

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056324	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2020
NAME OF PROVIDER OF SUPPLIER WINDSOR HAMPTON CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 442 HAMPTON STREET STOCKTON, CA 95204	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure each resident receives adequate assistance devices to prevent accidents when an assistance device (a mechanical lift) was not used to transfer 1 of 3 residents (Resident 3) who required a mechanical lift as indicated in the Nursing Care Plan. This failure resulted in Resident 3 obtaining a [MEDICAL CONDITION] humerus (the long bone in the upper arm) as a result of the unsafe transfer. Findings: Resident 3 was admitted into the facility in January 2011 with [DIAGNOSES REDACTED]. Resident 3 required the use of a mechanical lift to transfer in and off the bed. Review of Resident 3's MDS dated [DATE] indicated Resident 3 had a Brief Interview for Mental Status (BIMS a test of cognitive function) score of 11 (8 - 12 indicates Moderate impairment). Review of Resident 3's Care Plans revision date 11/12/18 indicated .Use a (brand name lift) mechanical lift for transfers .Assist of #2 people for transfers. During an interview with the Director of Nursing (DON) on 2/5/19 at 1:45 p.m., the DON stated Resident 3 was a long time resident in the facility. Resident 3 was alert and oriented, and had a history of [REDACTED]. The DON indicated, Resident 3 required a Mechanical Lift to be safely moved in or out of bed each time. In a concurrent interview with the DON, the DON indicated on 1/21/19 at approximately 8 a.m., Resident 3 stated she was given a shower by Certified Nursing Assistant 1 (CNA 1) and CNA 2. Resident 3 indicated that CNA 1 and CNA 2 lifted her out of bed by holding on to her arms. Resident 3 confirmed CNA 1 and CNA 2 did not use a Mechanical Lift to get her out of bed. The DON, further stated on 1/21/19 at approximately 4 p.m., Resident 3 complained of pain and swelling from her right shoulder. In an interview with the DON on 2/5/19 at 1:48 p.m., the DON stated on 1/21/19 at approximately 5 p.m., the Physician was informed about Resident 3's complaint of pain and swelling from her right shoulder. The Physician ordered Resident 3 to have an X-ray of the right shoulder. During an interview with the DON on 2/5/19 at 1:50 p.m., the DON stated he interviewed CNA 1 and CNA 2 on 1/22/19 at approximately 7:30 a.m. During the interview of the CNAs, the DON stated that on 1/21/19 at approximately 8 a.m., CNA 1 and CNA 2 lifted Resident 3 out of bed by her arms and proceeded to put Resident 3 into the shower chair. CNA 1 and CNA 2 confirmed to the DON they were not familiar with giving Resident 3 a shower during the morning shift and were not aware that Resident 3 required the use of a Mechanical Lift. In an interview with the DON on 2/5/19 at 2 p.m., the DON confirmed on 1/21/19 the Physician ordered for a right shoulder X-ray, the X-ray reading indicated a right humeral fracture. The Physician was informed of the X-Ray reading, and the Physician ordered Resident 3 to be sent out to the acute hospital emergency room via ambulance for further evaluation and treatment. The DON further indicated moving Resident 3 in and out of bed without a Mechanical Lift may have caused the injury. During an interview with the Licensed Nurse (LN) on 2/5/19 at 2:30 p.m., the LN indicated Resident 3 had contractures (a condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints) and was bed bound. The LN indicated Resident 3 required the use of a Mechanical Lift to safely get her in and out of bed. During an interview with the CNA 3 at 3:10 p.m., the CNA 3 confirmed, Resident 3 was not capable of getting in and out of bed by herself. Resident 3 was bed bound and required the use of a Mechanical Lift to safely get her in and out of bed. Review of facility policy and procedure, LIFTING RESIDENTS BY USE OF MECHANICAL DEVICE revised 11/2012 indicated, it is the policy of (name of healthcare facility) to utilize portable lifting equipment to transfer residents in safe and comfortable manner and based on individual resident's needs or plan of care. Review of undated policy, WORKPLACE SAFETY POLICY indicated, .4. Mechanical lifts must be used to transfer or lift patients when it is indicated.</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.