STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055402	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor El Camino Care Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 46872 Based on interview and record review, the facility failed to develop comprehensive care plans for two of 37 sampled residents (Resident 87 and Resident 161) that included measurable objectives and timetables to meet the resident's medical and nursing needs. This failure created the potential for inaccurate care. Findings: Review of Resident 87's physician orders contained an order dated 10/29/24 for Clopidogrel Bisulfate (Anticoagulant-blood thinner used to prevent stroke, heart attack and other heart problems) 75 MG (milligram) one time day for DVT (Deep Vein Thrombosis) Prophylaxis (to prevent blood clot in a vein). During a review of Resident 87's clinical record on 11/19/24 revealed no care plan regarding Resident 87 being on an anticoagulant medication. During a concurrent interview and record review the following day on 11/20/24 at 12:09 p.m. with the Director of Nursing (DON) and Regional Clinical Resource Nurse (RCRN) Resident 87's clinical record was reviewed. The DON indicated there was a care plan regarding Resident 87 being on an anticoagulant medication. During a review of the care plan indicated it had been created on 11/20/24. The RCRN stated the facility became aware that some residents in the facility, who were on anticoagulation medication, did not having anticoagulation care plans. Resident 161 was admitted to the facility September 2024 with multiple diagnoses which included chronic systolic heart failure (heart is weakened and can't contract normally, resulting in a reduced amount of blood circulating throughout the body). A review of Resident 161's Minimum Data Set (MDS, an assessment tool) dated 10/28/24, indicated, Resident 161 had intact cognition. During a review of Resident 161's Order Summary Report, dated 11/20/24, Resident 161 had orders for Ticagrelor Oral Tablet 90 MG [unit of measure] Give 90 mg by mouth two times a day for DVT prophylaxis [treatment to prevent blood clots], with a start date of 10/17/2024. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055402	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor El Camino Care Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview and record review on 11/20/24, at 9:37 a.m., with Licensed Nurse (LN) 1, LN 1 confirmed Resident 161 was taking an antiplatelet [medications that prevent blood clots from forming] medication twice daily and there were no monitoring orders or care plan for the medication in Resident 161's medical record. LN 1 stated there should have been a care plan and monitoring orders for bleeding. During an interview and record review on 11/20/24, at 9:46 a.m., with LN 2, LN 2 stated any medication with a black box warning should be care planned. LN 2 confirmed Resident 161 did not have a care plan for Ticagrelor in her medical record. LN 2 stated the medication [Ticagrelor] should have been care planned for adverse effects such as bleeding. During a review of Resident 161's Black Box Warning Details, indicated, Warning: Bleeding risk Ticagrelor, like other antiplatelet agents, can cause significant, sometimes fatal, bleeding . During a review of the facility's policy and procedure (P&P) titled, Care Plan Comprehensive, dated 8/25/2021, the P&P indicated, An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, physical, mental, and psychological needs shall be developed for each resident. Each resident's comprehensive care plan is designed to: a. Incorporate identified problem areas. b. Incorporate risk and contributing factors associated with identified problems .f. Reflect treatment goals, timetables, and objectives in measurable outcomes. g. Identify the professional services that are responsible for each element of care. h. Aid in preventing or reducing declines in the resident's functional status and/or functional levels. During a review of the facility's P & P titled, Anticoagulation-Clinical Protocol, revised November 2018, indicated, As part of the initial assessment, the physician and staff will identify individuals who are currently anticoagulated; for example, those with a recent history of deep vein thrombosis (DVT), or heart valve replacement, atrial fibrillation or those who have had recent joint replacement surgery. a. Assess for any signs or symptoms related to adverse drug reactions due to the medication alone or in combination with other medications. b. Assess for evidence of effects related to the subtherapeutic or greater than therapeutic drug level related to that particular drug (for example, a resident with an above therapeutic level of an anticoagulation medication should be assessed for bleeding) . The staff and physician will monitor for possible complications in individuals who are being anticoagulated and will manage related problems. a. If an individual on anticoagulation therapy shows signs of excessive bruising, hematuria, hemoptysis, or other evidence of bleeding, the nurse will discuss the situation with the physician before giving the next scheduled dose of anticoagulant.