

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

PRINTED: 09/27/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/14/2023
NAME OF PROVIDER OR SUPPLIER WINDSOR MANOR REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3806 CLAYTON ROAD CONCORD, CA 94521		
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F 000	<p>INITIAL COMMENTS</p> <p>The following represents the findings of the California Department of Public Health during a recertification survey conducted on 9/11/2023 through 9/14/2023.</p> <p>Representing the Department: HFENs 36593, 40747, 40968, 42922, 45091, and 47400.</p> <p>Four complaints were investigated during the survey.</p> <p>Complaint numbers: CA00700668, CA00832091, CA00836693, and CA00844754.</p> <p>No deficiencies were issued for complaint numbers: CA00700668, CA00832091, CA00836693, and CA00844754.</p> <p>Seven facility reported incidents were investigated during the survey.</p> <p>Facility reported incident numbers: CA00759521, CA00812958, CA00815521, CA00816915, CA00840121, CA00858636, and CA00858653.</p> <p>No deficiencies were issued for facility reported incident numbers: CA00759521, CA00812958, CA00815521, CA00816915, CA00840121, CA00858636, and CA00858653.</p>	F 000	<p>OCT 12 2023</p>		
F 550 SS=D	<p>Resident Rights/Exercise of Rights</p> <p>CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights.</p> <p>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in</p>	F 550			

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

TITLE

(X6) DATE

Raquel Larsen *Administrator* *10/02/23*

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.

Raquel Larsen HFES 10/17/23

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	<p>Continued From page 1 this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure dignity for one of five sampled residents (Resident 165) was</p>				

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F 550	<p>Continued From page 2</p> <p>protected when Resident 165 was seen from the hallway, visible to other residents as well as visitors while using the bedside commode next to her bed.</p> <p>This failure resulted in Resident 165 feeling embarrassed.</p> <p>Findings:</p> <p>During a review of Resident 165's Admission Record, dated 9/12/23, the face sheet indicated Resident 165 was admitted to the facility in July 2023.</p> <p>During a review of Resident 165's Minimum Data Set (MDS- an assessment tool used to guide care), dated 7/30/23, the MDS indicated, Resident 165 had a Brief Interview for Mental Status (BIMS- a tool used to assess mental function) score of 15, meaning Resident 165 was able to understand and understood others. The MDS also indicated, Resident 165 required extensive assistance with toilet use.</p> <p>During an observation on 9/11/23, at 10:51 a.m., Resident 165 was seen from the hallway while using bedside commode with curtain to outside window and privacy curtain was left open.</p> <p>During a concurrent observation and interview on 9/11/23 at 10:51 a.m. with CNA 1 in the hallway just outside the door of Resident 165's room, Resident 165 was seen from the hallway while using bedside commode with curtain to outside window wide open and privacy curtain was left open. CNA 1 acknowledged, Resident 165's dignity was violated. CNA 1 then proceeded to enter Resident 165's room and the closed privacy</p>	F 550		

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F 550	<p>Continued From page 3 curtain.</p> <p>During an interview on 9/12/23 at 11:35 a.m. with Resident 165, Resident 165 stated, CNA 1 was taking too long to respond to call lights and had to use commode on her own. Resident 165 further stated, it was embarrassing to be seen from the hallway while using the commode but if she waited for the staff, she would have made a mess.</p> <p>During an interview on 9/13/23 at 9:42 a.m. with the DSD (Director of Staff Development), the DSD stated, he was aware staff response to call lights was an issue. DSD also added, he was working with the staff about answering call lights in a timely manner.</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Resident Rights," dated, 12/21, the P&P indicated, 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity;</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Activities of Daily Living (ADLs)", Supporting dated 3/18, the P&P indicated, ...2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care); b. Mobility (transfer and ambulation, including walking); c. Elimination (toileting); ...</p>	F 550			

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F 550	Continued From page 4 During a review of the facility's P&P titled, "Dignity", dated, 2/21, the P&P indicated, ...11. Staff promote, maintain and protect resident privacy, including assistance with personal care and during treatment procedures. 12. Demeaning practices and standards of care that compromise dignity are prohibited. Staff are expected to promote dignity and assist residents; for example: ...b. promptly responding to a resident's request for toileting assistance;	F 550			
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure one (Resident 51) of six sampled residents received treatment services to address limitation in range of motion to left upper extremity when; Resident 51 had decreased	F 688			

