

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056238	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
NAME OF PROVIDER OF SUPPLIER WINDSOR VALLEJO NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2200 TUOLUMNE STREET VALLEJO, CA 94589	
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>Based on observation, interview and record review, the facility failed to maintain an effective infection prevention and control program when: 1. One nurse did not remove her gloves and perform hand hygiene in between care of residents, and one nurse did not remove her gloves in between care of a resident and acquiring a medication located in the medication cart, and; 2. One nurse and one housekeeper did not know the wet time (time the disinfectant needs to stay wet on a surface in order to ensure efficacy of killing COVID-19 microorganisms) for the pre-mixed bleach solution. These failures had the potential to increase the risk of transmission of COVID-19 (Coronavirus Disease) infection to the residents and staff of the facility. Findings: 1. During a concurrent observation and interview on 5/28/10 at 10:50 a.m., Licensed Staff A was leaving a resident's room with her gloves on, placing the portable blood pressure machine on top of the medication cart, and then going into a medication drawer to get the resident a medication. Licensed Staff A did not remove her gloves or perform hand hygiene before opening the medication drawer and acquiring a medication. When Licensed Staff A was asked if she performed appropriate hand hygiene, she stated she should have doffed (removed) her gloves and disinfected her hands with hand sanitizer before acquiring a medication from the medication cart, to prevent the possibility of cross-contamination. During a concurrent observation and interview on 5/28/20 at 2:36 p.m., Licensed Staff B went into a resident's room to give the resident a glass of water. Both the residents in the room were designated as a, Person Under Investigation (PUI), for COVID-19. Licensed Staff B exited the room with her gloves on and then went into another resident's room next door, who was not a, PUI, to check on his oxygen, without doffing her gloves or performing hand hygiene. Licensed Staff B leaned over the resident and said, Your oxygen tubing is under your chin. When Licensed Staff B was asked if she performed appropriate hand hygiene, she stated she should have doffed her gloves and sanitized her hands before checking on the resident. The Facility document titled, Hand Hygiene Program, revised 3/10/19, Indications for performing hand hygiene - a. Before and after contact with resident or their environment, b. Before and after glove use . The facility policy/procedure (P/P) titled, Hand Hygiene P&P, revised 1/10/19, indicated: All employees are required to practice effective hand hygiene . Employees are required to wash their hands thoroughly between residents, after removing gloves . 2. During an interview on 5/28/20 at 10:50 a.m., Licensed Staff A stated she cleaned and disinfected her portable blood pressure (BP) machine and cuff with a premixed bleach solution kept in the bottom drawer of the medication cart. Licensed Staff A stated microfiber cloths were soaked in the bleach solution, which was changed daily by the maintenance department. After she disinfected her portable BP machine and cuff, medication cart, or glucometer, etc., the presoaked microfiber cloth was discarded into a plastic bag located in the bottom drawer of the medication cart. When Licensed Staff A was asked what was the needed wet time for the bleach solution to stay wet on a surface to ensure efficacy of killing microorganisms to prevent the spread of COVID, she stated she thought two minutes. During an interview on 6/1/20 at 9:15 a.m., Administrative Staff C stated he was responsible for changing all the premixed bleach solution containers stored in medication carts at the start of the AM shift and right before going home for the day. Administrative Staff C stated the solution was used to soak microfiber cloths, which nurses used to disinfect their portable blood pressure machine and cuff, medication cart, glucometer, etc. Administrative Staff C stated he used a programmed premixed bleach gun, which dispensed the appropriate ratio of bleach to water. When Administrative Staff C was asked what the needed wet time was for the bleach solution to stay wet on a surface to ensure efficacy of killing microorganisms to prevent the spread of COVID, he stated he verified with the Director of Nursing, four minutes. During an interview on 6/1/20 at 10:52 a.m., Administrative Staff C showed the surveyor a bleach bottle used to dispense the appropriate ratio of bleach to water. The manufacturer's wet time recommendation was ten minutes to ensure efficacy of killing microorganisms to prevent the spread of COVID. The document titled, Clorox Disinfecting Products Kill Claims and Contact Times, dated 2012, indicated, Clorox Pre Quaternary All Purpose Disinfectant Cleaner, had a wet time of ten minutes to ensure efficacy of killing microorganisms to prevent the spread of COVID.</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.