRESS, CITY, STATE, ZIP CODE 025 COLORADO AVENUE RIVERSIDE, CA 92503				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE PRIATE	(X5) COMPLETION DATE		
F 000		cts the findings of the ent of Public Health during the omplaint.  CA00779621.  epartment:	FC	;	The enclosed written Plan of Corr (POC) shall serve as our allegation substantial compliance with the deficiencies identified herein. It is as matter of regulatory requiremedoes not necessarily indicate agreewith the findings.	ion of e t is provided ement and			
F 658 SS=D	complaint investigathe findings of a full the findings of a full Two deficiencies we number: CA007796 Services Provided I CFR(s): 483.21(b)(3) Compared the services provided as outlined by the comust- (i) Meet professional This REQUIREMENT by: Based on interview failed to ensure, for (Resident 3), professional the followed when (blood pressure methypotension [low blood pressure methypotension [low	Meet Professional Standards B)(i)  prehensive Care Plans ed or arranged by the facility, omprehensive care plan, all standards of quality. IT is not met as evidenced  and record review, the facility one of five residents reviewed sional standards of practice the medication Midodrine dication used to treat bod pressure]) was given	F	658	The physician for Residen notified of the medication errors and that there were no adverse a noted. The physician did not issue orders. All other patients with ord Miodrine had their MAR reviewed the week of 4/20/2022 to ensure practice was isolated. No other erfound.  On 4/21/2022 the facility nursing staff were inserviced by that to the requirement to follow plorders as they pertain to medicate administration. Emphasis was placed by the physician.	on 4/21/ ffects e any nev Hers for I during the rrors wer licensed he DON hysician ion ced on	e		
A BORATO D	DIRECTOR'S OF BROWN	ER/SUPPLIER REPRESENTATIVE'S SIGN	IATUDE	į	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.

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 OS				) 18/2022
NAME OF I	PROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0011	10,2022
WINDSOR CYPRESS GARDENS				9	025 COLORADO AVENUE		
				F	RIVERSIDE, CA 92503		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
1					The health information ma	nager	
F 658	Continued From pa	-	F6	58	(HIM), or designee, shall conduct w	eekly/	
	Resident 3's physic	al well-being.			audits of the MARs for those reside	ents wit	h
	Findings:				orders for Miodrine to ensure the I	esident	s
		at 9:55 a.m., an unannounced			remain free of medication errors, a	ınd that	
		at the facility for the			the licensed staff is administering		
	investigation of a quality of care complaint.  On April 20, 2022, Resident 3's record was reviewed. Resident 3 was admitted to the facility on December 2, 2021, with diagnoses which included diabetes mellitus (abnormal sugar in the blood), end stage renal disease (ESRD-kidneys cease to fut to be detected by the stage renal disease (ESRD-kidneys cease to fut to be detected by the stage renal disease (ESRD-kidneys cease to fut to be detected by the stage renal disease (ESRD-kidneys cease to fut to be detected by the stage renal disease to fut to be detected by the stage renal disease to fut to be detected by the stage renal disease to fut to be detected by the stage renal disease to fut to be detected by the stage renal disease to stage renal disease (ESRD-kidneys cease to stage renal disease to stage renal disease (ESRD-kidneys cease to stage renal disease to stage renal disease (ESRD-kidneys cease to stage renal disease to stage renal disease (ESRD-kidneys cease to stage renal disease to stage renal disease to stage renal disease (ESRD-kidneys cease to stage renal disease renal disease to stage renal disease to stage renal disease renal disea				medications to the residents withir	n the	
					prescribed parameters issued by th		
					physician in accordance with the		
					professional standards expected of	а	
					icensed vocational nurse.		
					The DON or designed will	norforn	
		n of the body's toxins] to survive) and nsion (low blood pressure) of			The DON, or designee, will	`	
	hemodialysis.				weekly reviews of the audits to ens		
					practice does not recure. These au		
	Review of Resident indicated, "Midod	t 3's physician order summary			continue weekly for a period of no	riess	
		) Give 20 mg by mouth every	than 90 days, or until such time as				
	8 hours for Hypoter	nsion related to	compliance is achieved and main			inea.	
		HYPOTENSION OF HEMODIALYSIS hold if sbp		All findings will be discus			·
	(systolic blood pressure-the upper number of a blood pressure reading) 110 or abovedated December 3, 2021"  Review of Resident 3's electronic medication		monthly quality assurance and performance improvement (QAPI meetings. Any necessary action p				
						ns will	
		rd (eMAR) for March 2022,			be developed and implemented		
	indicated, Midodrin	e HCL was given outside hold			mmediately to ensure continuous		
		ch 1, 2 (two doses), 5 (two			compliance is maintained.		
