

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

PRINTED: 05/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2022
NAME OF PROVIDER OR SUPPLIER WINDSOR CYPRESS GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 9025 COLORADO AVENUE RIVERSIDE, CA 92503		
(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 the investigation of a complaint. Complaint Number: CA00779621. Representing the Department: Health Facilities Evaluator Nurse: 41348 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000	The enclosed written Plan of Correction (POC) shall serve as our allegation of substantial compliance with the deficiencies identified herein. It is provided as matter of regulatory requirement and does not necessarily indicate agreement with the findings.		
F 658 SS=D	Two deficiencies were identified for complaint number: CA00779621. 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 interview and record review, the facility failed to ensure, for one of five residents reviewed (Resident 3), professional standards of practice were followed when the medication Midodrine (blood pressure medication used to treat hypotension [low blood pressure]) was given outside of the hold parameters. This failure had the potential to negatively impact	F 658	The physician for Resident 3 was notified of the medication errors on 4/21/22 and that there were no adverse affects noted. The physician did not issue any new orders. All other patients with orders for Miodrine had their MAR reviewed during the week of 4/20/2022 to ensure the practice was isolated. No other errors were found. On 4/21/2022 the facility licensed nursing staff were inserviced by the DON as to the requirement to follow physician orders as they pertain to medication administration. Emphasis was placed on adherence to established parameters issued by the physician.		6-18-22

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

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.

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

PRINTED: 05/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2022
NAME OF PROVIDER OR SUPPLIER WINDSOR CYPRESS GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 9025 COLORADO AVENUE RIVERSIDE, CA 92503		
(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 658	<p>Continued From page 1</p> <p>Resident 3's physical well-being. Findings:</p> <p>On April 20, 2022, at 9:55 a.m., an unannounced visit was conducted at the facility for the investigation of a quality of care complaint.</p> <p>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 function requiring dialysis [artificial filtration of the body's toxins] to survive) and hypotension (low blood pressure) of hemodialysis.</p> <p>Review of Resident 3's physician order summary indicated, "...Midodrine HCL 10 MG (milligrams-dosage) Give 20 mg by mouth every 8 hours for Hypotension related to HYPOTENSION OF HEMODIALYSIS hold if sbp (systolic blood pressure-the upper number of a blood pressure reading) 110 or above...dated December 3, 2021..."</p> <p>Review of Resident 3's electronic medication administration record (eMAR) for March 2022, indicated, Midodrine HCL was given outside hold parameters on March 1, 2 (two doses), 5 (two doses), 6 (two doses), 7, 8, 11 (two doses), 12 (two doses), 14, 20, 21 (two doses), 22, 24, 25, 26, and March 27th (two doses).</p> <p>Review of Resident 3's eMAR for April 2022, indicated Midodrine was given outside of parameters on April 2, 3, 5, 7, 9, 10, 13 (three doses), 14, 15 (two doses), 16 (one dose), and April 17 (one dose).</p>	F 658	<p>The health information manager (HIM), or designee, shall conduct weekly audits of the MARs for those residents with orders for Miodrine to ensure the residents remain free of medication errors, and that the licensed staff is administering medications to the residents within the prescribed parameters issued by the physician in accordance with the professional standards expected of a licensed vocational nurse.</p> <p>The DON, or designee, will perform weekly reviews of the audits to ensure the practice does not recure. These audits shall continue weekly for a period of not less than 90 days, or until such time as compliance is achieved and maintained.</p> <p>All findings will be discussed at the monthly quality assurance and performance improvement (QAPI) meetings. Any necessary action plans will be developed and implemented immediately to ensure continuous compliance is maintained.</p>		

