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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>055735</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                      | (X3) DATE SURVEY COMPLETED<br><b>09/01/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>WINDSOR ELMHAVEN CARE CENTER</b>  |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>6940 PACIFIC AVENUE<br/>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 0557<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Few              | <b>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</b><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b><br>Based on interview and record review, the facility failed to ensure one resident (Resident 1) was treated with respect and dignity when Resident 1 was spoken to in a demeaning manner, for a census of 119. This failure had the potential to cause psychosocial distress to Resident 1. Findings: Resident 1 was admitted to the facility in mid 2019 with [DIAGNOSES REDACTED]. Review of Resident 1's Progress Notes, dated 9/19/19 at 4 p.m. indicated, Resident (2) . reported to the writer that staff verbally abusive to the resident (1) . stated that she came to the room and try to help resident (1) . and telling inappropriate words/language towards resident (1) . Review of the Social Services Director (SSD) Progress Notes, dated 9/20/19 at 6:21 p.m. indicated, SSD spoke with the resident on 9/20/19 st 5:45 p.m. about the incident that had occurred, SSD asked the resident if he feels safe in the facility and with the staff that tend to his needs and resident stated, 'I do feel safe, I get support from the staff and my roommate who I value very much' . SSD will follow-up as needed or as the resident's needs arise. During an interview with Resident 1 on 9/24/19 at 2:32 p.m., Resident 1 stated, I just don't need to be abused or mistreated. I cannot have that happen anymore . She (Certified Nursing Assistant 1 (CNA 1)) was insulting me, disparaging me, making unnecessary comments, my body stank, I stank . I don't need that. I deserve respect . I just don't need the verbal attacks on me. It's verbal abuse . I just want to be taken care of in a courteous, respectful manner. Resident 1 further stated the incident that happened with CNA 1 was a one-time incident. Further interview of Resident 1 on 9/24/19 at 2:43 p.m., Resident 1 stated he was demoralized and seriously depressed. In an interview with Resident 2 on 9/24/19 at 2:43 p.m., Resident 2 stated every time CNA 1 came in, she would tell Resident 1 he was dirty or stinky. In an interview with CNA 1 on 9/24/19 at 3:17 p.m., CNA 1 stated she had told Resident 1, Why don't you wanna go shower? You're stinky already. CNA 1 stated she had only told Resident 1 that once. In an interview with the Administrator (ADM) on 4/23/20 at 9:08 a.m., the ADM stated her expectations from staff is to use proper language with residents and communicating with residents in a proper manner. Review of a facility policy titled, Privacy/Dignity, revised 10/24/17, indicated, Always ensure . dignity of resident during care and during conversation with residents . |   |   |
| 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.