STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555798	A. BUILDING _____ B. WING _____	**08/27/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WOODSIDE HEALTHCARE CENTER	**2240 NORTHROP AVE SACRAMENTO, CA 95825**

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	**Provide and implement an infection prevention and control program.** Based on observation, interview, and facility policy review, the facility failed to implement parts of their infection prevention and control program to protect 55 residents from the transmission of pathogens when: 1. The facility did not have documented evidence of surveillance of staff non-compliance with infection prevention and control practices; and 2. Staff did not perform hand hygiene immediately after resident contact. These failures increased the risk of transmission of pathogens, including Covid-19. Findings: During an interview with the Administrator (ADM), on 8/25/20, at 10:15 a.m., the ADM confirmed, as of 8/23/20, 11 health care workers and two residents tested positive for Covid-19. The ADM stated the facility placed all residents in quarantine and on droplet precaution (When entering a resident room staff must wear gloves, an isolation gown, a face mask, and eye protection). 1. During an interview with the facility's Infection Preventionist (IP), on 8/25/20, at 10:35 a.m., the Department asked the IP for documentation on their process surveillance, which determined the rate of staff non-compliance with infection prevention and control practices. The IP stated she documented each time she provided on-the-spot education whenever she observed staff not complying with an infection prevention and control practice. The IP confirmed she did not have documented evidence of doing process surveillance to determine the rate of staff non-compliance with infection prevention and control practices. Review of a facility policy titled Monitoring Compliance with Infection Control dated 9/17, indicated, The infection preventionist or designee shall monitor the effectiveness of our infection prevention and control work practices and protective equipment. This includes .Surveillance of workplace to ensure that established infection prevention and control practices are observed and protective clothing and equipment are provided and properly used .Instances of noncompliance with established infection prevention and control practices will be reported to the administrator and to appropriate department heads and supervisors. A summary report of such instances will also be provided to the QAPI (Quality Assurance Performance Improvement) and IPC (Infection Prevention Control) committees, along with corrective actions taken .The infection preventionist and/or the IPC committee shall provide reports to the QAPI committee that reflects .Staff adherence to infection prevention processes (hand hygiene, glove and gown use, etc.) . 2. During an observation on 8/25/20, at 11:20 a.m., in the North Station Hallway, a staff member (SM 1) was inside a resident's room wearing a disposable isolation gown, gloves, a face mask, and face shield. SM 1 removed and discarded his gloves, then ripped off the gown, balled it up and discarded it in a garbage bin. SM 1 grabbed a walker and gait belt and exited the resident's room. SM 1 walked down two hallways to the rehabilitation room, placed the equipment inside, and exited the room. SM 1 did not perform hand hygiene. During an interview with SM 1 on 8/25/20, at 11:25 a.m., SM 1 confirmed he had not performed hand hygiene before he was stopped for the interview. During an observation on 8/25/20, at 11:35 a.m., in the middle hallway, a staff member (SM 2) entered a resident's room who was on droplet precaution for suspected Covid-19. SM 2 did not put on gloves or an isolation gown. SM 2 changed the garbage bag, adjusted the resident's side table, adjusted the resident's pillow, and adjusted the resident's TV. SM 2 exited the room carrying the garbage bag in one hand, walked down the hall to the housekeeping closet, touching two doorknobs along the way. SM 2 did not perform hand hygiene. During an interview with SM 2, on 8/25/20, at 11:40 a.m., SM 2 confirmed she did not wear an isolation gown or gloves when tending to the resident, and touched two doorknobs along the way before performing hand hygiene. Review of a facility policy titled Handwashing/Hand Hygiene, dated 8/15, indicated, The facility considers hand hygiene the primary means to prevent the spread of infections .Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations .After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident .After removing gloves .Before and after entering isolation precaution settings .Hand hygiene is the final step after removing and disposing of personal protective equipment.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE