

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055885	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2020
NAME OF PROVIDER OF SUPPLIER WINDSOR COUNTRY DRIVE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2500 COUNTRY DRIVE FREMONT, CA 94536	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure two of four COVID-19 (a coronavirus identified as the cause of an outbreak of respiratory illness that is easily spread) negative tested residents (Residents 1 and 2) were cohorted (grouping residents together to confine their care to one area) separately from two COVID-19 positive residents (Residents 3 and 4). This failure had the potential to further expose Residents 1 and 2 to COVID-19.</p> <p>Findings: During an interview on 8/7/20, at 12:05 p.m., with Administrator (Admin) 1, Admin 1 stated Residents 1, 2, and 3 were roommates in room [ROOM NUMBER]. Resident 3 tested positive for COVID-19 on 8/6/20. Residents 1 and 2 tested negative for COVID-19 on 8/6/20. The Director of Nursing (DON) 1 and Director of Staff Development/Infection Preventionist (DSD/IP) 1 had moved Residents 1, 2 and 3 into the COVID-19 positive Red Zone unit, along with Resident 4 who tested positive for COVID-19 on 8/6/20. During an interview on 8/7/20, at 1:30 p.m., DON 1 stated she discussed moving Residents 1, 2, 3, and 4 into the COVID-19 positive Red Zone unit with DSD/IP 1. According to DON 1, she and DSD/IP 1 agreed, all four residents should be moved into the COVID-19 positive Red Zone unit, knowing Residents 1 and 2 had tested negative for COVID-19. DON 1 stated neither one had referred to the Centers for Disease Control and Prevention (CDC) guidance or waited for direction from the county public health department before moving Residents 1, 2, 3, and 4 into the COVID-19 positive Red Zone. During an observation on 8/7/20, at 2:32 p.m., the COVID-19 positive Red Zone included rooms 15, 16, 17, 18, 19, and 21. The Red Zone had its own entrance/exit door and was separated from the rest of the facility by two separate sections of plastic sheeting. Residents 1 and 2 tested COVID-19 negative but were in the positive red zone in room [ROOM NUMBER] together. Resident 3's test confirmed COVID-19 positive, and was in room [ROOM NUMBER]. Resident 4 test confirmed COVID-19 positive and was in room [ROOM NUMBER]. During a review of the facility's policy and procedure titled, COVID-19 Addendum to Outbreak Management, dated 03/11/2020, indicated, The facility will implement actions according to CDC, local Department of Public Health and World Health Organization recommendations including identification, isolation and informing Health Department of any suspected cases of COVID-19. A review of current CDC guidance at cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, titled, Preparing for COVID-19 in Nursing Homes indicated, Residents should not be placed in a room with a new admission nor should they be moved to the COVID-19 care unit unless they are confirmed to have COVID-19 by testing.</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.