

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>345500</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WINDSOR POINT CONTINUING CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1221 BROAD STREET FUQUAY VARINA, NC 27526</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on staff interviews and observations, the facility failed to protect residents from COVID-19 when they did not restrict visitors and follow guidance issued by the Centers for Medicare and Medicaid Services (CMS). This failure occurred during a COVID-19 pandemic. Findings included: The Center for Medicare and Medicaid Services issued a memorandum on Guidance for Infection Control and Prevention of Coronavirus Disease 2019 on March 13, 2020 (Reference QSO-20-14-NH). The memorandum stated facilities should restrict visitation of all visitors and non-essential health care personnel except for certain [MEDICATION NAME] care situations, such as an end-of-life situation. A tour of the skilled nursing side of the facility was conducted on 6/17/20 at 11:00 AM. A wall was observed which consisted of dry wall on the lower portion of the wall, plexiglass in the center of the wall and plastic reaching to the ceiling. The wall was sectioned off by wood beams to create a 3-section sitting area. A table and chair were placed at 2 of the sections. Chairs had been placed on the other side of the wall. Baby monitors were placed on both sides which were used for communication between visitor and resident. An interview was conducted with the Director of Nursing on 6/17/20 at 11:30 AM, and she stated staff could take a resident to the constructed wall, place the resident facing the visitor, and they are instructed on how to use the baby monitor. An interview was conducted with the owner of the facility on 6/17/19 at 12:43, and she stated she had the wall erected for the main purpose of facilitating visitations. She also stated she had it built late April early May and it had been used in the last week for visitation. An interview was conducted with the administrator on 6/19/20 at 10:00 AM, and she stated the owner wanted the wall up, and it was used for visitation.		

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.