

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 05/06/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>40841</p> <p>Based on observation, interview, and record review, the facility failed to follow infection control practices for one of four sampled residents (Resident 2), when the Certified Nursing Assistant 2 (CNA 2) did not apply the required Personal Protective Equipment (PPE, gloves, gown and/or goggles/face shield) while changing linen in Resident 2 ' s room placed on an Enhanced Barrier Precaution (EBP, infection control intervention to reduce transmission of resistant organisms).</p> <p>This failure had the potential to spread infection among the facility ' s residents.</p> <p>Findings:</p> <p>A review of Resident 2 ' s Admission Record, dated 5/6/25, indicated Resident 2 was admitted to the facility in 2020 with a diagnosis of renal and ureteral calculous obstruction (blockages prevent the normal flow of urine from the kidneys to the bladder, leading to the kidneys swelling up with urine).</p> <p>A review of Resident 2 ' s Order Summary Report, dated 5/6/25, indicated Resident 2 had an order for an indwelling catheter (a thin, flexible tube inserted into the bladder to drain urine).</p> <p>During a concurrent observation and interview on 5/6/25 at 11:11 a.m. with CNA 2, CNA 2 was observed changing linen inside Resident 2 ' s room without wearing a gown. CNA 2 confirmed she was not wearing gown and stated she should have worn gown and gloves when changing linen in an EBP room.</p> <p>During an interview on 5/6/25 at 12:30 p.m. with the Infection Preventionist (IP), IP confirmed the PPE requirements for an EBP room were gloves, gown and/or goggle or face shield to prevent the spread of infection. IP expected staff to use gown and gloves when changing linen in Resident 2 ' s room, since Resident 2 has an indwelling catheter.</p> <p>A review of the facility ' s policy titled, Enhanced Standard/Barrier Precautions, revised on 2/21/25, indicated, Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown, and gloves use during high contact resident care activities . changing linens.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055308
		If continuation sheet Page 1 of 1