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F 688	<p>Continued From page 5</p> <p>functional use of left hand and resting splint was not applied to left hand as ordered by the physician.</p> <p>This failure had the potential to cause residents decline in range of motion and risk of decreased muscle strength.</p> <p>Findings: During an observation on 9/12/23 at 9:10 a.m., Resident 51 was asleep in bed with contracture (hardening of muscles and tendons) of left hand. Resident 51's left upper extremity had no splint.</p> <p>During a review of Annual Minimum Data Set (MDS - an assessment screening tool used to guide care), dated 8/9/22, the MDS indicated, Resident 51's Brief Interview of Mental status (BIMS) score was 05 (meaning poor cognition). Resident 51 had slurred speech, able to sometimes understood others. Resident 51 had limited range of motion and impairment on one side upper and lower extremities (shoulder, elbow, wrist, hand, hip, knee, ankle and foot). Resident 51's diagnoses included cerebrovascular accident (CVA) or stroke.</p> <p>Review of Resident 51's order summary report dated 3/15/23, order summary report indicated, physician prescribed RNA to apply left resting hand splint to left upper extremity daily for four hours. (RNA- restorative nursing assistant).</p> <p>During an interview on 9/13/23 at 12:37 p.m., with Restorative Nursing Assistant (RNA 1) accompanied by RNA 2, RNA 1 stated Resident 51 used to have splint applied to left upper hand contracture daily. RNA 1 said Resident 51's splint</p>	F 688			

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F 688	<p>Continued From page 6</p> <p>was missing. RNA 1 stated, Resident 51 had decline in range of motion to left hand upper extremity. RNA 1 stated, ADON2 was notified of Resident 51's decline in range of motion to left hand.</p> <p>Review of Resident 51's risk for decline in range of motion care plan initiated 6/1/13, the care plan indicated, Resident 51 complained of discomfort and decrease functional use of extremity, interventions included refer to rehab for decline in range of motion and RNA program as ordered.</p> <p>During an interview on 9/13/23 at 9:39 a.m., with Assistant Director of Nursing (ADON2), ADON 2 stated, she was aware of Resident 51's decline in range of motion to left upper extremity. ADON2 stated, Resident 51's hand splint was not available. ADON 2 said she referred Resident 51 to Rehabilitation Department (Rehab) for decline in range of motion. ADON2 could not provide documentation for the referral to Rehab. ADON2 stated, she did not know if Rehab provided treatment services for Resident 51's decline in range of motions to left hand upper extremity.</p> <p>During an interview on 9/13/23 at 10:38 a.m., with Physical Therapist/ Director of Rehabilitation (DOR1), DOR 1 stated, there was no treatment record for Resident 51's left hand limitation in range of motion.</p> <p>Review of facility policy and procedure, titled, Resident Mobility and Range of Motion, revised July 2021, indicated; Resident with limited range of motion will receive treatment and services to increase and/or prevent a further decrease in ROM.</p>	F 688			

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F 694 F 694 SS=D	<p>Continued From page 7</p> <p>Parenteral/IV Fluids CFR(s): 483.25(h)</p> <p>§ 483.25(h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to provide the necessary care and services related to intravenous (IV-device use to administer medications or solutions directly into the veins) therapy as ordered by the physician for one of two sampled residents Resident 92.</p> <p>This deficient practice had the potential for transmission of infections and bacteria to Resident 92.</p> <p>Findings:</p> <p>During a review of Resident 92's Admission Record, dated 9/12/23, the admission record indicated, Resident 92 was admitted to the facility in February 2021 and was readmitted in August 2023 with multiple diagnoses that included necrotizing fasciitis (skin and soft tissue infection), resistance to antibiotics (medicines that fight bacterial infections), severe sepsis (body's extreme response to infection) and septic shock (life threatening condition when blood pressure drops to a dangerous level after an infection).</p> <p>During a review of Resident 92's Minimum Data</p>	F 694 F 694			

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F 694	<p>Continued From page 8</p> <p>Set (MDS - a standardized care-screening and assessment tool), dated 8/1/23, the MDS indicated Resident 92 had a Brief Interview for Mental Status (BIMS) score of 14/15, meaning Resident 92 was able to understand and understood others.</p> <p>During a concurrent observation and interview on 9/12/23 at 10:27 a.m. with Registered Nurse (RN) 1, Resident's 92 was observed to have an IV line on the Right Upper Arm (RUA), the adhesive dressing supporting the IV was loose and peeling off. RN 1 acknowledged; dressing labeled with a date 9/4/23 was compromised. RN 1 stated, the label indicated IV dressing was last changed on 9/4/23. RN 1 further added, the policy was to change IV dressing every seven days and as needed. RN 1 also stated, Resident 92 was at risk for infection because dressing was not changed promptly, can lead to sepsis and possibly death. RN 1 stated, "I was supposed to change the dressing yesterday, but I forgot."</p> <p>During a review of Resident 92's clinical physician order (PO) on 9/12/23, PO indicated, RUA Peripherally Inserted Central Catheter (PICC - a type of long catheter inserted through vein used for intravenous treatment) lines active therapy orders ... Dressing change: New sterile DSM dressing applied over site Q (every) 7 days and PRN (as needed) loosening or soiled. The clinical physician order also indicated, RUA PICC lines active therapy orders ... Dressing change Q7 days and PRN. Remove old dressing using sterile technique, site cleanse with chloroprep (skin antiseptics).</p> <p>During a concurrent interview and record review of Resident 92's IV Administration Record on</p>	F 694			

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F 694	Continued From page 9 9/12/23, with RN 1, the IV administration Indicated, Resident 92's RUA PICC lines active therapy order #1: Dressing change ... RN 1 confirmed this was not done. The IV Administration record also indicated, RUA PICC lines active therapy orders #2: Dressing change: ...dressing applied over site Q 7 days and PRN ... RN 1 also said, this was not done. A review of facility's policy and procedure (P&P) titled, "Peripheral and Midline IV Dressing Changes", dated 3/22, the P&P indicated under General Guidelines 4. Change the dressing if it becomes damp, loosened or visibly soiled and a. at least every 7 days for TSM dressing; b. at least every 2 days for sterile gauze dressing (including gauze under a TSM unless the site is not obscured; or c. immediately if the dressing or site appears compromised.	F 694			
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs	F 758			

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F 758	<p>Continued From page 10</p> <p>unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure two (Resident 47 and 118) of five sampled residents were free from unnecessary drug when; Resident 47 and 118 were administered antipsychotic drugs without adequate clinical indication for use;</p>	F 758			

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F 758	<p>Continued From page 11</p> <p>Resident 47 was administered Aripiprazole (Abilify) an antipsychotic drug for continuous purposeless yelling out.</p> <p>Resident 118 was administered Seroquel an antipsychotic drug for agitation and striking out at staff.</p> <p>Alzheimer's Dementia is a progressive disease that destroys memory and other important mental functions.</p> <p>Antipsychotic medication are drugs used to treat schizophrenia and bipolar serious mental health conditions, capable of affecting the mind, emotions, and behavior.</p> <p>According to the manufacturer, elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Abilify and Seroquel can increase the risk of death in elderly people who have memory loss and is not approved for use in psychotic conditions related to dementia. [Reference: https://www.lexi.com].</p> <p>These failures had the potential for residents to receive unnecessary drugs and to suffer adverse medication side effects</p> <p>Findings:</p> <p>Review of Annual Minimum Data Set (MDS), Resident Assessment and care guide tool, dated 7/5/23, MDS indicated, Resident 47's Brief Interview of Mental status (BIMS) score was 13 (meaning moderately impaired cognition). Resident 47 was oriented to correct year. Resident 47 had clear speech, makes self understood and understand others. Resident 47</p>	F 758			

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NAME OF PROVIDER OR SUPPLIER WINDSOR MANOR REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3806 CLAYTON ROAD CONCORD, CA 94521
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F 758	<p>Continued From page 12</p> <p>had no signs and symptoms of delirium. Resident 47 exhibited no physical, verbal or other behavioral symptoms directed towards others such as hitting or scratching and screaming. Resident 47's diagnoses included Non-Alzheimer's Dementia (a group of diseases characterized by progressive deficits in behavior, executive function or language),</p> <p>Review of Resident 47's order summary report dated 7/26/23, summary report indicated, physician prescribed Abilify 2 mg give 0.5 mg tablet by mouth a day for continuous purposeless yelling out.</p> <p>Review of the Medication Administration Record (MAR), dated August, September 1st to 13th 2023, MAR indicated, Resident 47 was administered Abilify 2 mg give 0.5 tab by mouth daily for continuous purposeless yelling.</p> <p>During an interview and concurrent observation on 9/11/23 at 9:59 a.m., with Resident 47, Resident was awake in bed in his room. Resident 47 was verbal with incomprehensible sounds.</p> <p>During an interview on 9/13/23 at 11:42 a.m., with Licensed Vocational Nurse (LVN3), LVN 3 stated, Resident 47 was mostly impatient and yelled when he wanted to be assisted immediately. LVN3 stated, Resident 47 was on antipsychotic medication for this behavior.</p> <p>During an interview on 9/13/23 at 12:30 p.m., with Certified Nursing Assistant (CNA2), CNA 2 stated, Resident 47 screamed and yelled when he needed help. CNA2 stated, Resident 47 continuously yells if not assisted immediately.</p>	F 758		

