

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555717</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WINDSOR CARE CENTER OF SACRAMENTO</b>		STREET ADDRESS, CITY, STATE, ZIP <b>501 JESSIE AVENUE SACRAMENTO, CA 95838</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 0689  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure one of three sampled residents (Resident 1) received adequate supervision to prevent an accident when Resident 1 sustained an injury of unknown origin. This failure resulted in Resident 1 suffering a fractured hand and the potential for psychological distress. Findings: Resident 1 was admitted to the facility in early 2019 with [DIAGNOSES REDACTED]. Resident 1's most recent Minimum Data Set (MDS, an assessment tool) indicated a severe memory impairment. Review of Resident 1's Care Plan dated 1/14/19, indicated I am an elopement risk/wanderer AEB (As Evidenced By) Disoriented to place. Impaired safety awareness. Review of Resident 1's Care Plan revised 7/26/19, indicated I am high risk for falls r/t Confusion, Gait/balance problems, Incontinence, Poor communication/comprehension .Unaware of safety needs .Cognitive Impairment .Anticipate and meet the resident's needs. Review of a facility document titled Progress Notes, dated 1/16/20, indicated Residents (1) Right hand is Swollen .With a small scratch to the back side .An xray of hand has been scheduled for 1/16/20. Review of a facility document titled Progress Notes, dated 1/17/20, indicated Resident came back from hospital with the soft cast on the right hand due to right fx (fracture) of 5th metacarpal (small bone in hand). In an interview on 1/29/20 at 10:42 a.m., Licensed Nurse 1 stated, (Resident 1) walks all over the place .she needs assistance to dress herself and needs supervision .no one knows how it happened .she gets bumps and bruises and is prone to injury .she is confused. LN 1 indicated Resident 1 was unable to tell him how the injury occurred. In an interview on 1/29/20 at 11:11 a.m., Certified Nurse Assistant 1 stated, (Resident 1) is forgetful, we have to redirect her frequently, she is always in other rooms and on beds .She bruises a lot . In an interview on 1/29/20 at 1:02 p.m., the Director of Nurses (DON) stated, I expect CNAs and nurses to check for safety first .when a behavior is happening we try to find a root cause and care plan any interventions. Review of a facility document titled Resident Supervision and Monitoring, revised 4/17, indicated Residents are provided with intense supervision when they present with conditions that may place other residents and/or themselves at risk for harm.		
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.