		es), 7, 8, 11 (two doses), 12 , 21 (two doses), 22, 24, 25,			·		
	26, and March 27th						
	Povious of Pooleland	+ 2'a allAD for April 2022					
		t 3's eMAR for April 2022, was given outside of					
	parameters on Apri	I 2, 3, 5, 7, 9, 10, 13 (three					
	doses), 14, 15 (two April 17 (one dose)	doses), 16 (one dose), and			The state of the s	200	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		056315	B. WING			i	C <b>18/2022</b>
NAME OF F	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	10/2022
WINDSO	R CYPRESS GARDEN	NS .			9025 COLORADO AVENUE RIVERSIDE, CA 92503		
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F 658	On April 20, 2022, a concurrent record in Director of Nursing the medication should paramark in the eMAR is was given by the lice Resident 3 had a plot be held for sop of 1 Resident 3 should in Midodrine when held the physician order received Midodrine was 110 or greater, in March and April 20 On April 20, 2022, a concurrent record in Administrator (Administrator (Administrator (Administrator (Administrator and April 20 Administrator and April 20 Administrator and Administrator and Administrator and Sphysician orders. The documentation don Administrator and Administrator and April 2022, indicated and April 20	at 12:40 p.m., an interview and eview were conducted with the (DON). The DON stated that all ont be given outside of the meters. She stated a check indicated that the medication ensed nurse. The DON stated hysician order for Midodrine to 10 or greater. She stated not have been given the resp was 110 or greater per She stated Resident 3 several times when her sbp as documented in the eMAR 2022.  At 1 p.m., an interview and eview were conducted with the hot have been given outside of parameters. She stated that the not have been given outside of parameters. She stated that should verify and follow the ne Adm stated when an order ion was to be held for certain edication should be held and the in the progress note. The not 3 had a physician order for parameters of sbp of 110 or Resident 3's eMAR for March cated the Midodrine was given the hold parameters and give	Fé	\$58			
	Medication Adminis	y policy titled, "Specific tration Procedures" dated ewed. The policy indicated,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	MULTIPLE CONSTRUCTION (X: ULDING		) DATE SURVEY COMPLETED	
		056315	B. WING		l	C 18/2022	
	PROVIDER OR SUPPLIER R CYPRESS GARDE	NS		STREET ADDRESS, CITY, STATE, ZIF 9025 COLORADO AVENUE RIVERSIDE, CA 92503			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 760	as necessary prior administration"  A review of the Voc dated July 31, 2019 Vocational Nursing vocational nurse petechnical and manifollowing: (a) Uses assessment (data planning, executes with the care plan contributes to evaluinterventions related plan. (b) Provides which the licensees services as defined Administers medic communication skip patient/client care a Contributes to the cimplementation of self-care for the paindicated, "Performicensed vocational patients /clients he include but are not Documenting patients with standards of the Residents are Free CFR(s): 483.45(f)(2) Residents in errors.	n label before ain and record any vital signs to medication  cational Nursing Practice Act 5, indicated, "Scope of Practice: The licensed erforms services requiring ual skills which include the and practices basic collection), participates in interventions in accordance or treatment plan, and uation of individualized do to the care plan or treatment direct patient/client care by (1) Performs basic nursing d in subdivision (a); (2) ations; (3) Applies lls for the purpose of and education; and (4) development and a teaching plan related to tient/client" It further mance Standards: (a) A I nurse shall safeguard alth and safety by actions that limited to the following:(2) nt/client care in accordance ne profession" e of Significant Med Errors 2)	F 6		errors on ere no adverse	6.18.22	

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			05/1	0 1 <b>8/2022</b>		
NAME OF I	PROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	IOILOLL		
WINDSOR CYPRESS GARDENS				9025 COLORADO AVENUE RIVERSIDE, CA 92503					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE		
					any new orders. All other patients	with			
F 760	Continued From pa	age 4	F 7	760	orders for Miodrine had their MAR				
	by:				reviewed during the week of 4/20/	2022 to			
		v and record review the facility esident was free of significant			ensure the practice was isolated. N	o other			
		when staff administered			errors were found.				
		tion for hypotension [low blood							
		essure]) outside of the physician ordered			On 4/21/2022 the facility li				
	parameters, on multiple dates, for one of five residents reviewed (Resident 3).				hursing staff were inserviced by the				
	Toolachio Toviowoa			as to the requirement to follow ph	ysician				
	This failure increased the potential for Resident 1				orders as they pertain to medication	n			
		erience hypertension (high blood pressure			administration. Emphasis was place	ed on			
	which can lead to a stroke) and the potential to cause a delay in treatment.				adherence to established paramete	ers			
					issued by the physician.				
	Findings:								
	On April 20, 2022	at 9:55 a.m., an unannounced			The health information ma	- 1			
	visit was conducted	d at the facility for a quality of			(HIM), or designee, shall conduct w	* 1			
	care complaint.	active radiity for a quanty of			audits of the MARs for those reside				
		<b>5</b>			orders for Miodrine to ensure the I	i			
		Resident 3's record was table 3 was admitted to the facility			remain free of medication errors, a	nd that			
		21, with diagnoses which			the licensed staff is administering				
	included diabetes r	nellitus (abnormal sugar in the			medications to the residents withir	ı the			
		enal disease (ESRD-kidneys			prescribed parameters issued by th	n the			
		equiring dialysis [artificial y's toxins] to survive) and	W W. C.		physician in accordance with the				
	hypotension of hem				professional standards expected of				
		•			licensed vocational nurse.				