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055402	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor El Camino Care Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17069 Based on interview and record review, the facility failed to ensure care was provided in accordance with professional standards for 1 of 37 sampled residents (Resident 72) when Resident 72 did not receive dialysis as prescribed. This resulted in Resident 72 being transferred to the emergency room (ER). Findings: Review of Resident 72's diagnoses included End Stage Renal Disease (ESRD-permanent kidney failure) and Dependence on Renal Dialysis (process to remove excess water, toxins and waste from the blood). Review of Resident 72's physician orders contained an order dated 3/29/24 for dialysis on Tuesday, Thursday and Saturdays. P/U (pick up) @ 8AM, return around 2 PM Transportation: every day shift every Tue, Thu, Sat. During a review of Resident 72's Progress Note dated 3/12/2024 at 8:27 a.m., Per noc (night) shift resident hasn't had dialysis since Thursday of last week and should be sent to hospital when I spoke to resident he said he feels okay only when he is feeling like he has excess fluid build up and its hard to breath will he ask to go to hospital Called CMEC to update them [Nurse Practitioner] stated he wanted him to be sent to hospital resident does not want to go to hospital states he feels fine called cmec back waiting for return call for further orders. During a review of Resident 72's Progress Notes dated 3/12/2024 at 10:04 a.m. Called CMEC resident changed his mind to transfer out requests we send him to the ED. alpha one called transport on the way. During a concurrent interview and record review on 11/20/24 at 12:16 p.m. with the Director of Nursing (DON) and Regional Clinical Resource Nurse (RCRN) Resident 72's clinical record was reviewed. The DON stated Resident 72 was sent to the hospital on 3/7/24 (Thursday) for low Hemoglobin (transport oxygen from lungs to the body's tissues) and returned to the facility on [DATE] (Friday). The DON was not able to provide documentation Resident 72 received dialysis, while at the hospital on 3/7/24, which is his regular dialysis day. The DON reviewed Resident 72's Hemodialysis Communication Record, dated 3/9/24 which indicated Resident 72 did not get picked up. The DON was not able to provide the reason or documentation why Resident 72 was not picked up. The DON stated Social Services (SS) is the one who is responsible for making transportation arrangements. The DON stated if there was an issue with transportation, he would expect a back up transportation company to be called and then the dialysis center to be called to inform them the resident is not able to make their dialysis appointment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055402	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor El Camino Care Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/21/24 at 1:40 p.m. with Social Service Director (SSD), She confirmed SS is responsible for arranging resident transportation. SSD stated her and the other SSD were not employed at the time of the incident and does not know why there was issues with Resident 72's transportation on 3/12/24. The SSD was asked if there is a problem with Resident 72's regular transportation what is the procedure. The SSD stated they would call the resident's insurance and ask for approval for another transportation company to be called and would also call the dialysis center and informed them resident was not able to make dialysis appointment. During a review of the facility's policy and procedure titled, Dialysis Care, effective date 8/25/21, indicated, To provide dialysis care for residents in renal failure and those residents who require ongoing dialysis treatments. The Facility will arrange for dialysis care as ordered by the Attending Physician. The Facility will arrange for dialysis care for such residents on a weekly basis. and/ or as needed. The Facility will arrange transportation to and from the dialysis provider .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055402	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor El Camino Care Center	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)
