

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 04/02/2020
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	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on interview, record review, and facility policy review, the facility failed to protect one of four sampled residents (Resident 1) from physical abuse when Resident 1 sustained a laceration from a coffee cup that Resident 2 threw at him. This failure resulted in a laceration on Resident 1's forehead and placed Resident 1 at risk for psychosocial harm. Findings: In an interview with the director of staff development (DSD) on 6/4/19, at 2 p.m., she said licensed nurse (LN) 1 heard a commotion and saw Resident 1 and Resident 2 holding on to each other in the hallway. LN 1 separated the residents and noted a laceration on Resident 1's forehead. In a review of the clinical record for Resident 1, the care plan dated 5/20/19, indicated, Resident had altercation (sic) with another resident. Noted with laceration on forehead . In a review of the clinical record for Resident 2, the care plan dated 5/20/19, indicated, Resident to resident altercation: verbal and physical behavior towards other resident. throwing (sic) coffee cup at another resident . The facility's report of the incident dated 5/20/19, indicated, .(Resident 1) stated (Resident 2) threw a cup at him. It hit his forehead (sic) . The facility's investigation of the incident (undated), faxed to the Department on 5/24/19, at 10:51 p.m., indicated, .At approximately 5/20/19 (sic) noticed by Charge Nurse during medpass that two residents were holding each others hand .Resident 2 throw a cup with coffee to resident 1 and hit his forehead and sustained a cut on forehead .Charge nurse was passing medication when she heard a commotion, she went and noted (Resident 1) has a cut on his forehead with bleeding, (Resident 1 and Resident 2) were holding each other arms (sic) and were defending themselves .(Resident 1) said he was in bed, (Resident 2) went to his room and was verbally aggressive .turned around and was leaving the room, (Resident 1) went to hallway to .confront (Resident 2), and all of a sudden (Resident 2) through (sic) cup of coffee on him, and it hit his forehead .as per (Resident 2) He said (Resident 1) is mean to him and that's why he fights with him . In an interview with LN 1 on 6/4/19, at 3:25 p.m., she acknowledged she witnessed an altercation between Resident 1 and Resident 2 in the hallway on 5/20/19. She added she noted Resident 1 had a small, bleeding laceration on his forehead. 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 dated 3/2018, indicated, .This facility prohibits and prevents abuse .Each resident has the right to be free from .physical abuse .Residents must not be subjected to abuse by anyone, including but not limited to .other residents .</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.