STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555703	A. BUILDING _____ B. WING _____	**07/24/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WINDSOR CARE CENTER OF PETALUMA	**523 HAYES LANE PETALUMA, CA 94952**

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 -** Some	**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 ensure staff used Personal Protective Equipment (PPE, equipment used by staff to minimize exposure to infectious hazards to residents and staff) appropriately, when it allowed staff to wear contaminated gowns for resident care. This failure did not ensure a safe environment and had the potential to cause nosocomial (facility-acquired) transmission of COVID-19. Findings: During an interview on 7/24/20, at 12 p.m., the Administrator, Director of Nursing Services (DON), and Director of Staff Development (DSD) were present and discussed the facility's staff use of PPE. The Administrator stated the facility required both clinical and non-clinical staff to wear, full PPE when inside the facility. The Administrator stated this requirement mandated staff to don (put on) gowns, gloves, respirators, and eye protection when inside the facility. The Administrator stated the facility identified all residents as potentially exposed, because, we found we had a nurse that was in every wing and resident care area. The Administrator stated one resident in the facility was positive for COVID-19. The DSD stated she trained staff on the appropriate use of PPE. The DSD stated staff received PPE training on hire, and competency assessments annually and as-needed. The DSD stated the facility had not initiated a process to audit staff compliance with appropriate PPE practice. During an observation on 7/24/20, at 1:15 p.m., Unlicensed Staff A exited the employee bathroom wearing a single-use isolation gown and holding the bathroom door key. Not changing the gown after leaving the bathroom, Unlicensed Staff A proceeded to room [ROOM NUMBER]'s doorway. Unlicensed Staff A performed hand hygiene, donned gloves, entered room [ROOM NUMBER], then closed the door behind him. During an interview on 7/24/20, at 1:40 p.m., Unlicensed Staff B stated she had been dedicated for the shift to work only on the facility's COVID-19 unit. Unlicensed B stated the COVID-19 unit had only one positive resident. During an observation on 7/24/20, at 1:45 p.m., Contractor C walked out of the resident room on the COVID-19 unit wearing a gown and gloves, closing the door behind her. Contractor C carried two bags over her shoulder. Contractor C located a second resident in the unit's hallway. Contractor C changed gloves, brought the second resident into the resident's room and placed her two bags down onto a surface in the resident's environment. Contractor C facilitated a blood draw on the resident. Contractor C did not change her isolation gown between resident contacts. During an interview on 7/24/20, at 2:15 p.m., Contractor C stated she drew blood from the COVID-positive resident as well as the second resident. Contractor C stated she changed gloves between resident contacts because she, touched food in the COVID-positive room. Contractor C stated she did not change her gown between residents because she did not know she had to change her gown. The facility policy and procedure titled, Enhanced Standard Precautions, dated 1/10/19, indicated, All PPE should be used once and discarded in either the trash or used linen receptacle before leaving the room.

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