

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  09/04/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47369</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure professional standards of quality care were met for three of three sampled residents (Resident 1, Resident 2, and Resident 3) when, Resident 1 and Resident 3 ' s blood sugars (finger prick blood test to check blood sugar level) were not monitored before meals; and Resident 1, Resident 2, and Resident 3 ' s scheduled medications were not administered in a timely manner.</p> <p>These failures had the potential to negatively affect the therapeutic benefits of the medications prescribed to Resident 1, Resident 2, and Resident 3; and for Resident 1 and Resident 3 to receive unnecessary insulin (injectable medication used to manage blood sugar) doses.</p> <p>Findings:</p> <p>a. A review of Resident 1 ' s ADMISSION RECORD, indicated he was admitted to the facility in early 2024 with diagnoses which included, Type 2 diabetes mellitus ( long term condition in which body has trouble controlling blood sugar and using it for energy), atrial fibrillation ( irregular, often rapid heart rhythm that can cause poor blood flow), essential hypertension (high blood pressure not due to another medical condition) and heart failure ( chronic condition in which the heart does not pump blood as well as it should).</p> <p>During a telephone interview on [DATE], at 11:42 AM, Resident 1 stated his medications were administered late over the weekend and he had to ask for his insulin. Resident 1 stated it made him afraid when staff did not check his blood sugar or give his insulin on time. Resident 1 further stated his brother died from low blood sugar. Resident 1 became weepy during the interview.</p> <p>A review of Resident 1 ' s Medication Administration Record, (MAR) for [DATE], indicated, the following medications were scheduled to be administered at 9 AM:</p> <p>Amiodarone [medication used to maintain normal heart rhythm] give two times per day related to ATRIAL FIBRILLATION HEART FAILURE HYPERTENSION scheduled for 9 AM and 5 PM.</p> <p>Apixaban [anticoagulant- medication to thin blood, prevent blood clots] give every 12 hours related to ATRIAL FIBRILLATION scheduled for 9 AM and 9 PM.</p> <p>Lasix [medication used to reduce swelling] give two times a day for edema [swelling] scheduled for 9 AM and 5 PM.</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 - Some</p>	<p>A review of Resident 1 ' s Medication Admin Audit Report, (report that indicated the actual time of medication administration) dated [DATE], indicated, Amiodarone was administered at 10:56 AM, Apixaban was administered at 10:51 AM, and Lasix was administered at 10:54 AM.</p> <p>A review of resident 1 ' s MAR for [DATE], indicated, Admelog Injection Solution [short acting insulin] 100 UNIT/ML [dosage in units per milliliter] Inject as per sliding scale [insulin dose is based on blood sugar result]: if ,d+[DATE] = 0 if BS [blood sugar] is less than 65 follow hypoglycemic [low blood sugar] protocol and notify MD [medical doctor]; ,d+[DATE] = 0; ,d+[DATE] = 4; ,d+[DATE]=6, 251 - 300 = 8; ,d+[DATE] = 10; , d+[DATE] = 12 if BS greater than 401 notify MD, subcutaneously [under the skin] before meals for diabetes administration times 6 AM, 11 AM, and 4 PM.</p> <p>The MAR indicated, Resident 1 ' s 4 PM blood sugar was 187 and resident 1 received 4 units of Admelog.</p> <p>A review of Resident 1 ' s Medication Admin Audit Report, for [DATE], indicated, the 4 PM scheduled dose of Admelog Injection Solution was administered at 6:14 PM.</p> <p>A review of Resident 1 ' s care plan dated [DATE], indicated, [Resident 1] has a diagnosis of diabetes: Insulin Dependent will be free of all signs and symptoms of hypo/hyperglycemia [ low/high blood sugar] such as sweating, trembling, thirst, fatigue, weakness, blurred vision Administer hypoglycemic medications as ordered.</p> <p>A review of Resident 1 ' s care plan dated [DATE], indicated Resident is at risk for injury or complication related to the use of anticoagulation therapy medication .Resident will not exhibit signs/symptoms of bleeding . Anticoagulant to be given as ordered .</p> <p>During an interview on [DATE], at 2:14 PM, LN 1 stated it was important to give insulin before a meal. LN 1 stated if insulin was administered after a meal, it was not as effective at controlling the blood sugar.</p> <p>b. A review of Resident 2 ' s ADMISSION RECORD, indicated, she was admitted to the facility in early 2023 with diagnoses which included essential hypertension, systemic lupus erythematosus (a disease in which the immune system of the body mistakenly attacks healthy tissue), and arthritis (inflammation in joints that can cause swelling and pain).</p> <p>A review of Resident 2 ' s MAR for [DATE] and [DATE] indicated, the following medications were scheduled to be administered at 9 AM:</p> <p>Carvedilol two times a day for HTN [hypertension] give with food scheduled for 9 AM and 5 PM.</p> <p>Gabapentin .three times a day for bilateral lower leg pain . scheduled for 9AM, 1 PM, and 5 PM.</p> <p>Hydroxychloroquine Sulfate two times per day related to SYSTEMIC LUPUS ERYTHEMATOSUS administer with food. scheduled for 9 AM and 5 PM.</p> <p>A review of Resident 2 ' s Medication Admin Audit Report, dated [DATE]-[DATE] indicated, Resident 2 ' s 9 AM doses of Carvedilol, Gabapentin, and hydroxychloroquine sulfate were administered at 3:33 PM on [DATE] and at 12:11 PM on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 2 ' s care plan dated [DATE], indicated, The resident has Hypertension Give antihypertensive medications as ordered.