

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>055402</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/06/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WINDSOR EL CAMINO CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2540 CARMICHAEL WAY CARMICHAEL, CA 95608</b>
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #CA00948364.</p> <p>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>The Department was unable to substantiate a violation of the regulations.</p> <p>The following reflects the findings of the California Department of Public Health during the reinvestigation of complaint #CA00948364.</p> <p>After an informal conference was conducted, additional investigation was warranted.</p> <p>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p>	F 000	<p><i>POC Received 5/21/25</i>  <i>POC Approved 5/21/25</i>  <i>BIC = 5/8/25 per MK</i></p>	
F 559 SS=D	<p>The Department identified a deficiency at F559. Choose/Be Notified of Room/Roommate Change CFR(s): 483.10(e)(4)-(6)</p> <p>§483.10(e)(4) The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.</p> <p>§483.10(e)(5) The right to share a room with his or her roommate of choice when practicable,</p>	F 559		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Phonichia Herrera* TITLE: *Administrator* (X6) DATE: *5/21/25*

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.

**The preparation and/or the execution of this plan of correction do not constitute admission of agreement by the provider of true facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because the provisions of the Federal and State law require it.**

This Plan of Correction constitutes the facility's credible allegation of compliance.

F559

**Corrective action accomplished for identified resident (s) affected by the deficient practice.**

- Although the incident occurred in July of 2024, the Responsible Party was contacted several times in an effort to provide a full explanation and apology for the oversight.
- A social service note was entered into the resident's chart to document this follow-up communication and to assess for any residual concerns.

**How other residents having potential to be affected by the same deficient practice will be identified and what corrective action will be taken.**

- A facility-wide audit was conducted to identify any other residents who experienced a room change in the past 30 days. No other instances of failure to notify the resident or responsible party in writing were identified.

**Immediate measures and systemic changes put in place to ensure that the deficient practice does not recur.**

- The facility's policy on room changes was reviewed and revised to include a step-by-step checklist ensuring written / verbal notice is provided prior to room change.
- On May 8, 2025, an in-service was provided to retrain the Nursing staff, Social Services, and Admissions staff on the Room Change Policy, with emphasis on:
  - Notification of the Resident/ Patient and Responsible Party is completed prior to any non-emergent room change.
  - The regulatory requirement for prior written / verbal, notice,
  - Documentation procedures including timeliness; reason for room change date, time and confirmation of notification
  - Communication with families/responsible parties.
- A new room change checklist was implemented requiring Social Service Director / Social Service Supervisor or Nursing supervisor sign-off before the move can proceed.

**A description of the plans and persons responsible for monitoring ongoing performance and ensuring that the corrective actions are achieved and sustained.**

- The Director of Social Services or designee will review 100% of room changes for 8 weeks to ensure proper written notification was given.
- Findings will be documented and reported to the Quality Assurance Performance Improvement (QAPI) Committee monthly.
- If, no issues are identified for 2 consecutive months, monitoring will decrease monthly for 3 additional months.

Completion Date 5/8/25

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

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F 559	<p>Continued From page 1</p> <p>when both residents live in the same facility and both residents consent to the arrangement.</p> <p>§483.10(e)(6) The right to receive written notice, including the reason for the change, before the resident's room or roommate in the facility is changed.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to follow their policy and procedures (P&amp;P) to ensure Resident 1's responsible party received written notification, including the reason for the change, before a room change was initiated for one of two sampled residents (Resident 1).</p> <p>This failure violated Resident 1 and Resident 1's Responsible Party's (RP) right to receive written notice of the room change and had the potential to result in confusion for Resident 1 and dissatisfaction with his living arrangements.</p> <p>Findings:</p> <p>Review of Resident 1's "Admission Record" indicated Resident 1's family member was his responsible party (RP).</p> <p>During a review of Resident 1's Quarterly Minimum Data Set (MDS-a federally mandated assessment tool), dated 5/5/25, indicated Resident 1 was usually able to understand others, usually able to make himself understood and as having a Brief Interview for Mental Status, (BIMs-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 8 (score of 8-12 indicates moderately impaired).</p>	F 559			

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F 559	<p>Continued From page 2</p> <p>During a review of Resident 1's "General Progress Note" dated 7/16/24 at 6:37 p.m. indicated "@1700 (5 p.m.) resident moved from room 716 A to 704 B."</p> <p>During a review of Resident 1's Progress Note dated 7/17/24 at 8:10 p.m. indicated a "Late Entry" (created 7/24/24 at 8:13 p.m.) "[Resident 1] is expected to transfer rooms on Reason for transfer: Resident agreed to do a room swap with another resident. 07/17/2024 Patient was notified. The patient's responsible party was notified. Roommate(s) have been notified. RP notified via phone. VM (voicemail) left."</p> <p>During a concurrent interview and record review on 5/6/25 at 9:02 a.m. with the Director of Nursing (DON) Resident 1's medical record was reviewed. The DON confirmed that the family member was the RP because the resident did not have the capacity to make decisions. The DON confirmed Resident 1 was moved to a different room on 7/16/24 around 5 p.m. The DON confirmed documentation in Resident 1's medical record indicated Resident 1's RP was not notified of the room change until 7/24/24.</p> <p>During a concurrent interview and review of the facility's P&amp;P titled, "Room or Roommate Change," dated 6/27/22 on 5/6/25 at 12:02 p.m. with the DON. The DON stated he would expect staff to follow the facility's room change policy.</p> <p>Review of the facility's policy and procedure (P&amp;P) titled, "Room or Roommate Change," dated 6/27/22 indicated, "Prior to changing a room or roommate assignment, the resident, the resident's representative (if available), the resident's new roommate, and the resident's</p>	F 559			

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F 559	Continued From page 3 current roommate will be given timely advance notice of such change. The notice of a change in room or roommate assignment may be oral or in writing, or both, and will include the reason(s) for such change. Notification of Room Change to notify the resident of the room change."	F 559			