

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555703</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WINDSOR CARE CENTER OF PETALUMA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>523 HAYES LANE PETALUMA, CA 94952</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 perform proper hand-hygiene, following the facility's policy & procedure infection prevention and control program, when: 1. The EVS (Environmental Services) Supervisor did not conduct hand-hygiene and don gloves when emptying a trash container. This failure had the potential to increase the risk of transmission of COVID-19 (Coronavirus Disease) infection to the residents and staff of the facility. Findings: During and observation on 9/22/20 at 11:35 a.m., EVS Staff A entered the dining area with a cleaning cart, wearing no gloves. EVS Staff A proceeded to empty the trash container without performing hand hygiene and donning (put on) gloves. A new garbage bag was placed into the trash container. EVS Staff A left the room without conducting hand hygiene. During an interview on 9/22/20 at 12 p.m., EVS Staff A was asked the procedure for hand washing and PPE (Personal Protective Equipment) when performing any cleaning tasks; he stated, before entering and leaving a resident's room and, depending on which zone staff worked on, staff would wear a gown and gloves, and everyone wore a facemask and a face shield. When EVS Staff A was asked if he performed appropriate hand-hygiene and donned gloves to empty the trash container, he stated, Oh no, I did not, I suppose I should have. When asked who had oversight and monitoring of the EVS staff for hand-hygiene he stated, he and the Infection Prevention Nurse had oversight for three EVS staff; In-services were conducted yearly and as needed. During an interview on 9/22/20 at 12:30, the Infection Prevention Nurse B (IPN B) stated she conducted IP for staff weekly and monitored staff for hand-hygiene. When asked how she monitored staff for hand-hygiene, she stated, observations throughout the day, and other nurses would also observe staff for infection control and hand-hygiene practices. When asked what was done when staff were out of compliance for hand washing or infection control practices, she stated, We pull the staff member aside and review the process and retrain staff on the spot. When asked if the reviews and retraining were documented, IPN B stated, No. We retrain staff on the spot. The facility policy and procedure (P/P) titled, Hand Hygiene P&P, revised 1/10/19, indicated: Employees are required to wash their hands thoroughly: After touching objects that may be soiled and after removing gloves; Anytime hands become soiled. The Facility document titled, Hand Hygiene Program, revised 1/10/19, Indications for performing hand hygiene -a. Before and after contact with resident or their environment, b. Before and after glove use.		
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.