</p> <p>During an interview on [DATE], at 11:36 AM, LN 3 stated she was scheduled to work at 9 AM on [DATE]. LN 3 stated she was unaware she was expected to pass medications. LN 3 further stated the LN ' s usually start at 7 AM if they are passing medications. LN 3 stated she needed to get report and count the narcotics before she could pass medications. LN 3 further stated she was held up with phone calls and patient needs prior to administering medications. LN 3 stated she was passing morning medications until 3 PM on [DATE].</p> <p>During an interview on [DATE], at 2:27 PM, LN 2 stated he was called in to work on Sunday [DATE] and arrived around 9 AM. LN 2 stated he administered the medications as best he could. LN 2 stated he was not sure how to document if medications were administered later than the prescribed times. LN 2 stated it was important to give medications like insulin and blood pressure medications at the times they were ordered. LN 2 stated insulin should be given on time, before meals, to make sure residents did not become hypoglycemic or hyperglycemic. LN 2 stated in an extreme situation a resident could become diaphoretic (excessive sweating due to abnormal blood sugar levels) or go into a diabetic coma (life threatening complication of diabetes) LN 2 further stated a resident may need to receive insulin or glucose (sugar) depending on the blood sugar level.</p> <p>2. A review of Resident 3 ' s ADMISSION RECORD, indicated he was admitted to the facility in mid-2021, with diagnoses which included type 2 diabetes.</p> <p>A review of Resident 3 ' s MAR for [DATE] indicated, HumaLOG solution [short acting insulin] inject as per sliding scale ,d+[DATE] = 0 Call MD if blood glucose is less than 70; ,d+[DATE] = 2 units; ,d+[DATE] = 4 units; 251 - 300 = 6 units; ,d+[DATE] = 8 units; 351+ = 10 units call MD immediately for further instruction if blood glucose greater than 400, Subcutaneously before meals.</p> <p>Resident 3 ' s MAR indicated, the blood sugar check result scheduled on [DATE], at 11:30 AM, was 157 and 2 units of insulin were administered,</p> <p>Resident 3 ' s MAR indicated, the blood sugar scheduled on [DATE], at 11:30 AM, was 147 and no insulin was given,</p> <p>Resident 3 ' s MAR indicated, the blood sugar scheduled on [DATE], at 11:30 AM, was 167 and 2 units of insulin were administered,</p> <p>A review of Resident 3 ' s Medication Admin Audit Report, indicated, Resident 3 ' s 11 AM blood sugar and insulin were administered at 2:07 PM on [DATE], at 1:25 PM on [DATE], and at 1:28 PM on [DATE].</p> <p>A review of Resident 3 ' s care plan dated [DATE], indicated, At risk for hypo/hyper glycemia. The resident will be free from any s/sx [signs and symptoms] of hyperglycemia. Diabetes medication as ordered by doctor. Monitor /document side effects and effectiveness.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE], at 2:39 PM, LN 4 who cared for Resident 3 on [DATE], [DATE], and [DATE], stated the reason Resident 3 ' s blood sugars and insulin were completed after 11:30 AM was due to Resident 3 wheeling around in his wheelchair and LN 4 being unable to find him. LN 4 further stated she did not usually have time to find him, and she had to clock out for lunch break before the fifth hour of work (12 PM). LN 4 stated Resident 3 could be negatively affected if his insulin was administered after his meal.</p> <p>During an interview on [DATE], at 3:30 PM, the Medical Director (MDir) stated insulin should be given timely, especially short acting insulin. The MDir further stated it was her expectation that medications would be administered as ordered.</p> <p>During an interview on [DATE], at 4:51 PM, the Director of Nurses (DON) stated it was her expectation that blood sugars would be performed before meals to ensure an accurate reading. The DON further stated it was her expectation that blood sugars and medications would be administered within the appropriate time frames. The DON stated if medications were not administered as ordered the MD should be informed.</p> <p>During an interview on [DATE], at 2:18 PM, the DON confirmed there was no documentation to indicate why Resident 1, Resident 2, and Resident 3 ' s medications were administered late. The DON stated it was her expectation when a medication was administered late there would be documentation to indicate why. The DON further stated if a blood sugar reading was obtained after a resident consumed their meal there was the potential for residents to receive an unnecessary dose of insulin due to a high reading.</p> <p>A review of a facility policy titled, Administering Medications, revised [DATE], indicated, Medications are administered in a safe and timely manner, and as prescribed. Medications are administered in accordance with prescriber orders, including any required time frame. Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include. Enhancing optimal therapeutic effect of the medication. Preventing potential medication or food interactions.</p> <p>A review of a facility job description titled, Licensed Practical (Vocational) Nurse (LPN) (LVN), revised [DATE], indicated, Provide nursing services to resident ' s in accordance with scope of practice, facility policies and professional standards of care .Administer medications within the scope of practice and according to practitioner orders</p>		