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

PRINTED: 05/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2022
NAME OF PROVIDER OR SUPPLIER WINDSOR CYPRESS GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 9025 COLORADO AVENUE RIVERSIDE, CA 92503		
(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 658	<p>Continued From page 2</p> <p>On April 20, 2022, at 12:40 p.m., an interview and concurrent record review were conducted with the Director of Nursing (DON). The DON stated that the medication should not be given outside of the physician hold parameters. She stated a check mark in the eMAR indicated that the medication was given by the licensed nurse. The DON stated Resident 3 had a physician order for Midodrine to be held for sbp of 110 or greater. She stated Resident 3 should not have been given the Midodrine when her sbp was 110 or greater per the physician order. She stated Resident 3 received Midodrine several times when her sbp was 110 or greater, as documented in the eMAR in March and April 2022.</p> <p>On April 20, 2022, at 1 p.m., an interview and concurrent record review were conducted with the Administrator (Adm). The Adm stated that the medication should not have been given outside of the physician hold parameters. She stated that the licensed nurses should verify and follow the physician orders. The Adm stated when an order indicated a medication was to be held for certain parameters, the medication should be held and documentation done in the progress note. The Adm stated Resident 3 had a physician order for Midodrine with hold parameters of sbp of 110 or greater. She stated Resident 3's eMAR for March and April 2022, indicated the Midodrine was given several times outside the physician hold parameters. The Adm stated the licensed nurses should be aware of the hold parameters and give the medication as ordered.</p> <p>Review of the facility policy titled, "Specific Medication Administration Procedures" dated April 2008, was reviewed. The policy indicated,</p>	F 658			

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

PRINTED: 05/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2022
NAME OF PROVIDER OR SUPPLIER WINDSOR CYPRESS GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 9025 COLORADO AVENUE RIVERSIDE, CA 92503		
(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 658	Continued From page 3 "...Read medication label before administering...Obtain and record any vital signs as necessary prior to medication administration..." A review of the Vocational Nursing Practice Act dated July 31, 2015, indicated, "Scope of Vocational Nursing Practice: The licensed vocational nurse performs services requiring technical and manual skills which include the following: (a) Uses and practices basic assessment (data collection), participates in planning, executes interventions in accordance with the care plan or treatment plan, and contributes to evaluation of individualized interventions related to the care plan or treatment plan. (b) Provides direct patient/client care by which the licensee: (1) Performs basic nursing services as defined in subdivision (a); (2) Administers medications; (3) Applies communication skills for the purpose of patient/client care and education; and (4) Contributes to the development and implementation of a teaching plan related to self-care for the patient/client...." It further indicated, "...Performance Standards: (a) A licensed vocational nurse shall safeguard patients'/clients' health and safety by actions that include but are not limited to the following:...(2) Documenting patient/client care in accordance with standards of the profession..."	F 658			
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced	F 760	The physician for Resident 3 was notified of the medication errors on 4/21/22 and that there were no adverse effects noted. The physician did not issue		6-18-22

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

PRINTED: 05/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056315		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2022	
NAME OF PROVIDER OR SUPPLIER WINDSOR CYPRESS GARDENS				STREET ADDRESS, CITY, STATE, ZIP CODE 9025 COLORADO AVENUE RIVERSIDE, CA 92503			
(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 760	<p>Continued From page 4</p> <p>by:</p> <p>Based on interview and record review the facility failed to ensure a resident was free of significant medication errors when staff administered Midodrine (medication for hypotension [low blood pressure]) outside of the physician ordered parameters, on multiple dates, for one of five residents reviewed (Resident 3).</p> <p>This failure increased the potential for Resident 1 to experience hypertension (high blood pressure which can lead to a stroke) and the potential to cause a delay in treatment.</p> <p>Findings:</p> <p>On April 20, 2022, at 9:55 a.m., an unannounced visit was conducted at the facility for a quality of care complaint.</p> <p>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 function requiring dialysis [artificial filtration of the body's toxins] to survive) and hypotension of hemodialysis.</p> <p>Review of Resident 3's physician order summary indicated, "...Midodrine HCL 10 MG (milligrams-dosage) Give 20 mg by mouth every 8 hours for Hypotension related to HYPOTENSION OF HEMODIALYSIS (195.3) hold if sbp (systolic blood pressure-the upper number of a blood pressure reading) 110 or above...dated December 3, 2021..."</p> <p>Review of Resident 3's electronic medication</p>			F 760	<p>any new orders. All other patients with orders for Miodrine had their MAR reviewed during the week of 4/20/2022 to ensure the practice was isolated. No other errors were found.</p> <p>On 4/21/2022 the facility licensed nursing staff were inserviced by the DON as to the requirement to follow physician orders as they pertain to medication administration. Emphasis was placed on adherence to established parameters issued by the physician.</p> <p>The health information manager (HIM), or designee, shall conduct weekly audits of the MARs for those residents with orders for Miodrine to ensure the residents remain free of medication errors, and that the licensed staff is administering medications to the residents within the prescribed parameters issued by the physician in accordance with the professional standards expected of a licensed vocational nurse.</p> <p>The DON, or designee, will perform weekly reviews of the audits to ensure the practice does not recur. These audits shall continue weekly for a period of not less than 90 days, or until such time as compliance is achieved and maintained.</p>		

