

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Windsor Elmhaven Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6940 Pacific Avenue Stockton, CA 95207	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49823</p> <p>Based on observation, interview, and record review, the facility failed to follow their infection control policies and procedures for 1 of 30 subacute (require special medical equipment, supplies, and treatments) residents (Resident 1) when licensed nurse (LN) 6 was observed suctioning (a procedure that removes excess secretions from a patient's respiratory tract when they are unable to do on their own to clear the airway and improve breathing) Resident 1 on Enhanced Standard Precautions (EBP- set of infection control measures to reduce the transmission of resistant germs through gown and glove use during high-contact resident care activities) without the required personal protective equipment (PPE- gowns, gloves, eye protection, facemasks or respirators used to prevent the spread of germs).</p> <p>This failure could have resulted in the spread of multi- drug resistant organisms (MDROs- infections that are resistant to three or more drugs that kill infection)</p> <p>and the need for additional medical interventions (medications and/or treatments) for the subacute residents, visitors, and staff.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility in early 2024 with diagnoses that included sepsis (a life-threatening complication of an infection), respiratory failure (disease that can cause shortness of breath, anxiety, and confusion), dependence on a ventilator (a machine used to help a patient breathe), tracheostomy (a surgical procedure where an incision is made in the windpipe to relieve an obstruction to breathing), and pneumonia (a lung infection).</p> <p>A review of Resident 1's electronic health record (EHR) titled, Laboratory Result, dated 8/1/24, indicated, . Source: URINE .Culture status: FINAL .Culture Report: 08/01/2024 .klebsiella pneumoniae [a germ] . enterococcus faecalis [a germ] .carbapenem resistant [indicated germs were resistant to antibiotic carbapenem] .ampicillin resistant [indicated germs were resistant to antibiotic ampicillin] .cefazolin resistant [indicated germs were resistant to antibiotic cefazolin] .ceftazidime resistant [indicated germs were resistant to antibiotic ceftazidime] .ceftriaxone resistant [indicated germs are resistant to antibiotic ceftriaxone] . multidrug resistant [indicated germs were resistant to multiple antibiotic drugs used to treat infection] .</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Windsor Elmhaven Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6940 Pacific Avenue Stockton, CA 95207	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 8/22/24, at 9:23 a.m., in the facility subacute unit, Resident 1's room was noted to be on isolation for EBP. LN 6 was further observed not wearing a gown while suctioning Resident 1 in the resident's room. After exiting Resident 1's room, LN 6 stated a gown, mask and gloves were required for suctioning a resident. LN 6 confirmed that she did not wear a gown while she suctioned Resident 1. LN 6 stated the risk for not wearing the required PPE while suctioning a resident was infection for herself and other residents.</p> <p>During an interview on 8/22/24, at 10:16 a.m., with the Infection Preventionist (IP), the IP stated the expectation was for staff to wear the appropriate PPE during resident care. The IP further stated staff needed to wear a mask, gown, and gloves as indicated on the signage posted for residents on EBP. The IP explained the risk for not wearing appropriate PPE was infecting other residents and staff with MDROs. The IP stated residents in the subacute unit were considered vulnerable. The IP confirmed Resident 1 had MDROs.</p> <p>During an interview on 8/22/24, at 10:20 a.m., with the Director of Nursing (DON), the DON stated the expectation was for staff to wear the required PPE when care was provided to residents in the subacute unit. The DON further stated she expected staff to wear a mask, gown, and gloves when suctioning was provided to residents' tracheostomy tubes in the subacute unit. The DON stated the risk for staff not wearing the required PPE during tracheostomy care was the spread of infection to other residents, staff, and visitors in the facility.</p> <p>A review of a facility policy and procedure (P&P) titled, Infection Prevention and Control, revised December 2023, indicated, .The facility adopted infection prevention and control policies and procedures are intended to help maintain a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections .5. All personnel are trained on infection prevention and control policies and procedures upon hire and periodically thereafter, including where and how to find and use pertinent procedures and equipment related to infection control .</p> <p>A review of an undated facility P&P titled, Enhanced Standard/Barrier Precautions, indicated, .It is the policy of this facility to implement enhanced standard/barrier precautions for the prevention of transmission of multidrug-resistant organisms .Enhanced Standard/Barrier Precautions' refer to the use of gown and gloves for use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices [catheters, tubes, drains]) .1. Prompt recognition of need: a. all staff receive training or enhanced barrier precautions upon hire and at least annually and are expected to comply with all designated precautions. 2. 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 .2.c. Characteristics of Residents at High Risk for MDRO colonization and Transmission Functional Disability [residents at high risk to be infected with MDROs and who are at risk to spread MDROs]: i. Presence of indwelling devices .tracheostomy tube . ventilator-dependence .3. Implementation of Enhanced Barrier Precautions: a. Make gowns and gloves available .c. Wear gowns and gloves while performing the following tasks associated with the greatest risk for MDRO contamination [soiled, stained, covered with germs] of HCP [health care provider] hands, clothes, and the environment .ii. Device care .tracheostomy .ventilator tubes .6. Enhanced barrier precautions should be used for the duration of the affected resident's stay in the facility or until the wound heals or the indwelling medical device is removed .</p>		