

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

PRINTED: 04/23/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055402	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/16/2025
NAME OF PROVIDER OR SUPPLIER WINDSOR EL CAMINO CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2540 CARMICHAEL WAY CARMICHAEL, CA 95608		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS AMENDED The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #CA00956880. The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. The Department substantiated complaint #CA00956880, and a violation of regulations was written under tag #F658.	F 000	POC Rec'd 5/1/2025. POC Accepted 5/2/2025 by RV, HFES BIC 4/25/2025		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure residents received care which met professional standards for one of three sampled residents (Resident 2) when physician 's order to apply soft heel lift boots (soft boots used to relieve pressure against the heels) was not implemented. This failure had the potential for the development or worsening of pressure injury (damage to skin and underlying tissues when continuous pressure cuts off blood flow to the area).	F 658			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Phonetic transcription of signature

Administrator

4/25/25

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 patient. (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.

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F 658	<p>Continued From page 1</p> <p>During a review of Resident 2's face sheet (front page of the chart that contains a summary of basic information about the resident), the face sheet indicated, Resident 2 was admitted to the facility April 2023 with multiple diagnoses which included atherosclerotic heart disease of native coronary artery with refractory angina pectoris (a buildup of plaque in the main heart blood vessel that impairs blood flow and results in chest pain).</p> <p>During a review of Resident 2 ' s physician ' s orders, dated 04/14/24, the physician ' s orders indicated, " ...elevate heels off bed while in bed or apply soft heel lift boots to protect heels every shift ..."</p> <p>During a review of Resident 2 ' s care plan, dated 03/07/25, the care plan indicated Resident 2 has a deep tissue injury (an injury under the skin caused by pressure) on his right heel and right lateral foot and to elevate heels off bed while in bed or apply soft heel lift boots to protect heels.</p> <p>During a review of Resident 2 ' s Minimum Data Set (MDS, a clinical assessment tool) - Functional Abilities, dated 03/27/25, the MDS indicated that Resident 2 is completely dependent on staff to roll from lying on his back to his left or right side. Resident 2 ' s MDS - Skin Condition, dated 03/27/25, also indicated that Resident 2 had one or more unhealed pressure injuries and was at risk for developing pressure injuries.</p> <p>During an observation on 04/16/25 at 10:58 a.m., in Resident 2 ' s room, Resident 2 was not wearing heel boots.</p>	F 658			

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F 658	<p>Continued From page 2</p> <p>During an interview on 04/16/25 at 11:00 a.m., with Licensed Nurse (LN 2), LN 2 stated, Resident 2 should have at least one boot on his left heel.</p> <p>During an interview with Resident 2 on 04/16/25 at 11:06 a.m., Resident 2 stated, he had some heel boots but they disappeared and not available.</p> <p>During an interview with LN 2 on 04/16/25 at 3:45 p.m., LN 2 stated using a wound prevention device is crucial to preventing wound progression.</p> <p>During a concurrent observation and interview 04/16/25 at 4:06 p.m., with LN 3, LN 3 confirmed that Resident 2 did not have heel boots on. LN 3 stated, "He has contractures (a condition where muscles, joints or tendons become stiff and difficult to move) so turning can be difficult. LN 3 stated, "...heel boots should be on and heels should be elevated to prevent pressure on his heels."</p> <p>During an interview with the Director of Nursing (DON) on 04/16/25 at 4:46 p.m., the DON stated he expects staff to follow physician ' s orders and confirmed heel boots should be on if ordered.</p> <p>During review of the the facility ' s policy and procedure (P&P) titled, "Wound Care," undated, the P&P indicated staff should " ...review resident ' s care plan for any special needs of the resident ..."</p> <p>During review of the the facility ' s P&P titled,</p>	F 658			

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F 658	Continued From page 3 "Physician Orders," dated 03/22/22, the P&P indicated, "...Whenever possible, the Licensed Nurse receiving the order will be responsible for documenting and implementing the order."	F 658			

Note: This plan of correction is submitted as required by law. By submitting the plan of correction, Windsor El Camino does not admit that the citations listed on the CMS 2567 exist nor does it admit to any statements, findings, facts or conclusions that form the basis of the alleged deficiencies. This plan of correction represents our written and credible statement of compliance. We reserve the right to challenge in legal and/or regulatory or administrative proceedings the deficiencies, statements, facts, and conclusions that form the basis for the deficiencies.

POC F658

How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;

- The physician's order was immediately reviewed, and soft heel boots were applied to Resident 2 as ordered.
- Resident 2 was assessed by nursing staff and the interdisciplinary team to ensure there were no adverse effects due to the delay in reapplying the soft heel boots. No injuries or complications were noted.

How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;

- A review of all current physician orders was conducted to ensure compliance with pressure-relief interventions. No other residents were affected by the same deficient practice.

What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur;

- On 4/16/25 a 4/17/25 the DON or designee provided an in-service to Licensed Staff on the importance of timely implementation of physician orders, specifically for pressure-relieving devices.
- A new protocol was established requiring a second nurse to verify and document that pressure-relief devices are applied within 2 hours of the physician order.
- The DON or designee will audit new physician orders daily to ensure implementation within the required timeframe.

How does the facility plan to monitor its performance to make sure that solutions are sustained? The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action must be evaluated for its effectiveness. The POC is integrated into the quality assurance system; and

- The DON or designee will conduct weekly audits of 3-5 random residents with physician orders for assistive or pressure-relieving devices for 4 weeks, then monthly for 2 months.
- Findings will be reported to the QAPI committee monthly. The committee will evaluate the effectiveness of corrective actions and adjust as necessary.

Include dates when corrective actions will be completed. The corrective action completion dates must be acceptable to the State Agency.

COMPLETION DATE: 4/25/25