

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  06/11/2025
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 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 follow professional standards of practice when they failed to follow physician orders for two of six sampled residents (Resident 1 and Resident 2).</p> <p>These failures had the potential to result in poor residents ' health outcomes.</p> <p>Findings:</p> <p>1. A review of Resident 1 ' s clinical record indicated Resident 1 was admitted in early 2025 with multiple diagnoses including diabetes (a disease manifested by high blood sugars and causes slow wound healing). A review of Resident 1 ' s Minimum Data Set (MDS- a federally mandated assessment tool), reflected a Brief Interview for Mental Status (BIMS- tool to assess cognition) score of 14 out of 15 which indicated Resident 1 was cognitively intact. A review of Resident 1's MDS, Functional Abilities, indicated Resident 1 was dependent on staff for mobility, transfers, and putting on/taking off footwear.</p> <p>During an observation on 6/10/25 at 11:52 a.m. in Resident 1 ' s room, Resident 1 ' s lower extremities were observed at the base of the bed. A dressing was observed dated 6/8/25 to right lower extremity and a leg boot was observed under a chair in the left corner of Resident 1 ' s room. Both legs were not off-loaded from bed to prevent skin breakdown.</p> <p>During a review of Resident 1 ' s physician order dated 5/3/25, the order indicated, . TX (treatment): BILATERAL LEG SCALE AND PLAQUE BUILDUP. CLEANSE WITH NSS, PAT DRY, APPLY MIXTURE OF AMMONIUM LACTATE (wound cleanser) AND A&amp;D OINTMENT TO BOTH LEGS AND PLACE FEET BACK IN BOOTS .</p> <p>During a review of Resident 1 ' s care plan titled .admitted with Right foot abscess ., dated 4/25/2025, the care plan indicated .Off load/Float heels while in bed .</p> <p>During a concurrent observation and interview on 6/10/25 at 2:51 p.m. in Resident 1 ' s room, Resident 1 stated she would like to wear her boots, and they should have been put on in morning. Resident 1 further stated she would like to wear her boot to protect the wound on her right foot.</p> <p>During an interview on 6/10/25 at 3:04 p.m. with Licensed Nurse 2 (LN 2), LN 2 confirmed Resident 1 had an order to wear boots while in bed. LN 2 confirmed that Resident 1 was not wearing boots while in bed. LN 2 further confirmed physician treatment order to place Resident 1 ' s feet in boots. LN 2 further stated the resident ' s right foot injury may get worse if the boot was not on and leg not off loaded per the physician order.</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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<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 facility policy and procedure (P&amp;P) titled Physician orders, dated 3/22/22, the P&amp;P indicated, . the licensed nurse receiving the order will be responsible for documenting and implementing the order .</p> <p>2. A review of Resident 2 ' s clinical record indicated Resident 2 was admitted in early 2024 with multiple diagnoses including gastroesophageal reflux disease (GERD- a condition where stomach contents flow back up into the food pipe, causing heartburn and other symptoms).</p> <p>During an observation on 6/10/25 at 3:49 p.m. in Hallway 5, Licensed Nurse 3 (LN 3) was observed pre-pouring medications into four medicine cups from medication Cart 1.</p> <p>During a follow up medication administration observation on 6/10/25 at 4:06 p.m. with LN 3, LN 3 was observed preparing medication for Resident 2. LN 3 confirmed she was going to administer Donepezil (a medication used for dementia) before the time it was due. LN 3 also confirmed there were three unlabeled medication cups that contained pre-poured medications in the medication cart for residents in another room.</p> <p>During a record review of Resident 2 ' s clinical record, the physician orders indicated, . Donepezil HCL 5 MG (milligram- a unit of measurement) Give 1 tablet by mouth at bedtime for dementia .</p> <p>During an interview on 6/11/25 at 8:47 a.m. with RN supervisor (RNS), the RNS stated LNs were expected to prepare and administer medications for one resident at a time. RNS further stated medications should be administered timely according to the medication rights and it was not acceptable to pre-pour medication for residents at the facility. RNS further stated it was not acceptable to place unlabeled medications in the medication cart.</p> <p>During a review of policy and procedure titled Administering Medications dated April 2019, the P&amp;P indicated, Medications are administered in accordance with provider orders, including any required time frame . the individual administering the medication checks the label Three (3) times to verify the right resident, right medication, right dosage, right time .before giving the medication .</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interview, the facility failed to maintain acceptable infection control practices when four shower rooms were observed unsanitary for a census of 165.</p> <p>This failure had the potential for the shower rooms to harbor infectious organisms and spread them to the residents.</p> <p>Findings:</p> <p>During an observation and concurrent interview on 6/10/2025 at 11:49 a.m. in Shower room [ROOM NUMBER] for the 600 hall with Licensed Nurse 2 (LN 2), a red drinking cup was found on the shower room sink. LN 2 stated the cup should not be there and it was unsanitary.</p> <p>During a concurrent observation and interview on 6/10/25 at 12:22 p.m. with Certified Nurse Assistant 1 (CNA 1), the Shower room for Hall 1 was observed with dark brown and black mold and mildew on the walls of the shower area and flooring. CNA 1 confirmed the mold and mildew in the shower room and stated it had been going on for several months.</p> <p>During a concurrent observation and interview on 6/10/2025 at 12:42 p.m. with Licensed Nurse 3 (LN 3) in the 700-hall shower room, the shower room was observed with mold and mildew between the tiles, dark brown mildew underneath the resident shower bed, and cracked tiles in the resident shower. LN 3 confirmed the mold present and stated it should have been cleaned more thoroughly and had the potential to spread infectious organisms throughout the facility.</p> <p>During an interview on 6/10/25 at 3:44 p.m. with Environmental Personnel (EP) in Hall 5, the EP stated there was mold and mildew in the shower rooms and housekeeping should clean them.</p> <p>During an interview on 6/11/25 at 8:54 a.m. with Housekeeping Supervisor (HKS), the HKS stated the process for cleaning showers was that they be cleaned daily, however a lot of the showers had an ongoing problem with mold and mildew and the facility management were aware of the problem.</p> <p>During an interview on 6/11/25 at 9:08 a.m. with Infection Preventionist (IP), the IP stated the facility is aware of the mold and mildew in the shower rooms. The IP also confirmed a picture of a resident cup in shower room and stated it was unsanitary and should have been picked up. IP stated that the dark mildew on the shower room bed should have been cleaned, along with the resident cup left by the sink, and could potentially expose facility residents to infectious diseases and pathogens [disease causing organisms].</p> <p>During an interview on 6/11/25 at 9:17 a.m. with Administrator (ADM), the ADM confirmed facility was aware of the mold and mildew in the facility 's shower rooms.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of facility policy and procedure (P&amp;P), titled Infection Prevention and Control Program, dated 9/2024, the P&amp;P indicated .infection prevention . is established and maintained to provide a safe comfortable environment to help prevent the development and transmissions of communicable infections . important facets of infection prevention include . identifying possible infections or potential complications of existing infections . instituting measure to avoid complications or dissemination .</p> <p>During a review of facility P&amp;P titled Cleaning and Disinfection of Resident-Care Items and Equipment, dated September 2022, the P&amp;P indicated, .Reusable items are cleaned and disinfected or sterilized between residents</p>		