

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/04/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER Windsor El Camino Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2540 Carmichael Way Carmichael, CA 95608	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43247</p> <p>Based on observation, interview, and record review, the facility failed to provide a sanitary environment for food preparation and service for a census of 156 residents when rodent droppings were observed in the kitchen and the dry food storage area.</p> <p>This failure had the potential to contaminate food served to residents causing food-borne illness.</p> <p>Findings:</p> <p>A review of the facility's Commercial Service Agreement for pest control services, dated 5/26/23, indicated . [Name of company] agrees to provide service for the following pests .Roaches .Common ants .Rats and mice .Common spiders .Flies .Service means the periodic treatment to help control/combat the Covered Pests .Customer Obligations .The Customer shall extend all reasonably necessary cooperation to ensure satisfaction from pest services, including: availability of premises, appropriate sanitation, and corrective construction measures .Service Schedule [Name of company] service representative shall service the Customer (service frequency) .every other week .</p> <p>A review of the facility's pest control reports, dated 8/26/24 and 9/23/24, indicated three kitchen rodent traps, number 3, number 4, and number 5, were skipped for inspection as they were missing from the stations.</p> <p>A review of the pest control report dated 9/23/24, indicated .General Comments .I did meet with the new manager .She let me know that she was unaware of any metal boxes. She's only been here for two days, but she will look for them and try and find them before the next service .Open trash being around recommend cleaning all areas to ensure there's no pest activity .</p> <p>During a concurrent observation and interview on 9/24/24 at 1:37 p.m. with the Dietary Supervisor (DS) in the kitchen, observed carts with dirty dishes being returned to the kitchen after lunch service. Observed multiple staff cleaning counters, removing items from shelves, and cleaning shelves. Observed stainless steel counter, referred to as the appliance counter by the DS, with several small black pieces of matter resembling rodent droppings. The DS acknowledged that these may be rodent droppings and stated she noticed them earlier today and instructed staff to do a thorough cleaning. The DS stated she saw them after lunch had been served.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER Windsor El Camino Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2540 Carmichael Way Carmichael, CA 95608	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The DS stated pest control services came yesterday (9/23/24) and she did not see any rodent droppings yesterday.</p> <p>During an interview on 9/24/24 at 1:51 p.m. with the Maintenance Director (MD), the MD stated pest control services came yesterday (9/23/24) and checked for rodents. The MD stated he has not seen any actual rodents. Reviewed with the MD pest control report dated 9/23/24 that indicated three kitchen rodent traps were skipped for inspection as they were missing from the stations. The MD stated he was not sure what the report meant and would need to check with the pest control company.</p> <p>During a subsequent concurrent observation and interview on 9/24/24 at 2:08 p.m. with the DS, observed a separate room for dry food storage. Observed 2 metal boxes with trap doors under shelving. Observed black piece of matter, resembling a rodent dropping, on the floor of the storage room. The DS stated, Looks like a dropping.</p> <p>During a concurrent observation and interview on 9/24/24 at 2:17 p.m. with Dietary Aide (DA) 2 , DA 2 stated he has seen pests in the storage room in the past. DA 2 stated he saw rodent droppings behind the can rack in the dry food storage sometime in July 2024 when it was moved to clean behind it. Observed black piece of matter resembling rodent dropping on floor of dry storage room with DA 2. DA 2 stated, I believe it is a dropping.</p> <p>During an interview on 9/24/24 at 3:07 p.m. with the Director of Nursing (DON), when asked what is the hazard to residents if the kitchen has rodent droppings, the DON stated, It's not good for rodents to be all over the place, especially in the kitchen.</p> <p>During a telephone interview on 9/24/24 at 3:59 p.m. with pest control company Area Service Manager (ASM), reviewed pest control report dated 9/23/24. The ASM stated kitchen traps 3, 4, and 5 may have been misplaced or moved as the pest control report indicates the traps were not in place at time of service.