

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID  
SERVICES OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>056324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/16/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>WINDSOR HAMPTON CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>442 HAMPTON STREET STOCKTON, CA 95204</b>		
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F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #CA00877813.  Representing the Department of Public Health: Health Facilities Evaluator Nurse, 42813  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000	<b>POC:</b>  The preparation and/or the execution of this plan of correction do not constitute admission of agreement by the provider of true facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because the provisions of the federal and state law require it.  The plan of correction constitutes the facility's credible allegation of compliance.		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR  Continued From page 1 recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the	F 656	<b>F656</b>  <b>How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b>  1. The comprehensive care plan for Resident #1 was initiated on 12/25/23 upon discovery of skin tear on 12/23/23. Treatment orders along with skin check and written progress notes were initiated on 12/25/24.  <b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what action will be taken:</b>  On 12/25/2023, a skin sweep was initiated by DON. No findings were noted.  <b>What measures will be put into place or what systemic changes you will take to ensure that the deficient practice will not recur:</b>  A "Train the Trainer" In-service was held on 01/25/24 with the IDT team about cause and care plan conducted by the Regional MDS Resource. An In-service was conducted on 01/26/24 with the entire nursing team about proper care planning conducted by the DSD. All In-services about care plans were conducted and completed by 01/29/24.  The nursing team conducted skin sweep completed on 12/25/23.		1/30/24

resident's medical record. (iv) In consultation with the resident and the resident's representative(s)-

(A) The resident's goals for admission and desired outcomes.

(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.

(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.

§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-

(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:

Based on observation, interview and record review, the facility failed to implement policies and procedures when a nursing care plan (NCP) was not developed and implemented for one of three sampled residents (Resident 1) when Resident 1 developed a blister on their right hand.

This failure had the potential to result in Resident 1 not receiving the necessary care to heal their blister, leading to complications.

#### Findings:

During a review of Resident 1 's admission record, Resident 1 was admitted at the facility in the latter part of 2020 with diagnoses including a

Continued From page 2  
traumatic brain injury.

During a review of Resident 1 's Change of Condition (COC) Evaluation written by Licensed Nurse (LN) 2 dated 12/23/23 at 4:53 p.m., the COC indicated Resident 1 had a skin tear on the left hand which started on 12/23/23 in the morning as reported by the Certified Nursing Assistant (CNA). The COC report also indicated, "...while showering the resident, skin tear was found on the left hand."

During a review of Resident 1 's Progress Note (PN) by LN 2 dated 12/23/23 at 5:03 p.m., LN 2

On 1/26/24, the ADON and Director of Staff Development initiated education to Licensed Nurses and Interdisciplinary Team members with emphasis on:

- Care Plans, Comprehensive Person-Centered.

All new admissions will be assessed by Licensed Nurse upon admission to ensure that recommendation and appropriate person-centered care plans are developed. If recommendation is indicated, the care plan will be updated accordingly.

Care plans will be monitored daily during clinical meetings Monday- Friday in which care plans will be developed and revised by the IDT team as applicable during that time. Care plans will be evaluated and completed within the first 72 hours post admission.

The MDS and IDT will review care plans during the residents' scheduled OBRA assessments (ex. quarterly, annually) and will be revised accordingly.

During Facility department heads rounds on weekdays, managers observe if any COC's are seen and will report observations to Daily Stand-Up meeting (Monday – Friday) for verification by DON or designee. Any identified concerns will be addressed and resolved immediately upon finding.

The facility Clinical IDT (Interdisciplinary Team) members will review residents care plans as needed.

#### **How the facility plans to monitor its performance to make sure that solutions are sustained.**

Care plans will be reviewed daily (Monday- Friday) by the IDT for COC, in accordance with the MDS Assessment calendar and during the care conferences scheduled during the week.

Audit findings will be summarized and presented to the Quality Assurance Performance Improvement Committee meeting by the DON and MDS for three consecutive months and as needed thereafter. Issues or trends identified will be addressed by QAPI committee as they arise, and the plan will be revised to ensure continued compliance.

