

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER WINDSOR POST-ACUTE CENTER OF BAKERSFIELD		STREET ADDRESS, CITY, STATE, ZIP 6212 TUDOR WAY BAKERSFIELD, CA 93306	
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 - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow their policy and Centers for Disease Control and Prevention (CDC) Guidelines (Environmental Guidelines for COVID-19) when disinfectants (chemical liquid that eliminates bacteria) were used inside resident's rooms. This failure had the potential to result in the spread of infection to residents and staff. Findings: During a concurrent observation and interview on 7/23/20, at 2:05 PM, with Housekeeping Aide (HA) 1, in hallway by the Housekeeping office, clean, dry cloths were in a basin on top of a Housekeeping cart. One spray bottle of disinfectant was observed inside the Housekeeping cart. HA 1 stated, the disinfectant solution was sprayed on the hard surfaces including bedside tables, bed rails, overbed tables and furniture inside the resident rooms and the surfaces wiped with a clean, dry cloth.</p> <p>During a concurrent observation and interview on 7/29/20, at 9:10 AM, with HA 2, in the 400 wing hallway, wet cloths were observed in a basin on top of HA 2's Housekeeping cart. HA 2 stated, the cloths were soaked in disinfectant. HA 2 stated, disinfectant was sprayed onto the surfaces, such as hand rails, bed rails, overbed tables and bedside tables in resident rooms. The surfaces were then wiped with a clean, cloth saturated with disinfectant. During a concurrent observation and interview on 7/29/20, at 9:45 AM, with HA 3, in the hallway by the Housekeeping office, there were clean, damp cloths in a basin on top of the Housekeeping cart. One spray bottle of disinfectant was inside the Housekeeping cart. HA 3 stated, the disinfectant was sprayed on the hand rails overbed tables, and side tables in resident's rooms and the surfaces wiped with a cloth saturated with disinfectant. During an interview on 7/29/20, at 9:48 AM, with Housekeeping Supervisor (HS), HS stated, staff should not spray cleaning solutions in resident rooms. They should only use wet cleaning cloths to wipe areas. During an interview on 7/29/20 at 9:50 AM, with Infection Preventionist (IP-infection control nurse), IP stated, staff should not spray any solutions in the resident's rooms. Cleaning cloths should be wet with disinfectant and used to wipe the surfaces. During a review of the facility's policy and procedure (P&P) titled, Interim Recommendations for Routine COVID-19 (a respiratory illness that can spread from person to person) Isolation Room Cleaning, dated 3/20, the P&P indicated, B. iii. Do not use spray bottles when cleaning surfaces. Spraying surfaces may cause aerosols (fine [MEDICAL CONDITION] particles that can be transmitted into the air and inhaled). Containers that dispense liquid can be used to apply disinfectants to surfaces or disinfectants can be poured gently onto cleaning cloths to clean surfaces. D. c. Follow standard procedures for cleaning with the exception that no spray bottles should be used. During a review of the Centers for Disease Control and Prevention (CDC) Environmental Guidelines titled, Cleaning Special Areas, updated 3/20/20, indicated c. avoiding (sic) the use of cleaning equipment that produces mists or aerosols.</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.