

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 07/01/2025
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>Based on interview and record review, the facility failed to provide adequate monitoring and supervision for one of four sampled residents (Resident 1), when Resident 1 left the facility without notifying staff.</p> <p>This failure resulted in Resident 1 leaving the facility unsupervised and increased her risk for harm and injury.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility March 2025 with diagnoses which included schizophrenia (mental illness that affects how a person thinks, feels, and behaves) and the need for assistance with personal care. A review of the Minimum Data Set (MDS, an assessment tool), dated 3/31/25, indicated Resident 1 had moderate cognition impairment. Resident 1's family members were listed as the responsible party.</p> <p>During a review of Resident 1's Order Summary Report, order dated 3/28/25, the orders indicated, Resident (DOES NOT HAVE) the capacity to make healthcare decisions.</p> <p>During a review of Resident 1's Order Summary Report, order dated 4/17/25, the orders indicated, Wander Guard/Wander Elopement Device due to poor safety awareness .every shift check placement.</p> <p>During a review of Resident 1's eINTERACT Change in Condition Evaluation, effective date 6/28/25, indicated, missing from facility at around 1130 .At around 1145 went for med pass in the resident room. Resident was not in the room and bathroom .This LN went to check there couldn't find her. At around 1200, the assigned CNA [Certified Nurse Assistant] asked this LN [Licensed Nurse] about the resident. We checked all around the building to check on resident. Resident nowhere to be found inside the facility. Staff pronounced code [NAME] x 3.</p> <p>During a concurrent interview and record review on 7/1/25 at 1:27 p.m., with Licensed Nurse (LN 2), LN 2 confirmed Resident 1 had a history of taking off her wander guard (wearable monitoring device that alerts caregivers when a resident leaves a protected area). LN 2 stated, Maybe it would have been more appropriate to check placement [wander guard] several times a shift. LN 2 reviewed Resident 1's chart and confirmed the Elopement Evaluation assessment dated on admission date 3/27/25 was not completed. LN 2 confirmed it was the expectation for the document to be completed on admission and stated, Not sure why it didn't happen, should have been.</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 7/1/25 at 1:48 p.m., with the Assistant Director of Nursing (ADON), the ADON confirmed the policy was for elopement assessments to be completed at time of admission, especially for at risk residents. ADON stated Resident 1 was considered at risk due to her diagnosis of schizophrenia and history of homelessness. The ADON further stated if the elopement assessment was not done on admission there would be an increased risk for elopement and the facility could miss monitoring of the resident. The ADON confirmed if a resident elopes there was a risk of them walking into the street and getting hurt.</p> <p>During a review of Resident 1's care plan (CP), created on 4/17/25, the CP indicated, Resident has tendency to wander and expressed wanting to leave facility 'to the streets' .Patient is at risk for elopement r/t patient verbalized that she would like to go back to the streets .Patient with episodes of removing her wander guard while washing her hands .</p> <p>During a review of the facility's policy and procedure (P&P) titled, Safety of Residents, dated 6/27/2022, the P&P indicated, To provide a safe environment for residents .Upon admission, residents will be monitored for behavior triggers including, but not limited to .Increased pacing or wandering .</p> <p>During a review of the facility's P&P titled, Elopement of Resident, revised 7/12/23, the P&P indicated, Residents will be evaluated for elopement risk upon admission .Elopement occurs when a patient leaves the premises without authorization .</p> <p>During a review of the facility's P&P titled, Elopement of Resident, revised 1/12, the P&P indicated, It is the policy of Windsor to provide a safe and secure environment and ensure the safety of any resident attempting to elope from the facility .Upon admission, residents who are cognitively impaired .history of wandering or elopement, will have an elopement risk evaluation completed by nursing or Social Services.</p>		