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	07/02/2024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 42255 Based on observation and interview the facility failed to prepare, distribute and serve food in accordance with professional standards for food service safety when: 1. Dietary aide (DA) 1 used her non-sterile, gloved index finger and thumb to prepare the food thermometer for insertion into the food. 2. Trash can not covered near food, a glove laying on the floor, a small sink next to the prepared food not clean. 3. Resident 2's breakfast tray was taken out of the dirty tray cabinet and given to Resident 2. These failures had the potential for residents receiving food from the facility kitchen, in a census of 167, to be exposed to food-borne illness. Findings: 1. During a concurrent observation and interview on 7/2/24 at 7:40 a.m., with Dietary Assistance (DA) 1, DA 1 was observed preparing the food thermometer for insertion into the food by using her non-sterile, gloved index finger and thumb to slide the thermometer between them. DA 1 stated, We put it in the cold water to calibrate it and then wipe it with our hands, then put it into the food. During an interview on 7/2/24 at 9:30 a.m., with the Registered Dietitian (RD), the RD stated, The thermometer should have been cleaned with alcohol wipes. That is our expectation to prevent infection. A copy of the policy and procedure (P&P) for measuring food temperatures was requested. It was not provided. 2. During an observation on 7/2/24 at 7:35 a.m., on the initial tour of the kitchen, a trash can had no lid and was filled with waste, a glove was laying on the floor and a small sink next to uncovered prepared breakfast foods had particles of left-over foods splashed on the side and bottom of the sink. (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and Interview on 7/2/24 at 7:45 a.m., with the Payroll Director (PD), the PD confirmed the trash can had no lid, the glove on the floor and debris in the sink. The PD stated, Trash cans should always have lids to prevent the spread of infection. I'll pick up the glove and clean the sink. It should not be this way. During an interview on 7/2/24 at 10:43 a.m., with the Director of Nursing (DON), the DON stated, My expectation is that the trash can should have been covered and the sink should have been cleaned. Infection control is our first priority. 3. Resident 3 was admitted to the facility in mid-2024 with diagnoses which included osteomyelitis (bone infection), methicillin resistant staphylococcus aureus infection (caused by a strain of staph bacteria that has become resistant to many antibiotics ordinarily used to treat staph infections), hypertension (high blood pressure) and glaucoma (eye condition that causes blindness). During an observation on 7/2/24 at 8:33 a.m. of Certified Nursing Assistant (CNA) 2, CNA 2 took a tray from the discarded trays' cabinet and brought it into Resident 3's room and served it to him. During an interview on 7/2/24 at 8:41 a.m., with Resident 3, Resident 3 stated, Not good. One sausage, one pancake and no butter. The coffee is OK, but the food is cold. During an interview on 7/2/24 at 8:42 a.m., with CNA 2, CNA 2 stated, This cart is for left-over trays and refused trays. This resident changed his mind and wanted his tray back. So, I gave it to him. A copy of the policy and procedure (P&P) for handing out food trays was requested. The policy was not provided. A copy of the policy and procedure (P&P) for Infection control on cleaning and disposing of trash was requested. The policy was not provided.