

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>055402                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>06/14/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Windsor El Camino Care Center                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2540 Carmichael Way<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          |                                                 |
| F 0804<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>34980</p> <p>Based on observation, interview, and record review, the facility failed to provide meals at a safe and appetizing temperature for three out of three random residents (Residents 1, Resident 2, and Resident 3) when, meals were served cold.</p> <p>This failure had the potential for poor food intake, nutrient deficits, and undesirable weight loss for residents eating facility prepared meals.</p> <p>Findings:</p> <p>During an interview with the Administrator (ADM) on 6/13/24 at 10:31 a.m., the ADM stated, Residents have complained of cold food. The ADM further stated, This has been an ongoing problem.</p> <p>During a concurrent observation and interview with the Registered Dietician (RD) on 6/13/24 at 12:21 p.m., the RD measured the food temperatures from the food cart delivered to Hall 6. The RD stated, The hot entree and starch should be at a temperature of 120 degrees or greater.</p> <p>The food items tested for temperature were:</p> <p>&gt;Country fried steak (hot entree) - 108.1 degrees Fahrenheit</p> <p>&gt;Mashed potatoes (starch) - 99.1 degrees Fahrenheit</p> <p>During an interview with the RD on 6/13/24 at 12:39 p.m., the RD confirmed the hot entree and starch were not hot enough and did not meet the temperature requirements of 120 degrees Fahrenheit. The RD further stated, Our current plan is to use Pellet Warmers to correct the problem but they're on order and have not arrived.</p> <p>A review of the facility's policy titled, Recommended Temp at Delivery to Resident dated 2020 indicated, hot entrees and starches should be at a temperature at or equal to 120 degrees Fahrenheit or greater. Temperature of the food when the resident receives it is based on palatability. The goal is to serve cold food cold and hot food hot .</p> <p>During an interview with Licensed Nurse 1 (LN 1) at 12:54 p.m., LN 1 stated, Most residents do complain of food being too cold or not hot enough. LN 1 further stated, This problem has been going on for a while.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE                                                              |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>055402 | Facility ID:<br><br>055402<br><br>If continuation sheet<br>Page 1 of 3 |

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| F 0804<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Some                        | <p>During an interview with Nursing Assistant 1 (NA 1) on 6/13/24 at 1:11 p.m., NA 1 stated, Most residents complain of cold food almost daily.</p> <p>During an interview with Resident 1 on 6/13/24 at 1:29 p.m., Resident 1 stated, The food is frequently cold, and I will occasionally send it back.</p> <p>During an interview with Resident 2 on 6/13/24 at 1:41p.m., Resident 2 stated, Breakfast is almost always cold on a daily basis and it's been that way for a while now.</p> <p>During an interview with Resident 3 on 6/13/24 at 1:54 p.m., Resident 3 stated, The food tastes okay but is never hot enough.</p> <p>A review of the facility's policy titled, Meal Service, dated 2018 indicated, Meals that meet the nutritional needs of the resident will be served in an accurate and efficient manner and served at the appropriate temperatures.</p> <p>Based on observation, interview, and record review, the facility failed to provide meals at a safe and appetizing temperature for three out of three random residents (Residents 1, Resident 2, and Resident 3) when, meals were served cold.</p> <p>This failure had the potential for poor food intake, nutrient deficits, and undesirable weight loss for residents eating facility prepared meals.</p> <p>Findings:</p> <p>During an interview with the Administrator (ADM) on 6/13/24 at 10:31 a.m., the ADM stated, Residents have complained of cold food. The ADM further stated, This has been an ongoing problem.</p> <p>During a concurrent observation and interview with the Registered Dietician (RD) on 6/13/24 at 12:21 p.m., the RD measured the food temperatures from the food cart delivered to Hall 6. The RD stated, The hot entree and starch should be at a temperature of 120 degrees or greater.</p> <p>The food items tested for temperature were:</p> <p>&gt;Country fried steak (hot entree) - 108.1 degrees Fahrenheit</p> <p>&gt;Mashed potatoes (starch) - 99.1 degrees Fahrenheit</p> <p>During an interview with the RD on 6/13/24 at 12:39 p.m., the RD confirmed the hot entree and starch were not hot enough and did not meet the temperature requirements of 120 degrees Fahrenheit. The RD further stated, Our current plan is to use Pellet Warmers to correct the problem but they're on order and have not arrived.</p> <p>A review of the facility's policy titled, Recommended Temp at Delivery to Resident dated 2020 indicated, hot entrees and starches should be at a temperature at or equal to 120 degrees Fahrenheit or greater. Temperature of the food when the resident receives it is based on palatability. The goal is to serve cold food cold and hot food hot .</p> <p>(continued on next page)</p> |                                                                                      |                                                 |

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