

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366456	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/01/2020
NAME OF PROVIDER OF SUPPLIER WINDSOR MEDICAL CENTER INC		STREET ADDRESS, CITY, STATE, ZIP 1454 EAST MAPLE STREET NORTH CANTON, OH 44720	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on medical record review, staff interview, review of the facility Managing Outbreaks/Clusters of Illness Among Residents for COVID-19 policy and review of Centers for Disease Control and Prevention (CDC) Preparing for COVID-19 in Nursing Homes and Long-Term Care Facilities Guidance, the facility failed to establish and implement a COVID-19 surveillance plan to include monitoring all residents for fevers. This affected two sampled residents (#3 and #4) and had the potential to affect 15 of 18 residents residing in the facility, with the exception of Resident #7, #9 and #12 who had evidence of daily temperature monitoring. The facility census was 18. Findings include: Medical record review revealed Resident #3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Further medical record review revealed Resident #3's temperature was obtained six times during the month of May 2020, on 05/01/20, 05/11/20, twice on 05/13/20, 05/19/20 and 05/21/20. Medical record review revealed Resident #4 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Further medical record review revealed Resident #4's temperature was obtained only once during the month of May 2020, on 05/04/20. Interview on 05/28/20 at 10:27 A.M. with the Director of Nursing (DON) revealed the facility was licensed for 50 beds but only 20 of those beds were certified. The total certified census at the facility was 18 and the total licensed census at the facility was 40. The certified beds were all intermingled throughout the facility and care was provided by the same staff to all residents. During the interview the DON revealed only residents who received skilled services had their temperatures monitored daily. The DON reported only three residents, Resident #7, #9, and #12 received skilled services and had their temperatures monitored daily. The remaining residents were long term care and were assessed by the nurses three times daily. If there was a change in their condition or if they had any symptoms such as a cough, then their vital signs would be obtained. Otherwise, the facility did not routinely monitor the body temperature of asymptomatic residents. Review of facility Managing Outbreaks/Clusters of Illness Among Residents for COVID-19 policy, dated 05/11/20 revealed procedures for residents who developed respiratory symptoms and/or tested positive for COVID-19. However, the policy did not include monitoring guidelines for asymptomatic residents (including obtaining and assessing body temperature). Review of CDC Preparing for COVID-19 in Nursing Homes and Long-Term Care Facilities Guidance updated 05/19/20 revealed to actively monitor all residents upon admission and at least daily for fever. The CDC provided guidance that a temperature would be above 100 degrees Fahrenheit.</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.