F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. 46995 Based on interview and record review, the facility failed to complete annual performance evaluations (PEs) for two of two sampled certified nursing assistants (CNA 1 and CNA 2). This failure increased the risk of residents to receive poor-quality care from the CNAs. Findings: During a record review on 11/21/24 at 9:29 a.m. with the Director of Staff Development (DSD), two employee charts were reviewed, CNA 1 and CNA 2. CNA 1 was hired 9/1/07, the last documented PE was completed on 10/19. CNA 2 was hired 1/22/15, the last documented PE was completed on 3/22. During an interview on 11/21/24 at 10:45 a.m. with the Regional Human Resource Manager (RHRM), the RHRM was asked about the annual PE's and stated, Unfortunately we have had some turnover .we have not done the annual performance evaluations .they are important [for CNA's] to get a good sense of feedback . During a review of the facility's policy and procedure (P&P) titled, PERFORMANCE EVALUATIONS, dated 11/23, the P&P indicated, .performance evaluations may be conducted annually, on or around your anniversary date .Performance evaluations are designed to help you become aware of progress, areas for improvement .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055402	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor El Camino Care Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 50368 Based on observation, interview, and record review the facility failed to follow infection control practices when the cook failed to wear a beard restraint in the kitchen for a census of 165 Residents when: cook's facial hair was not covered with a beard restraint while preparing food. This deficient practice had the potential to cause the transfer of harmful bacteria and hair into food served to residents living at facility. Findings: During the initial kitchen tour on 11/18/24, at 8:53 a.m., observed the cook preparing food without a beard guard. During a concurrent observation and interview on 11/18/24, at 9:02 a.m., with the Dietary Manager (DM) in the kitchen, the DM confirmed the cook was not wearing a beard restraint. The DM further confirmed the cook must always wear a beard restraint when working in the kitchen .failure to do so may result in foodborne illness and potential hair in the food served to residents. During a review of the facility's policy and procedure (P&P) titled, Preventing Foodborne Illness-Employee Hygiene and Sanitary Practices, revised 11/22, the P&P indicated, .Hair Nets 1. Hair nets, or caps and/or beard restraints are worn when cooking, preparing, or assembling food to keep hair from contacting exposed food, clean equipment, utensils, and linens . During a review of the facility's policy and procedure titled Food Preparation and Service revised 11/22, indicated, .8. Food and nutritional services staff wear hair restraints (hair net, hat, beard restraint) so that hair does not contact food .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055402	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor El Camino Care Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 46995 Based on observation, interview, and record review the facility failed to maintain infection control practices for a census of 171 when: 1. No Enhanced Barrier Precautions (EBP, involves use of gown and gloves during high contact resident care designed to reduce transmission of Multi Drug Resistant Organisms [MDRO, bacteria resistant antibiotics]) were in place for Resident 99, Resident 115, and Resident 31, and, 2.the facility staff failed to sanitize a blood pressure cuff between residents. These failures increased the risk for infections: Findings: 1. Resident 99 was readmitted to the facility in late 2024 with diagnoses which included acute pyelonephritis (severe bacterial kidney infection), resistance to multiple antimicrobial drugs, and Extended Spectrum Beta Lactamase (ESBL, a bacterial that is resistant to common antibiotics) resistance. During a review of Resident 99's, Order Summary Report [OSR], dated 11/21/24, the OSR indicated, IV [intravenous] central line [a thin flexible tube that is inserted into a large vein near the heart] . During a review of Resident 99's care plan (CP), created 1/11/24, the CP indicated, [Resident 99] has actual colonization/infection with MDRO ESBL .Interventions: Enhanced Barrier Precautions: Use gown and gloves when providing high contact activities . During an observation on 11/19/24 at 9:52 a.m. of Resident 99, Resident 99 had a midline (a long, thin, flexible tube that is inserted into a large vein in the upper arm) to his left upper arm. There were no EBP signs or personal protective equipment (PPE, includes gloves, gown, mask) outside of the door. During an interview on 11/19/24 at 9:57 a.m. with the Assistant Director of Nursing (ADON) outside of Resident 99's room. The ADON confirmed there were no signs or PPE that would indicate Resident 99 had any precautions. The ADON stated, They should have EBP if they have an IV .it's important to prevent infection, so we don't spread it around . During an interview on 11/20/24 at 10:38 a.m. with the Director of Nursing (DON), the DON confirmed Resident 99 did not have any physician orders for EBP. During an interview on 11/21/24 at 12:17 p.m. with Certified Nursing Assistant (CNA 3), CNA 3 was asked how she would know if a resident was on EBP and stated, I look at the door .If they did not have a sign [EBP] I might not know. