

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555717	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2020
NAME OF PROVIDER OF SUPPLIER WINDSOR CARE CENTER OF SACRAMENTO		STREET ADDRESS, CITY, STATE, ZIP 501 JESSIE AVENUE SACRAMENTO, CA 95838	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection prevention and control measures were implemented when: 1. One treatment and three medication carts' garbage bins were uncovered and full of trash; and 2. Two Licensed Nurses (LNs) incorrectly identified the sequence on how to properly remove personal protective equipment (PPE). These failures increased the risks for residents to ingest contaminated materials and for infection to spread for a census of 117 residents. Findings: 1. During the facility's hallways and environmental tour observation on 5/26/20 from 10:13 a.m. through 12 noon, the following were observed: a. In hallway 2, two nurses medication carts were parked and unattended. These medication carts garbage bins were full, their lids were left opened and used medication cups, spoons, plates, and emptied medication bubble packs were exposed. b. In hallway 3, one nurse's medication cart was parked and unattended. The medication cart garbage bin lid was opened, the bin was full and overflowed with used medicine cups, used spoons, plates, empty medication bubble packs, and dirty tissue papers. c. Also in hallway 3, one nurse's treatment cart was parked and unattended. The cart's garbage bin lid was opened, the bin was full and used gauze dressings, used medication cups and spoons were exposed. In these hallways, residents with dementia (memory problem) were observed ambulating with no supervision. During an interview on 5/26/20 at 11:15 a.m., LN 2 indicated she should have emptied her cart's garbage bin when full after her medication pass but she did not. She indicated one of her residents had the behavior of digging into her medication cart garbage bin. During two separate interviews on 5/26/20 at 11:30 a.m. and at 11:55 a.m., LN 1 and LN 3 acknowledged they should have emptied their medication carts garbage bins when full after medication pass but they did not. LN 1 and LN 3 indicated residents could get into the carts' garbage bins and could ingest contaminated materials. During a concurrent observation and interview on 5/26/20 at 12 noon, the Director for Staff Development (DSD) acknowledged the observations and indicated LN 1, LN 2, and LN 3 should have emptied their medication and treatment carts' garbage bins when they were full or overflowing to prevent the spread of any infectious agents. The DSD also indicated confused residents could dig into the medication carts garbage bins and could potentially ingest contaminated and infectious materials. 2. During a scenario-based interview on 5/26/20 at 11:30 a.m., LN 1 was asked to verbalize the sequence on how to remove her PPEs after she cared for a resident on a contact transmission-based precaution (TBP). LN 1 indicated she would take off her PPEs in the following order: 1. Shield; 2. Mask; 3. Gown; 4. Gloves. In another scenario-based interview on 5/26/20 at 11:55 a.m., LN 3 was asked to verbalize the sequence on how to remove her PPEs after she cared for a resident on an airborne TBP. LN 3 indicated she would remove her PPEs in the following sequence: 1. Gloves; 2. Face shield; 3. Mask; 4. Gown. During an interview on 6/9/20 at 11:49 a.m., the Director of Nursing (DON) indicated she expected LN 1, LN 2 and LN 3 to throw away their garbage after medication pass to prevent the residents from digging from the garbage and to prevent the spread of infection. The DON also indicated when LN 1 and LN 3 could not verbalize the sequence on how to properly remove their PPEs after caring for residents on TBP, in practice, cross-contamination could occur and infection could spread. A review of the facility's policy and procedure titled, Enhanced Standard Precaution, revised 1/10/19, indicated, Standard Precautions is comprised of a group of infection prevention practices that apply to all residents regardless of their state of infection and are to be utilized in all healthcare settings. The Centers for Disease Control and Prevention (CDC) Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19) titled, HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE), EXAMPLE 1, indicated, Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence: 1. GLOVES; 2. GOGGLES OR FACE SHIELD; 3. GOWN; 4. MASK OR RESPIRATOR; 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE. The CDC Infection Control Guidance for Healthcare Professionals about COVID-19 titled, HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE), EXAMPLE 2, indicated, Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence: 1. GOWN AND GLOVES; 2. GOGGLES OR FACE SHIELD; 3. MASK OR RESPIRATOR; 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE.</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.