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Continued From page 13

Review of Consultant Pharmacist note to attending physician, dated 7/5/23, the Pharmacist note indicated, Resident 47 has been receiving the antipsychotic medication Abilify since 3/8/23 for behavior of yelling out every shift. Antipsychotic should not be used for wandering, poor self care, restlessness, impaired memory, mild anxiety, insomnia, unsociability, or verbal expressions or behaviors which do not represent danger to the resident or others.

Review of Significant- Minimum Data Set (MDS), Resident Assessment and care guide tool, dated 5/5/23, the MDS indicated Resident 118's Brief Interview of Mental status (BIMS) score was 05 (meaning poor cognition). Resident 118 was not oriented to day, month or year. Resident 118 had difficulty to makes self understood and not able to understand others. Resident 118 had no signs and symptoms of delirium. Resident 118 exhibited no physical, verbal or other behavioral symptoms directed towards others such as hitting, kicking, grabbing or scratching and screaming at others. Resident 118's diagnoses included Non-Alzheimer's Dementia (a group of diseases characterized by progressive deficits in behavior, executive function or language), blindness one eye and senile degeneration of the brain.

Review of Resident 118's order summary report dated 7/3/23, order summary indicated, physician prescribed Seroquel 25 mg give 0.5 mg tablet by mouth a day for agitation, striking out at staff.

Review of the Medication Administration Record (MAR), dated August, September 1st to 12th 2023, the MAR indicated, Resident 118 was administered Seroquel 25 mg give 0.5 tab by

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F 758	<p>Continued From page 14</p> <p>mouth daily for agitation, striking out on staff.</p> <p>During an observation on 9/11/23 at 10:03 a.m., Resident 118 was in bed in her room sleeping.</p> <p>During an observation on 9/12/23 at 12:59 p.m., Resident 118 was in bed in her room sleeping.</p> <p>During an interview on 9/12/23 at 1:01 p.m., with CNA 3, CNA 3 stated, Resident 118 slept a lot. CNA 3 stated, Resident 118 talks to herself and sometimes was very calm when someone speak tagalog (non english language) talk with her.</p> <p>During an interview on 9/13/23 at 12:30 p.m., with LVN 3, LVN 3 stated, Resident 118 had agitation sometimes during care. LVN 3 stated, Resident 118 yelled and stated in her language "don't touch me". LVN 3 stated, Resident 118 was tagalog speaking. LVN 3 stated, Resident 118 calm down when she had a caregiver that speaks tagalog to her.</p> <p>Review of Consultant Pharmacist note to attending physician, dated 5/20/23, the Pharmacist note indicated, Resident 118 with diagnosis of dementia was started on Seroquel 25 mg daily for agitation manifested by striking out at staff. A review of literature by the FDA suggest an increased risk of death in elderly patients with dementia who received and traditional antipsychotic. In addition the use of this class of medications for dementia-related behaviors in non FDA-approved.</p> <p>Review of the facility's policy and procedure, titled, Antipsychotic Medication Use revised July 2022, the policy and procedure indicated, Diagnosis of a specific condition for which</p>	F 758		
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F 758	Continued From page 15 antipsychotic medications are necessary to treat will be based on a comprehensive assessment of the resident. Diagnoses alone do not warrant the use of antipsychotic medication. Antipsychotic medications will not be used if the only symptoms are one or more of the followings: a. Wandering; b. Poor self-care; c. Restlessness; d. Impaired memory; e. Mild anxiety; f. Insomnia; g. Inattention or indifference to surroundings; h. Sadness; i. Fidgeting; j. Nervousness; or k. Uncooperativeness.	F 758			
F 849 SS=D	Hospice Services CFR(s): 483.70(o)(1)-(4) §483.70(o) Hospice services. §483.70(o)(1) A long-term care (LTC) facility may do either of the following: (i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices. (ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer. §483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following	F 849			

