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| 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 06/06/2025 |
| 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.

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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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, interview, and record review, the facility failed to ensure interventions consistent with resident needs were implemented for one of three sampled residents (Resident 1) when Resident 1 sustained a fracture of the 4th right finger from a fall and interventions to support and stabilize the finger to prevent worsening were not implemented in a timely manner.</p> <p>This failure resulted in delay in the management of Resident 1 ' s fracture.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s admission records, the records indicated Resident 1 was admitted to the facility in July 2016 with diagnoses that included metabolic encephalopathy (brain disease that alters brain function or structure), bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), and dementia (a progressive state of decline in mental abilities). Resident 1 ' s Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 1 had moderate cognitive impairment.</p> <p>During a review of Resident 1 ' s SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among the residents) Communication Form, dated 5/27/25, the form indicated, [Resident 1] observed on the floor, Head leaning against the bed, facing the door. No injury noted. The LN [Licensed Nurse] asked [Resident 1] how did the fall occurred [Resident 1] stated I was trying to change position I slipped from the bed denied hitting her head .</p> <p>During a review of Resident 1 ' s SBAR notes, dated 5/28/25, the notes indicated, [Resident 1] had discoloration and swelling in R [right] hand and wrist. Notified PA [Physician Assistant] .Got the STAT [immediately] order for Xray [imaging that creates picture of the inside of the body] 2 to 3 view. Order carried out and noted .</p> <p>During a review of Resident 1 ' s Radiology Results Report, dated 5/28/25, the report indicated, PROCEDURE: Right HAND .Clinical Information: swelling .FINDINGS: Acute fracture of the 4th proximal phalanx base [a sudden break in the bone at the base of the fourth finger near the palm] .</p> <p>During a review of Resident 1 ' s progress notes, dated 6/3/25, the notes indicated, .[Resident 1] also on monitoring for a rt.[right]4thfinger fx [fracture], no swelling noted, discolorations to the fingers noted .</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 REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0684</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 notes, dated 6/3/25, the notes indicated, .Obtained an order from PA to send [Resident 1] to the ER [emergency room] on resident request for a possible cast if indicated on the fractured rt 4th finger .resident has been taken to the ER .</p> <p>During a review of Resident 1 ' s ED [emergency department] Physician Notes, dated 6/3/25, the notes indicated, .ecchymosis [discoloration under the skin caused by bleeding into the tissues] to third and fourth right fingers with limited range of motion due to pain .Ulnar gutter splint [splint applied along the side of the forearm and hand to support, stabilize, and immobilize the fourth and fifth fingers] placed in ED .</p> <p>During a concurrent observation and interview on 6/6/25 at 9:33 a.m. with Resident 1 in her room, Resident 1 was observed alert and calm, lying in bed, splint noted on right hand. Resident 1 stated, .the little ball [of the right fourth finger] came apart and they said I have a fracture .they put a splint .</p> <p>During a telephone interview on 6/6/25 at 12:56 p.m. with Licensed Nurse 1 (LN 1), LN 1 stated, .the CNA [Certified Nursing Assistant] reported to me that the wound doctor came [on 5/28/25], the resident complained about right hand swelling .I told the PA and we got the order for the STAT Xray for both hands and wrists .I checked both hands, right hand was a little swollen than the left .</p> <p>During a telephone interview on 6/6/25 at 1:23 p.m. with the Director of Nursing (DON), the DON confirmed the fall happened on 5/27/25 and staff started to notice the swelling on Resident 1 ' s right hand on 5/28/25. The DON also confirmed the Xray was done on 5/28/25 and stated that he found out on 6/2/25 that Resident 1 had a fracture. The DON stated, The nurse did not tell us .the PA checks labs everyday .For some reason, the PA did not let us know .[PA] reviews everything and clears from the dashboard so there was no way for us to know .That means she should have told us [about the fracture] .[PA] didn ' t tell anybody that she reviewed [the Xray results] because it was cleared in the dashboard .</p> <p>During a concurrent interview and record review on 6/6/25 at 1:34 p.m. with the Administrator (ADM), the ADM confirmed the STAT Xray was done and reported on 5/28/25, the same day it was ordered. The ADM stated the PA initially told the nursing staff that the fracture will heal itself. The ADM stated, When I returned from vacation [6/3/25], I asked why she was not sent to the hospital [on 5/28/25]. When asked if there were interventions done for the fracture, the ADM stated, [Staff] did neuro checks, continued pain management, but nothing specific for the fracture . The ADM confirmed the PA was aware of the fracture since 5/28/25 and stated, [Resident 1] refused at that time [5/28/25] to go to the hospital .When the discoloration and swelling continued, I think she needed to be sent out . The ADM was not able to provide documentation of Resident 1 ' s refusal to go to the hospital for the fracture on 5/28/25.</p> <p>During a concurrent interview and record review on 6/6/25 at 2:03 p.m. with the Infection Preventionist (IP), the IP stated staff asked the PA to send Resident 1 to the hospital, but Resident 1 refused, and the PA said the fracture will heal itself and there was no need to send Resident 1 to the hospital. The IP was not able to provide documentation on Resident 1 ' s refusal to go to the hospital and stated, I don ' t think it ' s documented.</p> <p>(continued on next page)</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a telephone interview on 6/6/25 at 2:09 p.m. with the PA, the PA confirmed Resident 1 had a fall on 5/27/25 and that she ordered STAT Xray on 5/28/25. The PA confirmed she was able to review the Xray result on 5/29/25 which showed a fracture on Resident 1 ' s right fourth finger. The PA confirmed she did not talk to Resident 1 after reviewing the Xray result, and that Resident 1 did not refuse to go to the hospital. The PA stated, In cases when a resident had a fracture, we usually send the resident to the hospital for treatment .Clearly, there was a delay in the management of [Resident 1 ' s] fracture .I don ' t think I would have said that the fracture will heal itself .it will heal itself if it ' s casted .</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Fall Management, dated 5/26/21, the P&P indicated, I. PURPOSE .To address injury and provide care for a fall .II. POLICY .Patients experiencing a fall will receive appropriate care .</p> | | |