STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055308	A. Building B. Wing	01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Elk Grove Care and Rehabilitation Center	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)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 48445 Based on interview and record review, the facility failed to ensure pain management was provided consistent with professional standards of practice, the comprehensive care plan, and the resident's choices for one of 3 residents (Resident 1) when Resident 1's pain was not assessed and managed timely. This failure resulted in Resident 1 not experiencing adequate pain relief and not attaining the highest possible level of comfort. Findings: During a review of Resident 1's admission records, the records indicated Resident 1 was admitted in July 2016 with diagnoses that included depression, anxiety, lumbar intervertebral disc degeneration (occurs when the discs in the lower back wear down), and chronic pain syndrome (pain that lasts for longer than 3 months). Resident 1's Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 1 had intact cognition. During a review of Resident 1's care plan, initiated on 4/22/19, the care plan indicated, The resident has (chronic) pain .On the dot asking for pain Medication. Never misses a dose. Watches clock for next dosing . Anticipate the resident's need for pain relief and respond immediately to any complaint of pain . Monitor/record/report to Nurse resident complaints of pain or request for pain treatment . During a review of Resident 1's physician order, dated 7/23/24, the order indicated, Oxycodone HCl [medication used to treat moderate to severe pain] Tablet 10 MG [milligrams, a unit of measurement] Give 1 tablet by mouth every 4 hours as needed for MODERATE PAIN (4-6) TO SEVERE PAIN (7-10) . During a review of Resident 1's progress note signed by Licensed Nurse 1 (LN 1), dated 12/27/24, the note indicated, Around 0245 [2:45 a.m.]: The CNA [Certified Nursing Assistant] who was assigned to the resident standing at [Resident 1's room] door spoke in a loud voice and said the resident needed pain medication. I told [CNA] to tell the resident that I couldn't bring the medication at this time because the flooring installer told us to wait before walking on the floor. After I came back from my lunch break, I went to the resident's room and observed the resident sound asleep. I woke the resident and stated, I am sorry; I could not give you the pain medication early. The resident interrupted me before I tried to explain the reasons, and he started cursing, yelling at me .After I told my name, I brought the medication and administered it as ordered . (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055308	A. Building B. Wing	01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Elk Grove Care and Rehabilitation Center	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)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1's Medication Administration Record (MAR), dated 12/2024, the MAR indicated the oxycodone dose was given on 12/27/24 at 4:10 a.m. with pain level of 8 out of 10. During an interview on 1/2/25 at 10:17 a.m. with Resident 1, Resident 1 stated, It was night shift .I'm in a lot of pain in back and hip .I was sleeping and there was a lightning bolt on my back, 8 out of 10 pain .They had glue on the floor waiting for the tiles .I asked the CNA to tell the nurse for my pain pill .Since there's glue on the floor, she said she can't do it .She made me wait for almost three hours .It was 1:30 a.m. and I had it quarter after four .I was in tears and ready to call an ambulance .She easily could have done it . During an interview on 1/2/25 at 11:47 a.m. with the Maintenance Director [MTD], the MTD confirmed there was construction made on the flooring and stated, We have an outside company doing it and started about two weeks ago .They come in at 6 p.m. until 5 a.m .Once the glue and flooring were applied, will be able to walk on it in 30-45 minutes .They do it one side of the hallway then they do the other side, if they have an emergency, [staff] just have to go over it .It should not affect the care .We notified the staff and residents . There's no way it would interfere with residents' care . During a concurrent interview and record review on 1/2/25 at 12:44 p.m. with the Director of Nursing (DON), the DON verified Resident 1 was receiving oxycodone 10 mg every 4 hours as needed. The DON stated, .at that time we had environmental renovations .The nurse was not able to come right away, thinking [Resident 1] was able to understand clearly, there was no follow-up from the resident, the nurse thought he was okay . If there are times like that, our back door will be available to use and the nurse acknowledged using the back door .If resident complained of pain, assess the resident, then intervene based on doctor's order and the plan of care .constructions were being done in the hallway, the nurse did the assessment at 4:10 a.m .When a resident complained, we have to assess the resident, so we can actually implement whatever is needed for the resident. The DON further stated, When the resident complained, nurse could have assessed the resident, based on the time the resident complained, it was not given at that time and was given at a later time .Based on the environmental situation in the facility, there must be another way to give medication, could have been that way but [LN] didn't think of that . The DON stated that the expectation for staff was that if someone complained of pain, assess the pain, and based on assessment, provide intervention, and notify doctor as needed. The DON stated, Any environmental situation should not hinder or compromise resident care . During a telephone interview on 1/2/24 at 1:44 p.m. with CNA 1, CNA 1 stated, I told [LN 1] but she was busy and construction was ongoing at that time, she was not able to go there .The resident said he needed pain medicine .[LN 1] said while construction is ongoing, that [Resident 1] needs to wait . During a review of the facility's policy and procedure (P&P) titled Pain Management, dated 8/25/21, the P&P indicated, PURPOSE .To maintain the highest possible level of comfort for Residents by providing a system to identify, assess, treat, and evaluate pain . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055308	A. Building B. Wing	01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Elk Grove Care and Rehabilitation Center	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)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's P&P titled Pain Assessment and Management, revised 3/2020, the P&P indicated, The purposes of this procedure are to help the staff identify pain in the resident, and to develop interventions that are consistent with the resident's goals and needs and that address the underlying causes of pain .1. The pain management program is based on a facility-wide commitment to appropriate assessment and treatment of pain, based on professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management .3. Pain management is a multidisciplinary care process that includes the following: .b. Recognizing the presence of pain; c. identifying the characteristics of pain; d. addressing the underlying causes of the pain; e. developing and implementing approaches to pain management .