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F 849	Continued From page 16 requirements: (i) Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services. (ii) Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following: (A) The services the hospice will provide. (B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter. (C) The services the LTC facility will continue to provide based on each resident's plan of care. (D) A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day. (E) A provision that the LTC facility immediately notifies the hospice about the following: (1) A significant change in the resident's physical, mental, social, or emotional status. (2) Clinical complications that suggest a need to alter the plan of care. (3) A need to transfer the resident from the facility for any condition. (4) The resident's death. (F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided. (G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board	F 849			

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F 849	<p>Continued From page 17</p> <p>care, meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs.</p> <p>(H) A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions.</p> <p>(I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility.</p> <p>(J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation.</p> <p>(K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff.</p> <p>§483.70(c)(3) Each LTC facility arranging for the provision of hospice care under a written</p>	F 849			

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F 849	<p>Continued From page 18</p> <p>agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident.</p> <p>The designated interdisciplinary team member is responsible for the following:</p> <ul style="list-style-type: none"> (i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services. (ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family. (iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians. (iv) Obtaining the following information from the hospice: <ul style="list-style-type: none"> (A) The most recent hospice plan of care specific to each patient. (B) Hospice election form. (C) Physician certification and recertification of the terminal illness specific to each patient. (D) Names and contact information for hospice personnel involved in hospice care of each patient. 	F 849		

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NAME OF PROVIDER OR SUPPLIER

WINDSOR MANOR REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

3806 CLAYTON ROAD
CONCORD, CA 94521

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F 849	<p>Continued From page 19</p> <p>(E) Instructions on how to access the hospice's 24-hour on-call system.</p> <p>(F) Hospice medication information specific to each patient.</p> <p>(G) Hospice physician and attending physician (if any) orders specific to each patient.</p> <p>(v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents.</p> <p>§483.70(o)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at §483.24.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to collaborate with hospice representatives and coordinate facility staff participation in the hospice care planning process for one (Resident 118) of two sampled residents receiving hospice care.</p> <p>This failure had the potential to result in residents to not received person centered care.</p> <p>Findings:</p> <p>Review of Significant- Minimum Data Set (MDS), Resident Assessment and care guide tool, dated 5/5/23, the MDS indicated, Resident 118's Brief Interview of Mental status (BIMS) score was 05 (meaning poor cognition). Resident 118 was not</p>	F 849		

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F 849	<p>Continued From page 20</p> <p>oriented to day, month or year. Resident 118 had difficulty to makes self understood and not able to understand others. Resident 118 diagnoses included Non-Alzheimer's Dementia (a group of diseases characterized by progressive deficits in behavior, executive function or language), encounter for palliative care and on hospice care (a type of care that focuses on interdisciplinary approach to specialized nursing care for people with life limiting illnesses, available to people with a life expectancy of six months or less, does not focus on treatments to cure the cause of the terminal illness. It seeks to keep the individual comfortable and make their remaining time as meaningfully as possible).</p> <p>Review of order summary report, dated 4/27/2023, the order summary report indicated, Resident 118 was admitted to hospice care.</p> <p>During an interview on 9/12/23 at 11:31 a.m., with Social Service Director (SSD), SSD stated, facility had not invited hospice representative for care planning collaboration for Resident 118. SSD stated, hospice staff had not attended and participated in Resident 118's care planning conference. SSD stated, usually social services contact hospice representative and family representative to schedule a coordinated care planning .</p> <p>During an interview on 9/12/23 at 11:45 a.m., with Social Services Assistant (SSA) accompanied by SSD, SSA stated, facility had not met with hospice representatives to collaborate Resident 118's care planning. SSA stated, he was responsible to schedule the collaboration of Resident 118's care planning with hospice representatives and Resident 118's responsible</p>	F 849			

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F 849	<p>Continued From page 21 party.</p> <p>During an interview on 9/12/23 at 1:15 p.m., with Licensed Vocational Nurse/MDS coordinator(MDS), MDS stated, she had not attended Resident 118's care planning collaboration with hospice representative.</p> <p>During an interview on 9/13/23 at 11:53 a.m., with ADON 2, ADON 2 stated, she had not participated in Resident 118's care planning collaboration with hospice representative. ADON 2 stated, Social Services are responsible to schedule Resident 118's care planning meeting.</p> <p>The facility's policy and procedure, titled, Hospice Program, revised July 2021, the policy and procedure indicated, Collaborating with hospice representatives and coordinating facility staff participation in the hospice care planning process for residents receiving these services. Coordinated care plans for residents receiving hospice services will include the most recent hospice plan of care as well as the care and services provided by our facility including the responsible provider and discipline assigned to specific tasks in order to maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p>	F 849			