

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/12/2024
NAME OF PROVIDER OR SUPPLIER  Windsor Elk Grove Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  9461 Batey Avenue Elk Grove, CA 95624	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41054</b></p> <p>Based on interview and record review, the facility failed to protect the resident ' s right to be free from sexual abuse by a resident, when one of four sampled residents (Resident 1) had her breast touched and massaged by Resident 2.</p> <p>This failure had the potential to negatively impact Resident 1 ' s psychosocial well-being.</p> <p>Findings:</p> <p>A review of Resident 1 ' s admission record, indicated she was admitted in 9/22 with a diagnosis of Alzheimer ' s disease (a disease characterized by a progressive decline in mental abilities). The record also indicated Resident 1 was not her own responsible party.</p> <p>A review of Resident 1 ' s clinical record included the following documents:</p> <p>A Minimum Data Set (MDS, a federally mandated assessment tool), dated 8/8/24, indicated Resident 1 had severely impaired memory.</p> <p>A nursing note, dated 10/26/24, indicated Resident 1 had been sitting in her wheelchair at the nurses ' station when staff witnessed Resident 2 grabbed Resident 1 ' s hands, touched her left breast and began to massage it. The note indicated staff quickly separated the residents.</p> <p>A review of Resident 2 ' s admission record, indicated he was admitted in 8/23 with a diagnosis of congestive heart failure (a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling).</p> <p>A review of Resident 2 ' s clinical record included the following documents:</p> <p>A MDS, dated [DATE], indicated Resident 2 had no memory impairment.</p> <p>A nursing note, dated 10/26/24, indicated staff had witnessed Resident 2 grabbing Resident 1 ' s hands, touching her left breast and massaging it.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/12/24 at 11:07 a.m. with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated she had been working on 10/26/24 and was called by the licensed nurse for assistance. CNA 1 stated she ran over to the nurses ' station and saw Resident 2 holding Resident 1 ' s hands, touching her left breast and then rubbing it. CNA 1 also stated she separated the residents and took Resident 1 to her room.</p> <p>During an interview on 11/11/24 at 12:15 p.m., with the Social Services Director (SSD), SSD stated she had followed-up with Resident 1 after the incident and Resident 1 had no recall of the incident, was smiling and had no change in her mood or behaviors. The SSD agreed the touching was unwanted and Resident 1 did not have the ability to give consent to it.</p> <p>During an interview on 11/11/24 at 1:11 p.m. with the Assistant Director of Nursing (ADON), ADON agreed it was the facility ' s responsibility to protect residents from abuse. ADON stated sexual abuse included touching that was non-consensual and confirmed Resident 1 did not have capacity and the ability to give consent. ADON agreed the touching was unwanted and constituted abuse.</p> <p>A review of the facility ' s policy and procedure titled, Abuse Prohibition, dated 2/23/21, indicated the facility prohibited abuse and Sexual abuse is a non-consensual sexual contact of any type with a resident.</p>		