

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 03/04/2020
NAME OF PROVIDER OF SUPPLIER WINDSOR ELMHAVEN CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0600 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on interview and record review, the facility failed to protect one of three sampled residents (Resident 1) from physical abuse when Resident 2 stabbed Resident 1 with a pen. This failure resulted in a superficial puncture wound on Resident 1's right palm and right forearm, and placed Resident 1 at risk for psychosocial harm. Findings: In an interview with the facility administrator on 3/28/18 at 3 p.m., he stated Resident 2 stabbed Resident 1 with a pen. The facility report of a resident to resident altercation, dated 3/19/18, indicated, ".At (approximately) 12:13 p.m., (Resident 1) was in hallway talking to another resident. (Resident 2) passed by resident and stabbed (Resident 1) on (right) palm and (right) forearm with writing pen. Charge nurse was called, residents were separated. First aid was provided to (Resident 1) . In a review of the clinical record for Resident 1, the licensed nurse progress note dated 3/19/18 at 2:04 p.m., indicated, Stabbed by (Resident 2) on right palm and right arm. Police called. (Name of physician) notified. Unable to call family, number disconnected. The post incident interdisciplinary progress note dated 3/20/18 at 10:14 a.m., indicated, ".(Resident 1) was saying derogatory remarks to (Resident 2) in Spanish . In an interview with Resident 1 on 3/28/18 at 4:15 p.m., he said, in Spanish, That witch (Resident 2) stabbed me. She's crazy. In an interview with Resident 2 on 3/28/18 at 4:22 p.m., she admitted to stabbing Resident 1 with a pen. She said, in Spanish, He's (Resident 1) always calling me names and saying insults. Resident 2 added, she knew it was wrong, but she lost her temper. The facility's policy and procedure titled, Abuse Prohibition and Prevention Policy and Procedure and Reporting Reasonable Suspicion of a Crime in the Facility Policy and Procedure revised (NAME)2018, indicated, This facility prohibits and prevents abuse .Residents must not be subjected to abuse by anyone, including but not limited to .other residents .Ongoing Resident Assessments and Care Planning for appropriate interventions are performed to monitor resident needs and address behaviors that may lead to conflict .such as .Verbally aggressive behavior, such as .bossing around/demanding, insulting .intimidating .		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.