

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365681	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OF SUPPLIER WINDSOR LANE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 355 WINDSOR LANE GIBSONBURG, OH 43431	
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 - Many	<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 observations, staff interview and review of the facility policy and review of the Center for Disease Control (CDC) guidelines, the facility failed to ensure proper screening procedures were in place for employees and outside personnel to assess for signs and symptoms of Coronavirus Disease 2019 (COVID-19). This had the potential to affect 66 of 66 residents who reside in the facility. Findings include: Observations on 06/30/20 at 7:05 A.M., revealed staff and outside personnel were able to freely enter the facility. Upon entrance, a therapy employee was observed completing a self assessment and temperature check. The employee documented her own findings. An instruction sign was viewed which informed guests a screening was required. The self-check screening included temperature check, a sign in sheet and health questionnaire. No staff were available to assist with the screening nor to ensure temperatures were assessed adequately. Written instructions were provided if needed. Alcohol wipes were also available to clean the thermometer. Once the self assessment was complete, staff and outside personnel were able to enter the facility without question. Interview with the Assistant Director of Nursing (ADON) on 06/30/20 at 7:40 A.M., revealed facility staff did not assess staff and outside vendors. The front office staff could assist if needed during regular office hours but employees completed self check-ins and assessments prior their shift. Review of the CDC guidelines titled, Preparing for COVID 19 in Nursing homes, updated 06/25/20, revealed to screen all Health Care Personnel (HCP) at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. Fever is either measured temperature greater than 100.0 degrees Fahrenheit (F) or subjective fever. Note that fever may be intermittent or may not be present in some individuals, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., Nonsteroidal anti-[MEDICAL CONDITION] drugs (NSAIDS'). Clinical judgement should be used to guide testing of individuals in such situations. Post signs at the entrances to the facility advising visitors to check-in with the front desk to be assessed for symptoms prior to entry. Screen visitors for fever of 100.0 degrees, symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. Review of the undated facility policy titled, Surveillance, Prevention and Control of Infections Standards of Practice for Coronavirus (COVID-19): Prevention and Disease Control, revealed visitors/vendors were to be screened. This included a posted sign at the entrance of the building for visitors/vendors and a questionnaire attached to a clipboard along with a temperature record and sign-in log. If answered yes to any of the following questions, the visitor/vendor was asked not to enter at this time. The questions included international travel within the last 14 days, signs and symptoms of COVID-19 per CDC guidance, and if you resided in a community where community-based spread COVID-19 was occurring. It will be at the discretion of the facility and/or Ohio Governor to restrict visitors. Employees must take temperature upon arrival to work. If 100.4 or greater or experiencing CDC recognized symptoms of COVID infection, call the facility as they will not be permitted to work.</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.