</p> <p>During a telephone interview on 9/24/24 at 4:29 p.m. with the Pest Control Technician (PCT), the PCT stated he was at facility on 9/23/24 and did not see any of the three kitchen rodent traps. The PCT stated that two metal traps were not in the dry food storage room and the third one by the door was not there as well. The PCT stated he was not able to check traps for rodent activity since they were not there. The PCT stated he notified the DS that the traps were not there and she stated she would look for them.</p> <p>Reviewed with the PCT that two metal traps were observed in the dry food storage room today. The PCT stated, She must have found them. The PCT stated the facility receives services every two weeks- one week the exterior is serviced and the next week the kitchen is serviced.</p> <p>During an interview on 9/24/24 at 4:31 p.m. with the MD, the MD confirmed the third metal trap was not near the door today.</p> <p>A review of the facility's Policy and Procedure (P&P) titled Pest Control, revised 5/2008, indicated .Our facility shall maintain an effective pest control program .This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents .</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/04/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER Windsor El Camino Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2540 Carmichael Way Carmichael, CA 95608	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>A review of the facility's P&P titled Environment, revised 9/17, indicated .All food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition .</p> <p>A review of US Food and Drug Administration 2022 Food Code, version 1/18/23, Section 3-305.11 indicated . Food Storage .</p> <p>FOOD shall be protected from contamination by storing the FOOD .in clean, dry location .Where it is not exposed splash, dust, or other contamination .</p> <p>A review of the US Food and Drug Administration 2022 Food Code, version 1/18/23, Section 3-305.14 indicated .Food Preparation</p> <p>During preparation, UNPACKAGED FOOD shall be protected from environmental sources of contamination .</p> <p>A review of the US Food and Drug Administration 2022 Food Code, version 1/18/23, Section 6-501.111 indicated .Controlling Pests. The PREMISES shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the PREMISES by Routinely inspecting the PREMISES for evidence of pests .Using methods, if pests are found, such as trapping devices or other means of pest control .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER Windsor El Camino Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2540 Carmichael Way Carmichael, CA 95608	
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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Dispose of garbage and refuse properly.</p> <p>43247</p> <p>Based on observation, interview, and record review, the facility failed to dispose of trash and garbage properly when outside garbage dumpsters were uncovered for a census of 156 residents.</p> <p>This failure had the potential to attract rodents and insect pests resulting in an unsanitary and uncomfortable environment for residents.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 9/24/24 at 3:37 p.m. with the Maintenance Director (MD), observed outside garbage dumpsters. Observed 3 blue dumpsters and 2 of the dumpsters were half covered by lid. Observed 1 large compactor bin open with no cover. Observed compactor machine with no bin underneath. Observed trash and garbage in each uncovered dumpster and in the compactor bin. Observed multiple flying pests around area. The MD acknowledged that the garbage dumpsters and the compactor bin were left uncovered. The MD stated that the garbage service did not cover the bins after emptying. The MD stated that the garbage service did not move the compactor bin back underneath compactor machine, so it was open, and staff had been throwing garbage into it. The compactor machine is currently not working and not being used. The MD stated that staff should not put garbage in the open compactor bin and should put garbage in the blue garbage dumpsters. The MD stated if the garbage service does not close the lids of the dumpsters, it is staff's responsibility to make sure they are covered.</p> <p>During an interview on 9/24/24 at 3:48 p.m. with the Director of Nursing (DON), the DON stated that the garbage dumpsters should be covered.</p> <p>During an interview on 9/24/24 at 4:19 p.m. with the [NAME] President of Operations (VPO), the VPO stated that the garbage dumpsters need to be covered but was not aware that there was a compactor bin.</p> <p>A review of the facility's policy and procedure (P&P) titled Environment, revised 9/17, indicated .All trash will be properly disposed of in external receptacles (dumpsters) and the surrounding area will be free of debris .</p> <p>A review of the facility's P&P titled Food-Related Garbage and Refuse Disposal, revised 10/17, indicated . Outside dumpsters provided by garbage pick up services will be kept closed and free of surrounding litter .:</p>		