

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 12/20/2024
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 - Minimal harm or potential for 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>47197</p> <p>Based on interview and record review, the facility failed to protect the right to be free from physical abuse for one out of 26 sampled residents (Resident 49) by another resident (Resident 112), when Resident 112 grabbed Resident 49 by the hair, pulled her down and hit her.</p> <p>This failure resulted in Resident 49 getting hurt, and had the potential for Resident 49 and all residents in the facility to experience physical and/or psychosocial harm.</p> <p>Findings:</p> <p>Resident 49 was admitted January of 2024 and had diagnoses that included dementia (a progressive state of decline in mental abilities), and major depressive disorder (persistently depressed mood or loss of interest in activities, causing significant impairment in daily life).</p> <p>During a review of Resident 49's Minimum Data Set (MDS - a federally mandated resident assessment tool) Cognitive Patterns, dated 10/22/24, the MDS indicated, Resident 49 had a severely impaired cognition (mental process of acquiring knowledge and understanding).</p> <p>Resident 112 was admitted June of 2024 and had diagnoses that included dementia and other specified depressive episode (a period of time when a person experiences sadness, emptiness, or irritability and other symptoms for at least two weeks).</p> <p>During a review of Resident 112's MDS Cognitive Patterns, dated 9/25/24, the MDS indicated, Resident 112 had a severely impaired cognition.</p> <p>During a review of Resident 112's progress notes (PN), dated 11/26/24 at , the PN indicated, [Resident 112] is very highly agitated, she has been up since last night .Since then she [Resident 112] has been sitting in the nursing station and arguing forone [sic] after other things .</p> <p>During a review of Resident 112's PN, dated 11/26/24, the PN indicated, Resident [Resident 112] is exhibiting increased behavioral symptoms. Resident [Resident 112] was up all night, and staff was not able to redirect her to her room. Resident [Resident 112] had multiple episodes of verbal aggression toward staff, and stayed the same the whole shift .</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 12/20/2024
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 112's Medication Administration Record (MAR, a legal document used to record medications given and resident's behavior being monitored), for the month of November 2024, the MAR did not indicate any monitoring of Resident 112 exhibited behaviors.</p> <p>During a review of Resident 49's MAR, for the month of November 2024, the MAR indicated Resident 49 exhibited yelling out after needs met . twice on 11/25/24, once on 11/26/24, once on 11/27/24, six times on 11/28/24, and twice on 11/29/24.</p> <p>During a review of Resident 49's PN, dated 11/27/24, the PN indicated, .At approximately 1550 [3:50 p.m.] resident [Resident 49] was seen in a peer-to-peer physical aggression with resident [Resident 112]. Resident [Resident 49] being the victim. Resident [Resident 112] was seen grabbing resident [Resident 49] by the hair and pulling her down while hitting resident [Resident 49] at the same time .</p> <p>During a review of Resident 112's care plan (CP), dated 11/27/24, the CP indicated, The resident has a psychosocial well-being problem r/t [related to] peer-to-peer altercation (Aggressor) AEB [as evidenced by] resident showing physical aggression towards peer by pulling peer by the hair. During a review of Resident 112's care plan intervention, dated 11/27/24, the care plan indicated, Monitor/document resident's usual response to problems: Internal - how individual makes own changes, External - expects others to control problems or leaves to fate, or luck .The resident needs assistance/encouragement/support to identify problems that cannot be controlled .The resident needs assistance/supervision/support to identify precipitating factor(s)/stressors.</p> <p>During an interview on 12/17/24 at 10:46 a.m. with Resident 112, at Resident 112's room, Resident 112 stated she recently had an altercation with Resident 49. Resident 112 also stated most of the time, she would have a problem with Resident 49. Resident 112 further stated, We [Resident 112 and Resident 49] did fight that time .I gave her [Resident 49] some .Oh yeah, I pulled her [Resident 49] hair .and I smacked her [Resident 49].</p> <p>During an interview on 12/17/24 at 3:28 p.m. with Certified Nurse Assistant (CNA) 1, CNA 1 stated she was walking in the hallway looking for her assigned residents when she saw Resident 112 pulling the hair and hitting Resident 49. CNA 1 further stated the incident happened so fast, so she just ran in between the residents and separated them.</p> <p>During an interview on 12/18/24 at 9:05 a.m. with CNA 2, CNA 2 stated Resident 49 could be very loud, combative, and sometimes would yell at or kick other residents which could start an altercation. CNA 2 also stated Resident 112 could get physically aggressive whenever she does not want things. CNA 2 further stated that there was one incident which happened before this recent altercation where in Resident 49 was in Resident 112's bed and then two residents suddenly argued and started hitting each other.</p> <p>During an interview on 12/18/24 at 9:23 a.m. with Licensed Nurse (LN) 1, LN 1 stated Resident 49 sometimes yells and talks loudly and could be physically aggressive also which could start altercation with other residents. LN 1 further stated Resident 112 sometimes have behavior like yelling and cursing and could be physically aggressive too.</p> <p>During an interview on 12/19/24 at 3:21 p.m. with the Director of Nursing (DON), the DON stated that she would expect that facility residents are free from abuse.</p> <p>(continued on next page)</p>		

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 12/20/2024
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policies and procedures (P&P) titled, ABUSE PROHIBITION & PREVENTION POLICY AND PROCEDURE AND REPORTING REASONABLE SUSPICION OF A CRIME POLICY AND PROCEDURE, revised 10/2022, the P&P indicated, This facility prohibits and prevents abuse .and mistreatment. Each resident has the right to be free from abuse .and mistreatment. Residents must not be subjected to abuse by anyone, including but not limited to .other residents .</p>		