

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  06/25/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to provide adequate supervision to ensure safety when Resident 1 eloped from the facility for a census of 157.</p> <p>This failure had the potential to result in serious injury or death for Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1's admission Record, the record indicated that Resident 1 was admitted to the facility on [DATE] with diagnoses that included idiopathic peripheral autonomic neuropathy (damage to the nerves of the autonomic nervous system which controls involuntary functions like heart rate and digestion) and 3rd degree burns involving 10 -19% of body surface.</p> <p>During a review of Resident 1's Nurses Progress Notes dated 6/24/25 at 12:10 p.m., the nurses note indicated Resident has a scheduled medication at 05:00. Per resident normal routine they would come to the nurse's station around 04:00 requesting their medication 1 hour early. RN (registered nurse) noticed they did not come to the nurse's station around 4:55, at this point the RN collected the resident's due medication by 05:08 and came into the residents room attempting to provide the medications. The RN searched the residents room and bathroom with no avail. The RN informed the NOC (night shift) aids to search hall 7 for the resident. The RN attempted to visually locate the resident in the other halls however he could not be found. The RN then called a code green (code used to alert staff of a missing resident) via the intercom.</p> <p>During a review of Resident 1's Social Services Progress Notes dated 6/24/25 at 12:16 p.m., the Social Services Director indicated, Around 10:18 a.m., SW (Social Worker) reached out to the resident at his cell phone number and spoke with him. He was asked where he was but refused to provide information on his whereabouts. He then shared that he had left the facility this morning and said that he will not return.</p> <p>During a review of Resident 1's Nurses Progress Notes dated 6/24/25 at 2:04 p.m., the nurse indicated that Around 1300 (1 p.m.) resident came to pick up his personal belongings and took his Stuff without informed anyone. CNA to see him and notified the charge nurse. Nurse went to check on him found walking in the hall towards exit door. Resident told this nurse that I want to go to another place. Administrator and social worker notified and told resident, you have to sign AMA form (Against Medical Advice) before leaving. Resident signed AMA form.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Administrator on 6/25/25 at 1:04 p.m., when asked, the Administrator stated that anything could have happened to the resident when he left the facility. The Administrator stated, It was the facility's responsibility to keep the residents safe. The Administrator further stated that when a pharmacy technician left the building the door was not closed and that allowed the resident to leave unnoticed.</p> <p>During a review of the facility's policy and procedure titled, Safety of Residents, dated June 2022 indicated, The purpose is to provide a safe environment for residents and Facility staff .Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities .1. Our individualized, resident-centered approach to safety addresses safety and accident hazards for individual residents . 2. Resident supervision is a core component of the systems approach to safety .Risk factors and environmental hazards include Unsafe Wandering.</p>