**Responsible Person(s):** DON and/or designee.

indicated, "CNA found skin tear on left hand while showering her."

During a review of Resident 1 ' s "Body Check" (skin assessment report) on 12/25/23, the Body Check indicated Resident 1 had a "blister on the right hand."

During a review of Resident 1 ' s PN written by LN 2 dated 12/25/23 at 4:40 p.m., the PN indicated, "Nurse did tx (treatment) for her R [right] wrist skin lesion (blister that popped)."

During a review of Resident 1 ' s Interdisciplinary Team (IDT) PN dated 12/26/23 at 5:08 p.m., the PN indicated, "Right hand open blisters ... left hand, skin tear, no skin injury note."

During a concurrent observation and interview with Restorative Nursing Assistant (RNA) 1 on 1/16/24 at 12 p.m., Resident 1 ' s right was observed. The hand appeared to have a scar and a thin layer of skin peeling off from the the back of the hand on the outer edges. RNA 1 confirmed the observation. RNA 1 stated that she had taken

Continued From page 3 care of Resident 1 in the latter days of December 2023 and had noticed the dressing on her right hand.

During a concurrent interview and record review of Resident 1 ' s COC record with LN 1 on 1/16/24 at 12:15 p.m., LN 1 confirmed that there was a change of condition (COC) documentation done on 12/23/23 for the injury on the left hand. LN 1 stated she did not see evidence of a NCP for the injury.

During a concurrent interview and record review with the Director for Staff Development (DSD) on 1/16/24 at 12:30 p.m., the DSD confirmed the documentation for COC on 12/23/23 indicated the injury was a skin tear on the left hand. DSD stated that she saw Resident 1 ' s right hand had a thin layer of skin peeling off during the care conference with Resident 1 ' s daughter on 12/29/23. DSD confirmed there was no NCP written for Resident 1 ' s blister on the right hand.

During a concurrent interview and record review of Resident 1's COC with LN 2 on 1/16/24 at 12:54 p.m., LN 2 confirmed that she wrote the COC for Resident 1 on 12/23/23 for the skin tear on the left hand. LN 2 stated that it was CNA 1 who saw the skin tear when Resident 1 was having a shower and reported it to LN 2. LN 2

also stated that the Charge Nurse (CN) and the Treatment Nurse (TN) were informed, and they came to assess Resident 1. LN 2 also stated that a NCP should have been written for this COC. LN 2 stated that whoever wrote the COC should have been the one to write the NCP. LN 2 stated there was no NCP written for for Resident 1 ' s blister.

During a concurrent interview and record review

Continued From page 4 with the DSD on 1/16/24 at 1:10 p.m., the DSD stated that every COC should have a corresponding NCP written. The DSD further stated that any staff who initiated the COC should be writing the NCP. The DSD confirmed there was no NCP written for Resident 1 ' s injury on the right hand.

During an interview with the Certified Nursing Assistant (CNA 1) on 1/16/24 at 1:30 p.m., CNA 1 confirmed that CNA 1 observed the injury on Resident 1 ' s left hand during the shower and this was reported to LN 2.

During a concurrent interview and record review with the Assistant Director of Nursing (ADON), Director of Nursing (DON) and Administrator (ADM) on 1/16/24 at 2:45 p.m., the ADON, DON and ADM confirmed they were all present during the care conference on 12/29/23 regarding Resident 1 ' s injury. The ADON and DON stated staff who identified a COC on a resident had to write a NCP. The DON confirmed there was no NCP developed for the Resident 1 ' s injured right hand.

During a review of the facility policy titled, "Care Plan, Baseline and Comprehensive," dated 11/17, the policy indicated, "It is the policy of this facility to develop ...an interim and comprehensive care plan for the resident ...a comprehensive person-centered care plan consistent with resident ' s rights ...will include measurable objectives and time frames to meet a resident ' s medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment."

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:  TITLE: Administrator (X6) DATE: 2/23/24

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.

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