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055402	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor El Camino Care Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 115 was admitted to the facility in mid-2024 with diagnoses which included ESBL resistance, and history of Methicillin Resistant Staphylococcus Aureus (MRSA, a type of bacteria that is resistant to many antibiotics) infection. During a review of Resident 115's CP, revised 11/13/24, the CP indicated, [Resident 115] is at risk for MDRO infection due to use of indwelling .catheter .Enhanced Barrier Precaution . During a review of Resident 115's OSR, dated 11/21/24, the ORS indicated, Indwelling catheter .RESIDENT ON ENHANCED BARRIER PRECAUTIONS .open areas to Abdominal (sic), groin area . During an observation on 11/18/24 at 11:34 a.m. in Resident 115's room, Resident 115 was lying in bed with an indwelling catheter attached to the bed frame. Resident 115 stated, I have a bacteria, I have blisters on my groin and right arm .the catheter is to protect the blisters . There was no sign or PPE outside the door to indicate Resident 115 had any precautions. During an interview on 11/20/24 at 10:38 a.m. with the DON, the DON confirmed Resident 115 did not have any EBP signage or equipment outside her room and stated, We noticed [Resident 115] did not have one . 34980 Resident 31 was admitted to the facility in 2018 with a diagnoses of Leukoencephalopathy (a disease that affects the white matter of the brain). During an observation on 11/21/24 at 9:47 a.m., CNA 4 was observed going into Resident 31's room without a gown or gloves and provided direct care to Resident 31. Next to the entrance to Resident 31's room, signage was posted for Enhanced Barrier Precautions (EBP). The sign indicated to wear a gown and gloves for high contact resident care activities prior to entering the room. During an interview with CNA 4 on 11/21/24 at 10:57 a.m., CNA 4 verified that they did not wear a gown or gloves to provide care for Resident 31. CNA 4 stated, I should have been wearing a gown and gloves, but I forgot. During an interview with the Regional Clinical Resource Nurse (RCRN) on 11/21/24 at 11:27 a.m., the RCRN stated, If a resident is on EBP the staff providing direct care must wear a gown and gloves. During a review of the facility's policy and procedure (P&P) titled, Enhanced Standard/Barrier Precautions, undated, the P&P indicated, It is the policy of this facility to implement enhanced standard/barrier precautions for the prevention of transmission of multidrug-resistant organism .clear signage will be posted on the door or wall outside of the resident room indicating the type of precautions, required personal protective equipment [PPE], and the high-contact resident care activities that require the use of gown and gloves .An order for enhanced barrier precautions will be obtained for residents with any of the following .Wounds and/or indwelling medical devices [e.g., central lines .urinary catheters .] .make gown and gloves available . 2. During an observation on 11/19/24 at 9:40 a.m., Licensed Nurse 3 (LN 3) failed to sanitize the blood pressure cuff (a device used to measure blood pressure) between resident use. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055402	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor El Camino Care Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with LN 3 on 11/19/24 at 9:53 a.m., LN 3 verified the blood pressure cuff was not sanitized between use on residents. LN 3 stated, The blood pressure cuff should be sanitized between each resident and after use. During an interview with the DON on 11/20/24 at 11:37 a.m., the DON stated, Vital sign equipment is to be sanitized after it is used on a resident. A review of the facility policy titled, Cleaning and Disinfection of Resident-Care Items and Equipment dated 9/22 indicated, Reuseable resident care equipment is decontaminated and/or sterilized between residents according to manufacturers' instructions .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055402	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor El Camino Care Center	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)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. 50368 Based on observation, interview, and record review, the facility failed to maintain the walk-in freezer in safe operating condition when ice buildup was noted on the ceiling and back wall of the freezer. This had the potential to affect the safety and quality of the food served for 165 of the residents eating facility prepared meals. Findings: During a concurrent observation and interview on 11/18/24, at 10:15 a.m., with the Dietary Manager (DM), by the walk-in freezer, the DM confirmed there was ice buildup on the ceiling and the back wall. The DM stated, maintenance takes care of the de-icing of the freezer. During an interview on 11/20/24 at 11:03 am with the Maintenance Director, (MD), the MD confirmed there was ice buildup in the