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	07/18/2024

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assist a resident in gaining access to vision and hearing services. 32096 Based on observation, interview and record review, the facility failed to maintain one of three sampled resident's (Resident 1) assistive devices in working condition when the resident's hearing aids were inoperable. This failure resulted in Resident 1 being unable to communicate and feeling frustrated. Findings: Review of Resident 1's medical record, ADMISSION RECORD indicated the resident was a long term resident in the facility with diagnoses that included lung problems and depression. In a concurrent observation and interview on 7/17/24 at 10:35 a.m. in Resident 1's room, Resident 1 was observed lying in bed talking with staff next to her bed both in loud voices. Staff stated the resident was hard of hearing and advised me to speak up and be close to the resident so she could hear. The resident did not wear hearing aids. Resident 1 reported she used to have hearing aids but did not know what happened to them and stated, I can't hear, or I can't make out what they are saying to me .very frustrating. During the interview, the resident was observed to be cupping her left ear with her hand and frequently lifted her torso up in an attempt to hear better. There were no hearing aids visible nearby the resident. In an interview on 7/17/24 at 11:15 a.m. at the nursing station, Certified Nurse Assistant (CNA 1), who was assigned to take care of Resident 1, stated Resident 1 was hard of hearing so she had to raise her voice when she spoke to the resident. CNA 1 stated she did not know about the resident's hearing aids. In an interview on 7/17/24 at 11:45 a.m. at the nursing station, Licensed Nurse (LN 1), Resident 1's AM nurse, stated she had to repeat and talk in a louder voice when she spoke to Resident 1 because the resident was hard of hearing. LN 1 stated it was difficult for the resident as well as for staff to communicate with Resident 1. LN 1 stated she was not aware of the resident's hearing aids. In an interview on 7/17/24 at 12:20 p.m., in the training room, the Social Service Director (SSD) recalled that there was an issue in April 2024 with Resident 1's hearing aids. This was 'sresolved after the SSD found the resident's hearing aids and charged them for the resident. The SSD stated last time she saw the resident's hearing aids was about a couple of weeks ago, sitting on the resident's bedside table. (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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In a concurrent observation and interview on 7/17/24 at 12:55 p.m. in the resident's room, the SSD located the resident's hearing aids. When Resident 1 saw her hearing aids she stated they were not working and had told several people about it. The SSD stated she did not know her hearing aids were not working and indicated staff who received the complaint should have relayed the issue to the SSD to resolve. Review of the facility's revised January 2020 policy and procedure, Assistive Devices and Equipment, stipulated, Our facility maintains and supervises the use of assistive devices and equipment for residents . Recommendations for the use of devices and equipment are based on the comprehensive assessment and documented in the resident care plan. Review of Resident 1's clinical record, Care Plan for impaired communication related to impaired hearing, listed interventions including, Ensure availability and functioning of adaptive communication resources/equipment, Specify: hearing aids . initiated on 6/3/24. In an interview on 7/17/24 at 1:01 p.m. in the hallway, LN 1 clarified that she had thought the resident's hearing aids were missing but they were kept in the medication cart which she did not know. LN 1 stated they brought the hearing aids back to the resident's room that morning after LN 1 spoke with the Department. An interview was conducted on 7/17/24 at 1:08 p.m. in the Director of Nursing (DON's) office with the Nurse Consultant present. The DON stated Resident 1 told her that morning [Staff Name] took her hearing aids when the resident reported to her that they were not working. The DON stated [Staff Name] was on vacation and last worked at the facility about a week ago. The DON stated it was her expectations that evening shift LNs put the resident's hearing aids in the narcotic box and morning LNs to apply them to the residents in the morning as many residents did not have hand coordination to put them on by themselves. The DON acknowledged the inoperable hearing aids could have impeded Resident 1's communication.