STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105805	A. BUILDING _____ B. WING _____	**10/07/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WINDSOR CARE & REHAB, LLC	**501 S PALM AVE PALATKA, FL 32177**

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 0732 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Post nurse staffing information every day.** Based on observation, interview, and record review, the facility failed to ensure current nurse staffing information was posted at the beginning of each shift. Findings: On 10/04/2020, at 9:30 AM, during an entrance for an off-hours survey, it was observed the required posting of nurse staffing data located in the front lobby was dated Friday, 10/02/2020. (Photographic Evidence Obtained.) On 10/06/2020, at 11:43 AM, during an interview, the facility's Staffing Coordinator stated that she usually attaches the nurse staffing reports for Saturdays and Sundays to the staffing report for Friday. The Staffing Coordinator stated that no one else at the facility completes the nurse staffing reports on the weekends. The Staffing Coordinator confirmed that she forgot to attach the weekend staffing reports for Saturday 10/03/2020 and Sunday 10/04/2020 to the staffing report for Friday, 10/02/2020. Review of the facility's policy and procedure titled, Posting Direct Care Daily Staffing Numbers, dated 2001 (revised August 2006) read, 1. Within two (2) hours of the beginning of each shift, the number of Licensed Nurses (RNs (Registered Nurses), LPNs (Licensed Practical Nurses), and LVNs (Licensed Vocational Nurses)) and the number of unlicensed nursing personnel (CNAs (Certified Nursing Assistants)) directly responsible for resident care will be posted in a prominent location (accessible to residents and visitors) and in a clear and readable format.
F 0761 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure expired medications were not stored with active medications for 1 of 2 medication carts. Findings: During an observation on 10/04/20 at 02:30 PM of the medication cart located outside of the COVID ([MEDICAL CONDITION] disease) hallways observed was: Adult Liquid [MEDICATION NAME] 500 mg/15 mL (500 milligrams/15 milliliters) 237 mL bottle with an expiration date of 09/20. [MEDICATION NAME] 0.4 mg tablet Sublingual PRN (as needed) for Resident #86, with an expiration date of 08/2020. During an interview on 10/04/20 at 2:30 PM, Staff B, LPN (Licensed Practical Nurse) verified the expired medications and stated any expired medications are to be returned to the pharmacy. A record review of the facility's policy titled, Storage of Medications (Last reviewed 09/14/2020) revealed under Policy: Interpretation and Implementation: 4. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed.
F 0812 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.** Based on observation and interview the facility failed to maintain proper sanitation standards throughout the food production area and serving kitchen. This has the potential of affecting the entire resident population of 30 residents. (Photographic Evidence) Findings: An observation of the main kitchen operation was conducted during the initial tour, with the Kitchen Manager Designee, on Sunday, 10/4/2020 beginning at 9:41 AM. All areas of the kitchen and dish room were observed. Areas of concern were identified as follows: There were opened 30-gallon trash cans with debris in them that were uncovered in food preparation areas. Three large shelving units which were supporting clean pots and pans, in the food preparation area, had a black substance and rust colored substance on the shelves and corner pieces. Two large preparation tables had clean cooking items consisting of a muffin, cake, and general use pans stored on them which had black and rust colored substances running the length of the unit as well as total length of the corners for the unit. One stainless steel rolling tray cart used to deliver resident trays to rooms had no front doors. One entire side of the 4-sided cart was not enclosed which meant the food lost proper temperatures much more easily. There was a dent at the top where so the door would not seal. There was a rust and black colored substance on the bottom shelf, legs and wheels of the preparatory table attached to a sink table. Two ceiling tiles were in disrepair and did not fit the section leaving a hole, above the food preparation and handling area, a brown substance stain was noted on the tile. Review of the facility policy titled Sanitation, under #2., all utensils, counters, shelves, and equipment shall be kept clean, maintained in good repair, and shall be free from breaks, corrosions, open seams, cracks, and chipped areas. During an interview with the Kitchen Manager (KM) on 10/4/2020 at approximately 2:00 PM, she stated she has spoken with an administrative member recently about needing new equipment. A request was made for documentation of equipment repairs/replacement plans. The KM stated they toured the kitchen and she pointed out the rust colored substances on the old metal preparatory tables and shelving units. She confirmed the multiple pieces of equipment were several years old and had rust colored substances covering the length of shelves and corners.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to ensure the implementation of proper transmission-based precautions and appropriate use of personal protective equipment (PPE) for 1 of 3 residents reviewed for focused infection control, who were on transmission-based precautions, Resident #24, in a total sample of 22 residents. Findings: On 10/04/2020, at 12:29 PM, Staff A, Certified Nursing Assistant (CNA), was observed entering Resident #24's room carrying a lunch tray. Staff A left the resident's room less than a minute later without the lunch tray. Staff A was wearing a bouffant cap and a face mask, but she was not wearing gloves or a protective gown. There was a sign on the door and second sign on the wall to the left of the door that both read, Reverse Isolation-Full PPE to Protect Our Resident. A third sign posted on the wall to the right of the door read, Please See Nurse Before Entering Room. There was a large hanging storage box on the Resident's door containing PPE. (Photographic Evidence Obtained.) On 10/04/2020, at 12:35 PM, during an interview, Staff A confirmed that she should have donned full PPE, including gloves and a gown, before she entered Resident #24's room. Staff A stated, I was in a hurry and I forgot to put it on. Staff A confirmed that she was trained to don and doff PPE when entering the room of a resident on transmission-based precautions. On 10/05/20, at 3:04 PM, during an interview, the Unit Manager stated that everyone is required to wear full PPE when entering Resident #24's room because the resident is immunocompromised and at high risk for infection. The Unit Manager confirmed that Staff A should have been wearing full PPE before entering Resident #24's room with her food tray. The Unit Manager confirmed that Staff A had received training about donning PPE before entering Resident #24's room. A review of Resident #24's care plan

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

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) revealed a relevant focus area initiated on 10/01/2020 (revised on 10/04/2020) that read, (The Resident's name) requires isolation as evidenced by immunosuppression related to [MEDICAL CONDITION]. Interventions included, Follow facility isolation policy, Inform staff and visitors of resident's isolation requirements, Post isolation precaution on the door and required PPE, and Provide PPE at entrance of room. A review was conducted of the facility's policy and procedure titled, Isolation-Initiating Transmission-Based Precautions, dated 2001 (revised April 2012), which read, 5. When Transmission-Based Precautions are implemented, the Infection Control Preventionist (or designee) shall: a. Ensure that protective equipment (i.e., gloves, gowns, masks, etc.) is maintained near the resident's room so that everyone entering the room can access what they need; b. Post the appropriate notice on the room entrance door and on the front of the resident's chart so that all personnel will be aware of precautions, or be aware that they must first see a nurse to obtain additional information about the situation before entering the room.