

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055735</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WINDSOR ELMHAVEN CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6940 PACIFIC AVENUE STOCKTON, CA 95207</b>	
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 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to accurately assess and treat one of five sampled residents' (Resident 1) left leg pain and swelling when Resident 1 had to be transferred to the general acute care hospital to get diagnosed and treated for [REDACTED]. This failure resulted in prolonged discomfort and delayed treatment of [REDACTED]. Findings: According to the admission record, Resident 1 was admitted to the facility with [MEDICAL CONDITION] ([MEDICAL CONDITION]), a chronic lung condition that causes obstructed airflow from the lungs). The admission minimum data set (MDS, an assessment tool) dated 2/28/18, indicated a brief interview for mental status (BIMS) of 15, which indicated Resident 1 was cognitively intact. In a phone interview with Resident 1 on 4/18/18, at 4:50 p.m., she stated she contracted a fungal infection in her left leg and an infection in her neck while she was in the facility. She added, she developed swelling on her left leg and a rash on her left neck about a week after admission to the facility, and the staff knew about them. The nurse practitioner saw Resident 1 twice. The nurse practitioner spoke with the physician who ordered an ultrasound (use of high-frequency sound waves to create images of the inside of the body) of her neck and her leg, and prescribed an antibiotic ointment for her neck; but nothing was done for her leg. Resident 1 said, It had gone on too long. I was afraid I will lose my leg. Resident 1 had staff call the local emergency number so she could be seen in the general acute care hospital. The hospital prescribed a topical ointment for her left leg and a different ointment for her neck. A review of the clinical record for Resident 1 indicated the resident was admitted to the facility on [DATE], without [MEDICAL CONDITION] or swelling. The progress note dated 2/27/18, at 2:24 a.m., indicated, Monitoring for left leg swelling. The progress note dated 2/27/18, at 4:30 p.m., indicated, Resident 1's pain medication was increased to two tablets every six hours as needed for pain per Resident 1's request. The progress note dated 2/28/18, at 10:19 a.m. indicated, Follow-up Doppler ultrasound (a test that uses high-frequency sound waves to measure the amount of blood flow through arteries and veins) with (name of the ultrasound company). There was no documented evidence that Resident 1's left leg was assessed for warmth or redness. Resident 1's physician's progress note dated 3/5/18, at 6:18 p.m. indicated, Venous (relating to the veins) Doppler of lower extremity negative (for blockage). [MEDICAL CONDITION] left lower extremity. Resident 1 continued to have pain and swelling on her left leg, but did not have any additional diagnostic studies or treatment for [REDACTED]. The progress note dated 3/12/18, at 1:07 p.m., indicated, Resident 1 gained 5.9 pounds in one week and was on weekly weights. The Medication Administration Record [REDACTED]. The nurse practitioner's progress note for Resident 1 dated 3/15/18, at 7:29 p.m., indicated, the neck ultrasound was negative for abscess (swollen area containing pus) and cyst (a sac-like pocket of tissue that contains fluid, air, or other substances); and Resident 1 had reddened swelling of her left neck and left leg [MEDICAL CONDITION]. It had been three days since Resident 1 started taking [MEDICATION NAME] 40 mg every 12 hours and 16 days since Resident 1 complained of increased pain and swelling on her left leg. A review of the MAR for March 2018, indicated, Resident 1 was prescribed a brand name [MEDICATION NAME] cream (antifungal cream) for her left upper shoulder and left parotid (in front and beneath the left ear) on 3/18/18, but did not get a prescription for her left leg. Resident 1 continued to have pain and [MEDICAL CONDITION] on her left leg, but there were no additional diagnostic studies or change in treatment prescribed for Resident 1's left leg after [MEDICATION NAME] 40 mg every 12 hours was prescribed on 3/12/18. Resident 1's progress note dated 3/19/18, at 3:55 p.m., indicated, C/o (complained of) severe generalized 10/10 (highest level of pain in a pain scale of 1-10) and swelling of (left leg). Insisted to be sent out to the hospital .transported to (name of hospital) at 11:55 a.m. The progress note dated 3/20/18, at 5:55 p.m., indicated, Resident 1 was readmitted from the hospital with a [DIAGNOSES REDACTED]. A review of Resident 1's MAR for March 2018, indicated, Resident 1 was prescribed [MEDICATION NAME] gel (antifungal medication) for her left leg on 3/20/18, and [MEDICATION NAME] cream (an antifungal medication combined with a steroid to relieve itching, swelling, and redness of the skin) for her neck on 3/20/18. In an interview with the minimum data set coordinator (MDSC) on 4/24/18, at 9:52 a.m., she reviewed the clinical record for Resident 1 and stated Resident 1 did not have any swelling on her left leg upon admission. She stated Resident 1 was noted to have left leg [MEDICAL CONDITION] on 2/27/18 while in the facility. The MDSC acknowledged Resident 1 went to the general acute care hospital on [DATE], for left leg pain and came back to the facility on [DATE], with left leg [MEDICAL CONDITION] and treatment orders for an antifungal medication for her neck and her left leg.</p>		

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.