

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055885</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WINDSOR COUNTRY DRIVE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2500 COUNTRY DRIVE FREMONT, CA 94536</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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview, and record review, the facility failed to ensure residents wear the facemask on the hallway, proper disposal of gowns in the observation area for suspected COVID-19 (a disease caused by a new strain of coronavirus), rehab staff (RS) did not wear facemask properly and provided treatment to a resident with no facemask. These failures had the potential to spread and transmit infection to the residents and staff. Findings: During an observation on 6/8/2020 at 1:45 p.m., observed four residents on the hallway with no facemask. During a concurrent interview with the Infection Preventionist (IP), he stated the residents should have worn facemask on the hallway. During an observation on the observation area on 6/8/2020 at 2:05 p.m., observed two used gowns hanging on the chair, two used gowns rolled on the table, one used gown at the nurses station and one used face shield. During a concurrent interview with the IP, he stated the nurses should have properly dispose the gowns and threw it in the trash. During an observation on 6/8/2020 at 3:30 p.m., observed RS did not cover her nose with her facemask when providing rehab treatment to a resident with no facemask. During a concurrent interview with the IP, he stated the RS should have worn the facemask properly, which covered her nose and the resident should have worn a facemask during a rehab treatment. Review of the Center for Disease Control and Prevention dated 2019, Prepare COVID-19 in Nursing Homes, indicated health care provider should wear a facemask at all times while they are in the facility. Residents should wear a cloth face covering or facemask whenever they left their room. Gowns becomes visibly soiled during patient care should be disposed of and cleaned. Any reusable personal protective equipment should have properly cleaned, decontaminated, maintained, after and in between used.		
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.