

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 01/14/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44946</p> <p>Based on interview and record review, the facility failed to ensure physician's orders were followed in accordance with professional standards of care for one of three sampled residents (Resident 1) when PRN (given as needed or requested) Clonidine hydrochloride (Clonidine HCl-medication used for high blood pressure) was not given as per physician order.</p> <p>This failure had the potential to negatively affect Resident's 1 health condition and well-being.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR) , the AR indicated, Resident 1 was admitted on [DATE] with diagnoses which included hemiplegia and hemiparesis (total paralysis of the arm, leg, and trunk on the same side of the body) following cerebrovascular disease (CVA-stroke, loss of blood flow to a part of the brain), Chronic Kidney Disease (long-term condition when kidneys don't work properly) and hypertensive heart disease (group of heart conditions caused by long-term high blood pressure.)</p> <p>During a review of Resident 1's Order Summary Report (OSR) , undated, OSR indicated, Resident 1 has an order for Clonidine HCl oral tablet 0.1 milligram (mg-a unit of measurement) give 1 tablet by mouth every 4 hours as needed for systolic blood pressure (SBP-the upper number is the pressure in the arteries when the heart contracts and pumps blood out of the heart) 170 or greater than 170 with start date of 11/5/24.</p> <p>During a concurrent interview and record review on 1/14/25 at 2:00 p.m. with Licensed Vocational Nurse (LVN) 1, Resident 1's Medication Administration Record (MAR-a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) , dated November 2024 was reviewed. The MAR indicated an order for Clonidine HCl PRN was in place. LVN 1 stated that the order for Clonidine HCl PRN was to be given along with the scheduled routine blood pressure (BP) medications if the SBP was greater than 170.</p> <p>During a phone interview on 1/14/25 at 2:11 p.m. with Medical Director (MD), MD stated if Resident 1's SBP was greater than 170, the routine BP medications should be given first, after 30 minutes to an hour, the BP should be reassessed, and if the SBP was still greater than 170, the ordered PRN medication should be administered.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 1/14/25 at 2:35 p.m. with LVN 1, Resident 1's record of BP summary was done. On 11/9/24, the BP reading at 9:09 a.m. was 180/98, and the next recorded reading was at 1:14 p.m. On 11/10/24, the BP reading at 9:02 a.m. was 180/86, and the next recorded reading was at 1:19 p.m. LVN 1 confirmed that on both dates, no BP readings were recorded in between those time. Resident 1's MAR, dated November 2024 was also reviewed. The MAR indicated, on 11/9/24 and 11/10/24, the order for clonidine HCl PRN did not have an initial in the box to show that it was administered.</p> <p>During a review of the facility's policy and procedure P&P titled, Medication Administration-General Guidelines, dated 10/2017, the P&P indicated, Medications are administered in accordance with written orders of the attending physician.</p>		