

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 09/09/2020
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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure accommodation of needs was provided for one of four sampled residents (Resident 1), when the call light was not reachable for the resident. This failure had the potential to negatively impact the residents' quality of life and psychosocial well-being. Findings: Resident 1 was admitted to the facility in the middle of 2019 with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 12/11/19, indicated he had mild memory impairment, and he required extensive assistance with activities of daily living (ADLs). In a concurrent observation and interview on 12/26/19 at 2:08 p.m., Resident 1 was in bed, awake and alert and able to move his upper extremities. Resident 1 was unable to reach the call light, and stated, I need help. I can't find my call light. It is hard to find help in here. Resident 1's call light was found on top of the night stand. In a concurrent observation and interview on 12/26/19 at 2:13 p.m., Licensed Nurse 1 (LN 1) entered room, confirmed Resident 1 could not reach his call light. LN 1 stated, The call light should have been able to be reached by the resident. I know the resident uses the call light to get help. In a concurrent observation and interview on 12/26/19 at 2:18 p.m., Resident 1 listened to the conversation between LN 1 and surveyor, and stated, They need to understand what's going on in here. At times, they don't pay attention and sometimes they take the time to answer the call light. In an interview on 12/26/19 at 2:38 p.m., Certified Nurse Assistant 1 (CNA 1) stated, We have to make sure the call lights are within reach in order for them to call for help. In an interview on 12/26/19 at 4:21 p.m. The MDS Coordinator (MDSC) stated, The call light should be reachable, and the resident is able to use to call for assistance or help. A review of the facility's policy and procedure titled, CALL LIGHT, ANSWERING, dated 4/19, indicated Place the call light within reach of the resident.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program for one of four sampled residents (Resident 1), when a resident-care equipment was not labeled and dated at bedside, and wound site dressing was soiled. This failure increased the potential risk for the transmission of communicable diseases. Findings: Resident 1 was admitted to the facility in the middle of 2019 with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 12/11/19, indicated he had mild memory impairment, and he required extensive assistance with activities of daily living (ADLs). In a concurrent observation and interview on 12/26/19 at 2:23 p.m., a syringe was found on top of Resident 1's night stand. The syringe was wrapped in an open plastic package and had no label or date when opened. Licensed Nurse 1 (LN 1) entered room and verified the syringe was open and had no label, and stated, The syringe should have been labeled with name and when it was opened. Resident 1 indicated the syringe was used for his tube feeding, and pointed at his belly. In a concurrent observation and interview on 12/26/19 at 2:25 p.m., Resident 1 raised his shirt and showed the tube site with soiled dressing, with no label or date when changed. Resident 1 stated, It has been a while when the nurse changed it. In a concurrent observation and interview on 12/26/19 at 2:28 p.m., Licensed Nurse 1 (LN 1) entered room, verified the dressing, and stated, I know. It looks soiled to me. I am not sure who changed it last or when it was changed. Usually, there should be a label on the dressing when it was changed. Also, we should change the dressing as needed, especially when it is soiled. That's infection control issue. In an interview on 12/25/19 at 4:21 p.m., when asked what the expectation from staff for infection control was, the MDS Coordinator (MDSC) stated, Everyone is responsible for infection control prevention. Hand washing and basic resident care practices to prevent and control the transmission of infection should be followed. A review of the facility's policy and procedure titled PERSONAL EQUIPMENT, CARING FOR, dated 11/12, indicated It is the policy of (facility name) that resident personal equipment is cleaned and cared for in an effort to maintain functioning and device integrity. A review of the facility's policy and procedure titled, WOUND MANAGEMENT GUIDELINE, dated 6/18, indicated It is the philosophy of this facility to ensure that resident's status is assessed and appropriate interventions are implemented, wound treatment and prevention program will focus in the following strategies: preventing and managing infections. A review of the facility's policy and procedure titled, General Infection Prevention & Control Policies, dated 1/19, indicated In the event the resident has more than one site of infection, each infection site will be treated and monitored separately.		

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.