

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 05/15/2025
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>51285</p> <p>Based on interview, and record review, the facility failed to provide the proper notice for discharge for 2 of 2 sampled residents (Resident 1, and Resident 2) when a written notice of discharge for Resident 1 and Resident 2 was not sent to the State Long-Term Care Ombudsman's office (a government appointed person who actively supports the rights of the long term care residents).</p> <p>These failures violated Resident 1 and Resident 2's rights from the Ombudsman being informed of the discharge decisions and removed the opportunity for the Ombudsman to advocate on behalf of Resident 1 and Resident 2 with the potential of having an inappropriate discharge.</p> <p>Findings:</p> <p>a. Review of Resident 1's ADMISSION RECORD, indicated Resident 1 was admitted to the facility in 2024 with diagnoses which included, but not limited to necrotizing fasciitis (a serious bacterial infection that destroys tissue under the skin), and acquired absence of left leg below knee (a condition where the leg is removed below the knee joint due to injury, disease or medical necessity).</p> <p>During a concurrent observation and interview on 5/14/25, at 11:10 a.m., Resident 1 confirmed he received a Notice of Discharge (a document given by the facility to the resident indicating an upcoming discharge from the current facility to another location) with an effective date of discharge on 4/30/25.</p> <p>b. Review of Resident 2's ADMISSION RECORD, indicated Resident 2 admitted to the facility in 2022 with diagnoses which included but not limited to type 2 diabetes mellitus (a chronic condition with elevated blood sugar levels) with diabetic neuropathy (nerve damage caused by diabetes), cellulitis of left lower limb (a bacterial infection of skin and the tissue beneath skin).</p> <p>During a concurrent observation and interview on 5/14/25, at 3:01 p.m., Resident 2 confirmed she received a Notice of Discharge from the facility with an effective date of discharge on 4/30/2025.</p> <p>During an interview on 5/14/25, at 3:32 p.m., with the Business Office Manager (BOM), the BOM stated she was unaware if the facility provided written notification to the Ombudsman's office for Resident 1 and Resident 2's discharge notices.</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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a phone interview on 5/15/25, at 9:37 a.m., with the Ombudsman (OMB), the OMB confirmed the Ombudsman's office did not receive a written notification for Resident 1 and Resident 2's discharge notices.</p> <p>During a concurrent interview and record review on 5/15/25, at 1:32 p.m., with the Director of Nursing (DON), Resident 1 and Resident 2's REVISED Notice of Discharge, both dated 3/31/2025, and the facility policy and procedure (P&P) titled, Transfer or Discharge, Facility-Initiated, dated October 2022 were reviewed. The DON confirmed the facility did not provide a written copy of Resident 1 and Resident 2's discharge notice to the Ombudsman. The DON stated it was necessary to send a copy of the notification to the Ombudsman on the same day. The DON further stated the role of the Ombudsman was supporting and defending residents' rights and well-being to ensure residents were receiving proper care, feeling safe, and for their needs to be met in the facility. Review of the P&P indicated, .Once admitted to the facility, residents have the right to remain in the facility. Facility-initiated transfers and discharges, when necessary, must meet specific criteria and require resident/representative notification and orientation, and documentation as specified in this policy . Notice of Transfer or Discharge (Planned) .3. A copy of the notice is sent to the Office of the State Long-Term Care Ombudsman at the same time the notice of transfer or discharge is provided to the resident and representative . The DON confirmed the facility P&P was not followed.</p> <p>During a phone interview on 5/15/25, at 2 p.m., with the Administrator (ADM), the ADM confirmed the facility did not send a copy of Resident 1 and Resident 2's discharge notices to the Ombudsman's office. The ADM further stated the Ombudsman was a voice for the residents, and their role included dealing with conflict situations to protect the residents' rights.</p>