

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055995	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2020
NAME OF PROVIDER OF SUPPLIER WINDSOR CONVALESCENT CENTER OF NORTH LONG BEACH		STREET ADDRESS, CITY, STATE, ZIP 260 E MARKET ST LONG BEACH, CA 90805	
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	<p>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 maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections by: Ensuring the staff wore appropriate Personal Protective Equipment ((PPE) designed to provide protection from serious injuries or illnesses resulting from contact with chemical, radiological, physical, electrical, mechanical, or other hazards), while in the facility per their policy. These deficient practices had the potential to result in cross-contamination between designated quarantine ((red zone) how to place the residents who have symptoms or are positive) and persons under investigation (yellow) zones by staff, which could increase the risk of transmission of COVID-19 within the facility and community. Findings: a. During an observation on 8/17/20 at 11:53 a.m., Central Supply Staff (CS 1) entered the facility with a CS 2 and stood at the nursing station 1 without wearing a face shield. A concurrent interview CS 1 stated, I only have to wear the face shield in the yellow and red zone. During an observation on 8/17/20 at 77:57 a.m., CS 2 was pushing a cart carrying a face shield, took one and gave it to CS 1. A concurrent interview, CS 1 acknowledged and stated, I am supposed to wear a face shield while in the facility. CS 1 stated wearing a face shield was necessary to protect himself. During an interview on 8/17/20 at 12:00 p.m., the Nurse Practitioner stated the staff were to have a face shield and N95 mask on at all times, regardless of the area they were in. During an observation on 8/17/20, Licensed Vocational Nurse (LVN 1), who wore a surgical mask, clocked out from the nurses station 1 without wearing a face shield over the surgical mask. During observation a Nurse Supervisor educated LVN 1 about not wearing the right PPE while in facility and instructed LVN 1 to wear a face shield over the surgical mask. A review of the facility's Mitigation Plan dated 5/30/20 indicated all staff will wear recommended PPE while in the building per current, CDC or CDPH PPE guidance in the red and yellow zone, as well as, N95 masks in the green zone.</p> <p>b. During a concurrent observation on 8/17/2020 at 11:15 a.m. with Registered Nurse (RN 1) the yellow zone had no accessible PPE for staff to use when providing care for the residents. During a concurrent interview, RN 1 stated the staff wore jumpsuit's (a form of PPE that completely covers the body from head to toe) and a disposable gowns over the jumpsuit when providing care to the residents. When asked how would the designated staff in the yellow zone access the required PPEs, RN 1 stated the PPEs are stored in the red zone (designated unit where residents who are positive for Covid-19 are cohorted). During an observation on 8/17/2020 at 11:20 a.m. of the yellow zone, Certified Nursing Attendant (CNA 1) was wearing a jumpsuit. When asked what appropriate PPEs had been required prior to entering a resident room and while providing care to the resident, CNA 1 stated I only wear a jumpsuit, goggles and N95 mask (a respiratory protective device designed to protect against airborne particles) while providing care to the residents. CNA 1 also stated I use the same jumpsuit for the residents assigned to me. During an interview on 8/17/20 at 11:35 a.m., CNA 1 stated I exit at the plastic barrier to the red zone and enter in room [ROOM NUMBER] (a designated room in the red zone for screening, donning (putting on) & doffing (taking off) in the nurses' station for the designated staff caring for the residents in the yellow and red zone) to doff jumpsuit, and hang it on the hook attached to the wall. I perform hand hygiene and exit from that door in room [ROOM NUMBER]. CNA 1 stated, When I return from lunch break, I enter back in room [ROOM NUMBER], perform hand hygiene, put on the jumpsuit, walk through the red zone, and enter the plastic barrier to the yellow zone. A review of the facility's Covid-19 Mitigation Plan, indicated if staff will be shared across sections in any way, the staff will fully doff all PPE and leave all dirty PPE in designated receptacles, perform hand hygiene, and don new PPE in accordance with CDC guidance for the area they are entering. The necessary PPE will be made available directly outside of resident rooms in the red, and yellow zones in accordance with current CDC guidance.</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.