walk-in freezer that could affect food quality. The MD further stated, I have adjusted the door closure mechanism .so it closes more quickly to prevent warm air getting in, leading to more ice buildup. During a review of the facility's policy and procedure (P&P) titled, Maintenance Service, revised 12/09, the P&P indicated, .1. The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times . Review of the United States Food and Drug (FDA) Food Code 2022 section 4-501.11 for Good Repair and Proper Adjustment indicated (A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2. (B) EQUIPMENT components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications. The FDA Food Code 2022 further indicated that Proper maintenance of equipment to manufacturer specifications helps ensure that it will continue to operate as designed. Failure to properly maintain equipment could lead to violations of the associated requirements of the Code that place the health of the consumer at risk. For example, refrigeration units in disrepair may no longer be capable FDA Food Code 2022 Annex 3. Public Health Reasons/Administrative Guidelines Annex 3 - 171 of properly cooling or holding time/temperature control for safety foods at safe temperatures.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055402	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor El Camino Care Center	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)
F 0912 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48175 Based on observation, interview, and record review, the facility failed to ensure resident bedrooms met the minimum requirement of 80 square feet per resident. There were 13 rooms with three occupants in each room for a census of 171, were below the minimum requirement of 80 square feet per resident. This failure increased the potential for inadequate personal space for the residents in these rooms. During an observation and concurrent interviews conducted on 11/18/24 at 12:03 p.m. rooms [ROOM NUMBER] were observed to be neat, with sufficient space for residents' personal effects. There was ample room for entrance, way out, maneuvering of equipment in and out of the rooms, and access to the bathrooms. No validated issues or concerns regarding the lack of space for delivering care were verbalized by any of the residents in these rooms. During an interview on 11/18/24 at 12:08 p.m. with Resident 135, Resident 135 stated, .The room is small, but we respect each other's space .I like to have stuff, and we keep it clean - we are very organized ladies. During an interview on 11/18/24 at 12:16 p.m. with Resident 36, Resident 36 stated, The room could be bigger .it's [room] fine .It works for me. During a concurrent observation and interview on 11/18/24 at 12:27 p.m. in room [ROOM NUMBER] with Certified Nursing Assistant (CNA 4), CNA 4 in room [ROOM NUMBER], CNA 4 was observed entering the room and provided hygiene care to one of the residents in the room. CNA 4 stated they had sufficient space to move around when care was provided to the residents. During an interview with the Administrator (ADM) on 11/21/24 at 9 a.m. the ADM confirmed room numbers 26, 34, 35, 42, 43, 44, 46, 47, 48, 49, 50, 51, and 53 were less than 80 square feet per resident. The ADM confirmed the facility had a room waiver and requested the continuation of the room waiver for the above rooms. These rooms provided 204-238 square feet for each 3-person occupancy room: 68-79 square feet per resident. The facility document indicated the rooms have Reasonable amount of privacy and closet/storage areas, sufficient room for the resident to move about the room, sufficient room to provide nursing care and related equipment to provide the necessary care for the resident in each room. A review of a document titled, CLIENT ACCOMMODATIONS ANALYSIS dated 11/21/24 from the facility indicated the following rooms provided less than 80 square feet of space for residents: Room # Measurement Total 26 204 sqft 68 sqft/per resident 34 231 sqft 77 sqft/per resident (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055402	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor El Camino Care Center	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)
F 0912 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	35 231 sqft 77 sqft/per resident 42 238 sqft 79 sqft/per resident 43 238 sqft 79 sqft/per resident 44 238 sqft 79 sqft/per resident 46 238 sqft 79 sqft/per resident 47 238 sqft 79 sqft/per resident 48 238 sqft 79 sqft/per resident 49 238 sqft 79 sqft/per resident 50 238 sqft 79 sqft/per resident 51 238 sqft 79 sqft/per resident 53 238 sqft 79 sqft/per resident During the survey, multiple observations were made, and the team had no concerns about the safety of the space in each room. There was room for the staff to work and reach the resident without obstruction. The Department recommends continuing the room size variance waiver for rooms 26, 34, 35, 42, 43, 44, 46, 47, 48, 49, 50, 51, and 53.