

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

Printed: 09/27/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/19/2024
NAME OF PROVIDER OR SUPPLIER Windsor El Camino Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42255 Based on interview and record review, the facility failed to ensure two of three sampled residents (Resident 1) and (Resident 2), were free from abuse, when Resident 2 was seen hitting Resident 1 on the arm, afterwhich Resident 1 turned and threw his coffee on Resident 2. This failure increased the potential for physical and psychosocial injury. Findings: Resident 1 was admitted to the facility in mid-2024 with diagnoses which included sepsis (infection throughout the body), pneumonia (lung infection) and schizophrenia (mental disorder of the thought processes). During a review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 6/3/24, the MDS indicated Resident 1 had moderately impaired memory. Resident 2 was admitted to the facility in mid-2024 with diagnoses which included disease of the spinal cord, hypertension (high blood pressure), diabetes (inability of body to properly regulate blood sugar), and brain injury. During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2's memory was intact. During a review of the REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE, dated 7/4/2024, Resident 2 starting yelling that Resident 1 was wearing her hat, she hit him while trying to reach/grab her hat. [residents name] Resident 1 turned around and threw coffee into her face. During a review of the eINTERACT CHANGE IN CONDITION EVALUATION, dated 7/5/24 indicated, Resident 2 had a physical altercation with another resident. During an interview on 7/18/24 at 1:20 p.m. with Certified Nursing Assistant 3 (CNA 3), CNA 3 stated, Yes, Resident 2 walked by Resident 1 and asked him for her hat. She hit him like give me my hat! This happened in the hallway .Resident 1 turned around and threw his coffee on her, that's when I got in-between them . (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 055402	Facility ID: 055402 If continuation sheet Page 1 of 2

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/18/24 at 9:54 5:15 p.m. with the Director of Nursing (DON) the DON stated, We had a care plan for Resident 2 with increased behaviors. We monitored her every 15 minutes basically a one on one for her, I don't know what happened. During a review of the facility's P&P titled, Abuse Prohibition, dated 2/21, the P&P indicated, HealthCare Centers prohibit abuse, mistreatment, neglect, misappropriation of resident property, and exploitation for all residents. This includes, but is not limited to, freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint .Physical abuse includes hitting, slapping, pinching, kicking, ect., as well as controlling behavior through corporal punishment.		