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

PRINTED: 05/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2022
NAME OF PROVIDER OR SUPPLIER WINDSOR CYPRESS GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 9025 COLORADO AVENUE RIVERSIDE, CA 92503		
(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 760	<p>Continued From page 5</p> <p>administration record (eMAR) for March 2022, indicated, Midodrine HCL was given outside hold parameters on March 1, 2 (two doses), 5 (two doses), 6 (two doses), 7, 8, 11 (two doses), 12 (two doses), 14, 20, 21 (two doses), 22, 24, 25, 26, and March 27th (two doses). (23 out of 93 opportunities)</p> <p>Review of Resident 3's eMAR for April 2022, indicated Midodrine was given outside of parameters on April 2, 3, 5, 7, 9, 10, 13 (three doses), 14, 15 (two doses), 16 (one dose), and April 17 (one dose). (14 out of 58 opportunities)</p> <p>On April 20, 2022, at 12:40 p.m., an interview and concurrent record review was conducted with the Director of Nursing (DON). The DON stated medication should not be given outside of the physician hold parameters. She stated a check mark in the eMAR indicated the medication was given by the licensed nurse. The DON stated Resident 3's had a physician order for Midodrine to be held for sbp of 110 or greater. She stated Resident 3 should not have been given the Midodrine when her sbp was 110 or greater per the physician order. She stated Resident 3 received Midodrine several times when her sbp was 110 or greater, as documented in the eMAR in March and April 2022.</p> <p>On April 20, 2022, at 1 p.m., an interview and concurrent record review was conducted with the Administrator (Adm). The Adm stated medication should not be given outside of the physician hold parameters. She stated licensed nurses should verify and follow the physician orders. The Adm stated when an order indicated a medication was to be held for certain parameters, the medication should be held and documentation done in the</p>	F 760	<p>All findings will be discussed at the monthly quality assurance and performance improvement (QAPI) meetings. Any necessary action plans will be developed and implemented immediately to ensure continuous compliance is maintained.</p>		

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

PRINTED: 05/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2022
NAME OF PROVIDER OR SUPPLIER WINDSOR CYPRESS GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 9025 COLORADO AVENUE RIVERSIDE, CA 92503		
(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 760	<p>Continued From page 6</p> <p>progress note. The Adm stated Resident 3 had a physician order for Midodrine with hold parameters of sbp of 110 or greater. She stated Resident 3's eMAR for March and April 2022, indicated the Midodrine was given several times outside the physician hold parameters. The Adm stated the licensed nurses should be aware of the hold parameters and give the medication as ordered.</p> <p>Review of the facility policy titled, "Specific Medication Administration Procedures," dated April 2008, was reviewed. The policy indicated, "...Read medication label before administering...Obtain and record any vital signs as necessary prior to medication administration..."</p>	F 760			