	Review of Resident indicated, "Midod	t 3's physician order summary				_	j		
		nne HCL 10 MG ) Give 20 mg by mouth every			The DON, or designee, will	· '			
	8 hours for Hypoter				weekly reviews of the audits to ens				
	HYPOTENSION O	F HEMODIALYSIS (195.3)			practice does not recure. These au				
		blood pressure-the upper	V 100 / 100		continue weekly for a period of not	t less			
	abovedated Dece	pressure reading) 110 or ember 3, 2021"			than 90 days, or until such time as				
		mary, by the time			compliance is achieved and mainta	ined.			
	Review of Resident	t 3's electronic medication			***				

		15-51-71-71-71-71-71-71-71-71-71-71-71-71-71		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		056315	B. WING			05/1	)  8/2022	
	PROVIDER OR SUPPLIER R CYPRESS GARDE	NS		STREET ADDRESS, CITY, STATE, ZIP CO 9025 COLORADO AVENUE RIVERSIDE, CA 92503	ODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD B		(X5) COMPLETION DATE	
F 760	administration recoindicated, Midodrine parameters on Mar doses), 6 (two doses), 14, 20 26, and March 27th opportunities)  Review of Resident indicated Midodrine parameters on April doses), 14, 15 (two April 17 (one dose)  On April 20, 2022, a concurrent record recoived Midodrine physician hold parameter in the eMAR is given by the license Resident 3's had a to be held for sbp or Resident 3 should in Midodrine when he the physician order received Midodrine was 110 or greater, in March and April 20, 2022, a concurrent record recoived Midodrine was 110 or greater, in March and April 20, 2022, a concurrent record recoived Midodrine was 110 or greater, in March and April 20, 2022, a concurrent record recoived Midodrine was 110 or greater, in March and April 20, 2022, a concurrent record recoived Midodrine was 110 or greater, in March and April 20, 2022, a concurrent record recoived Midodrine was 110 or greater, in March and April 20, 2022, a concurrent record recoived Midodrine was 110 or greater, in March and April 20, 2022, a concurrent record recoived Midodrine was 110 or greater, in March and April 20, 2022, a concurrent record recoived Midodrine was 110 or greater, in March and April 20, 2022, a concurrent record recoived Midodrine was 110 or greater, in March and April 20, 2022, a concurrent record recoived Midodrine was 110 or greater, in March and April 20, 2022, a concurrent record recoived Midodrine was 110 or greater, in March and April 20, 2022, a concurrent record recoived Midodrine was 110 or greater, in March and April 20, 2022, a concurrent record recoived Midodrine was 110 or greater, in March and April 20, 2022, a concurrent record recoived Midodrine was 110 or greater, in March and April 20, 2022, a concurrent record recoived Midodrine was 110 or greater, in March and April 20, 2022, a concurrent record recoived Midodrine was 110 or greater, in March and April 20, 2022, a concurrent record recoived Midodrine was 110 or greater, in March and April 20, 2022, a concurrent record recoived Midodrine w	ard (eMAR) for March 2022, and (eMAR) for March 2022, and HCL was given outside hold ch 1, 2 (two doses), 5 (two es), 7, 8, 11 (two doses), 12, 21 (two doses), 22, 24, 25, and (two doses), (23 out of 93 and evice was given outside of 12, 3, 5, 7, 9, 10, 13 (three doses), 16 (one dose), and and evice was conducted with the (DON). The DON stated mot be given outside of the meters. She stated a check and cated the medication was and nurse. The DON stated physician order for Midodrine for 110 or greater. She stated not have been given the risp was 110 or greater per she stated Resident 3 several times when her sbp as documented in the eMAR	F 7	All findings will be di- '60 monthly quality assurance ar performance improvement (imeetings. Any necessary action be developed and implement immediately to ensure continuous compliance is maintained.	nd QAPI) ion plan ited			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	TIPLE CONSTRUCTION	(X3) D/ C(	(X3) DATE SURVEY COMPLETED	
		056315	B. WING		٥	C 5/ <b>18/2022</b>	
NAME OF PROVIDER OR SUPPLIER WINDSOR CYPRESS GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODI 9025 COLORADO AVENUE RIVERSIDE, CA 92503		3,10/2022		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE	
F 760	progress note. The physician order for parameters of sbp Resident 3's eMAR indicated the Midocoutside the physicia stated the licensed hold parameters ar ordered.  Review of the facili Medication Administ April 2008, was review.	Adm stated Resident 3 had a Midodrine with hold of 110 or greater. She stated for March and April 2022, drine was given several times an hold parameters. The Adm nurses should be aware of the nd give the medication as ty policy titled, "Specific stration Procedures," dated riewed. The policy indicated, in label before ain and record any vital signs	F 7	760			