STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055402	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor El Camino Care Center	2540 Carmichael Way Carmichael, CA 95608

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49814 Based on observation, interview, and record review, the facility failed to follow proper infection prevention and control practices for one of four sampled residents (Resident 3) when staff stored five unlabeled bedpans (a device used as a receptacle for urine and/or feces) and one unlabeled, uncleaned bedside commode bucket (a device used as a receptacle for urine and/or feces) under the sink in Resident 3's bathroom. This failure had the potential to increase the spread of infection. Findings: Resident 3 was admitted to the facility on [DATE], with diagnoses that included: epilepsy (a disorder of the brain resulting in seizures), hemiplegia (the loss of the ability to move and/or feel in parts of the body), and muscle weakness. During a review of Resident 3's care plan (CP), dated 9/5/23, the CP indicated, .an ADL [activities of daily living] Performance Deficit r/t [related to] Stroke [injury caused by a lack of blood flow to the brain], Limited ROM [range of motion], Hemiplegia, Limited Mobility, Weakness, Pain .TOILET USE: The resident requires staff participation to use toilet. During an observation on 6/5/24, at 10:26 a.m., in Resident 3's restroom, there were five unlabeled bedpans and one unlabeled, uncleaned bedside commode bucket under the sink. The bedside commode bucket had brown dried residue on its inner bottom surface. During an interview on 6/5/24, at 10:42 a.m., with the Certified Nursing Assistant 2 (CNA 2), CNA 2 confirmed there were five unlabeled bedpans and one unlabeled, uncleaned bedside commode bucket under the sink in Resident 3's restroom. CNA 2 confirmed the bottom surface of the bedside commode bucket had dry brown material and stated, That's gross. CNA 2 stated these toileting devices, should be labeled, cleaned, and stored properly. CNA 2 indicated it would be possible for another staff member to use the unlabeled bedside commode bucket or bedpan on the wrong resident. CNA 2 stated this practice could, lead to cross contamination [the spread of germs]. During an interview on 6/5/24, at 11:09 a.m., with Resident 3, Resident 3 stated he uses a bedpan and requires assistance from staff to use it. (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
	055402	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor El Camino Care Center	2540 Carmichael Way Carmichael, CA 95608

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/5/24, at 11:15 a.m., with the Infection Preventionist Nurse (IP), the IP stated that, Bed pans and bedside commode buckets should be labeled with the resident's room number and bed number .toileting devices should be cleaned then stored in a plastic bag. The IP stated, Each toileting device should be used for only one resident. The IP also stated that not cleaning and correctly storing these toileting devices, could lead to cross contamination and spread microbes [germs] to other residents. During a review of the facility's policy and procedure (P&P) titled, Bedpan/Urinal, Offering/Removing, undated, the P&P indicated, Clean the bedpan or urinal. Wipe dry with a clean paper towel. Discard paper towel into designated container. Store the bedpan or urinal per facility policy. Do not leave it in the bathroom or on the floor. During a review of the facility's P&P titled, Infection Prevention and Control Program, dated 9/18/23, the P&P indicated, Prevention of Infection a. Important facets of infection prevention include . (3) educating staff and ensuring that they adhere to proper techniques and procedures.