STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075011	A. BUILDING _____ B. WING _____	**08/05/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WINDSOR HEALTH AND REHABILITATION CENTER, LLC	**581 POQUONOCK AVE WINDSOR, CT 06095**

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 0842 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a clinical record review, staff interviews and a review of the facility policy for one of two sampled residents (Resident #1), the facility failed to document that the responsible party was notified when the resident had a change in condition. The findings include: Resident #1's [DIAGNOSES REDACTED]. The Resident Care Plan (RCP) dated 3/12/20 identified impaired cognitive function, dementia or impaired thought process related to dementia. Interventions directed to communicate with the family/caregivers regarding the resident capabilities and needs. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified moderate cognitive impairment and was independent with bed mobility, transfers, and could walk in his/her room. The nurse's note dated 4/6/20 at 10:50 PM identified Resident #1 was alert, had a temperature of 99.9 degrees Fahrenheit(F), (normal temperature range 97.0 degrees F to 99.0 degrees F) and Tylenol was administered. A nasopharyngeal swab for COVID-19 would be ordered. The nurse's note dated 4/7/20 at 1:58 PM identified Resident #1 with a temperature of 100.6 degrees F in the morning. In the afternoon the temperature was100.1 degrees F and 100.4 degrees F respectively. Resident #1 was alert, without mental status changes, a cough or sore throat. The resident did not experience respiratory changes, and his/her appetite was good. The nurse's note dated 4/10/20 at 8:21 PM identified Resident #1 had a temperature of 102.5 degrees F and a decreased oxygen saturation level. Resident #1 was placed on oxygen at 2 liters per minute via nasal cannula and Tylenol was administered. A physician was notified, and new orders were obtained to initiate the COVID-19 protocol orders. Physician's ordered directed a chest x-ray, a complete blood count with differential, a comprehensive metabolic panel, a [MEDICATION NAME] dehydrogenase, a c-reactive protein, and a prolactin level. Zinc Sulfate 200 milligrams (mg) by mouth two times daily was ordered in addition to [MEDICATION NAME] 250 mg by mouth daily for four days. Review of the medical record from 4/6/20 to 4/10/20, failed to identify that a family member or responsible party was aware that Resident #1 had an elevated temperatures and new orders were obtained. Interview with LPN #1 on 8/5/20 at 12:40 PM identified he notified the nursing supervisor of Resident #1's change in condition on 4/10/20. LPN #1 indicated if he did not document family notification in the progress note than it meant that the supervisor (RN #1), notified the family of the condition change. Interview with RN #1 on 8/5/20 at 1:23 PM identified she could not recall if she notified the responsible person for Resident #1 when he/she experienced an elevated temperature and new orders were obtained after a physician was notified of a change in condition on 4/10/20. Interview with LPN #2 on 8/5/20 at 2:37 PM identified she could not remember if she notified the responsible party for Resident #1 of the elevated temperature on 4/6/20. Interview with the Director of Nursing (DON) on 8/5/20 at 2:08 PM identified when a resident experienced a change in condition, the expectation was for the nurse to notify the physician and the family/responsible party immediately of the change in condition. The facility policy entitled Notification of Change in Resident Condition directed the nurse to notify the responsible party/family member of the significant change in the residents condition and the interventions taken. The nurse would document in the progress notes, the date, and the time the parties were notified. Documentation would include enough information to indicate how the situation was being handled, i.e., more tests, a treatment, a new or changed order.

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.