

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 06/03/2025
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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect the resident ' s right to be free from physical abuse by a resident for one of five sampled residents (Resident 1) when facility staff witnessed Resident 3 hit Resident 1 on the head.</p> <p>This failure resulted in Resident 1 not being free from abuse and had the potential for Resident 1 to be injured.</p> <p>Findings:</p> <p>Resident 1 was admitted [DATE] with diagnoses which included anxiety disorder, dementia (impaired ability to remember, think, or make decisions) and adult failure to thrive. A review of Minimum Data Set (MDS, an assessment tool), dated 2/26/25, indicated Resident 1 had severe cognition impairment.</p> <p>Resident 3 was originally admitted [DATE] with diagnoses which included dementia and personal history of traumatic brain injury. A review of the MDS, dated [DATE], indicated Resident 3 had intact cognition.</p> <p>During an interview on 6/2/25 at 12:56 p.m. with Licensed Nurse 3 (LN 3), LN 3 stated that on 5/23/25 she observed Resident 3 come behind Resident 1 and hit Resident 1 on the head twice. LN 3 further stated Resident 3 struck Resident 1 with a closed fist and then again with an open hand. LN 3 stated, He [Resident 3] hit her [Resident 1] hard. LN 3 confirmed the altercation was unprovoked by Resident 1.</p> <p>During an interview on 6/2/25 at 1:41 p.m. with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated the expectation was for residents to be free from abuse. CNA 1 further confirmed that residents have the right to live at the facility and not be abused.</p> <p>During an interview on 6/2/25 at 2:35 p.m. with the Administrator (ADM), ADM stated residents have the right to be free from abuse.</p> <p>During a review of Resident 1 ' s Care Plan Report, created 5/23/25, indicated, Resident has been involved as a victim in a resident-to-resident altercation, resulting in being hit on the head by the other resident.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s Progress Note (PN), dated 5/25/25, indicated, .On 5/23/25 at about 0840, resident [victim] was involved in an unprovoked physical altercation with another resident (aggressor), in the hallway near Hall 1 nursing station. Resident (victim) was self-propelling in her wheelchair down the hall as usual when the resident (aggressor) suddenly and without warning approached her. Aggressor struck the victim on the head once with a closed fist, and then again with an open hand, also targeting the head. Resident (victim) did not initiate or provoke the aggression in any manner .</p> <p>During a review of Resident 3 ' s PN, dated 5/25/25, indicated, .On 5/23/25 at about 0840, resident [aggressor] was involved in an unprovoked physical altercation with another resident (victim), in the hallway near Hall 1 nursing station. The victim was self-propelling in her wheelchair down the hall when the resident (aggressor) suddenly and without warning approached her. Resident (aggressor) struck the victim on the head once with a closed fist, and the again with an open hand, also targeting the head. The victim did not initiate or provoke the aggression .</p> <p>During a review of the facility ' s Policy and Procedure (P&P) titled, Abuse Prohibition Policy and Procedure, effective 2/23/21, the P&P indicated, Healthcare Centers prohibit abuse .for all residents .Abuse is defined as the willful infliction of injury .Physical Abuse includes hitting, slapping, pinching, kicking .</p> <p>During a review of the facility ' s P&P titled, Residents Rights, revised 12/2021, the P&P indicated, .Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident ' s right to: .be treated with respect, kindness, and dignity .be free from abuse .</p>		