

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555717	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Sacramento		STREET ADDRESS, CITY, STATE, ZIP CODE 501 Jessie Avenue Sacramento, CA 95838	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>40841</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was free from physical abuse when Resident 1 was forced into the chair, shoved down on the chest to be seated, and got hit in the hand and arm by a Certified Nursing Assistant 1 (CNA 1).</p> <p>This failure had the potential to result in serious physical injury for Resident 1.</p> <p>Findings:</p> <p>In a review of Resident 1's Admission Record, Resident 1 was admitted to the facility in 2022 with diagnoses including Alzheimer's disease (a progressive disease that destroys memory and other important mental functions) and dementia (a condition of progressive loss of memory and abstract thinking, and personality change).</p> <p>A review of Resident 1's clinical record included the following documents:</p> <p>A Minimum Data Set (MDS, an assessment tool), dated 2/20/2024, indicated Resident 1 had severe memory impairment.</p> <p>An eInteract Change in Condition Evaluation, dated 5/3/24, indicated, Staff to resident physical abuse, resident was handled aggressively. Noted with increased agitation and confusion compared to baseline, staff was seen on video recording aggressively feeding and handling resident during meal-time.</p> <p>A Progress Notes, dated 5/6/24 at 09:55 and written by the Director of Nursing (DON), indicated, .The staff member was seen attempting to set [Resident 1] into the chair with force, holding her down while trying feed her .Staff member swatted back at [Resident 1] at her left arm.</p> <p>During a concurrent interview and video record review on 5/8/24 at 11:50 a.m. with the Health Information Director (HID), the HID confirmed CNA 1 forcefully pulled Resident 1 into the chair and pushed her chest into the chair. The HID confirmed CNA 1 struck Resident 1's hand/arms and confirmed that was physical abuse.</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: 555717	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Sacramento		STREET ADDRESS, CITY, STATE, ZIP CODE 501 Jessie Avenue Sacramento, CA 95838	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and video record review on 5/8/24 at 12:10 p.m. with the Administrator (ADM) and DON, the DON confirmed CNA 1 was forcefully pulling the resident down to sit in the chair during mealtime. The DON confirmed CNA 1 pushed the resident's chest back into the chair. As the result, Resident 1 hit her head on the back of the chair. Once Resident 1 was seated to eat, they grabbed CNA 1's hands resisting to eat and CNA 1 hit the resident's hand/arm with her left hand.</p> <p>During an interview on 5/8/24 at 12:40 p.m., the ADM and DON confirmed the staff member had physically abused the resident.</p> <p>Review the facility's policy titled, Abuse Prohibition Policy and Procedure, dated 2/23/21, indicated, [the facility] prohibit abuse, mistreatment, neglect, misappropriation of resident property, and exploitation for all residents. This includes, but is not limited to, freedom from corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the patient's medical symptoms.</p>		