

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2026
NAME OF PROVIDER OR SUPPLIER Windsor Nursing & Retirement Home		STREET ADDRESS, CITY, STATE, ZIP CODE 265 N Main St South Yarmouth, MA 02664	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview, the facility failed to follow professional standards of practice for food safety and sanitation to prevent potential spread of foodborne illness to residents who are at high risk. Specifically, the facility failed to properly label and date thickened liquids, by not indicating open dates, in one of one nourishment kitchenettes and two of two resident unit refrigerators and failed to ensure one opened thickened liquid was refrigerated after opening in one of one nourishment kitchenettes. Findings include: Review of the 2022 Food Code by the Food and Drug Administration (FDA), revised 1/2023, indicated but was not limited to the following: 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (B) Except as specified in (E) - (G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the FDA Food Code 2022 Chapter 3. Food Chapter 3 - 29 PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety. (D) A date marking system that meets the criteria stated in (A) and (B) of this section may include: (1) Using a method approved by the regulatory authority for refrigerated, ready-to-eat time/temperature control for safety food that is frequently rewrapped, such as lunchmeat or a roast, or for which date marking is impractical, such as soft serve mix or milk in a dispensing machine; (2) Marking the date or day of preparation, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (A) of this section; (3) Marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (B) of this section; or (4) Using calendar dates, days of the week, color-coded marks, or other effective marking methods, provided that the marking system is disclosed to the REGULATORY AUTHORITY upon request. On 3/18/26 at 9:22 A.M., the surveyor made the following observation of the shared nourishment kitchenette: -One thickened cranberry cocktail carton, opened with no opened date identified, stored in upper cabinet, not refrigerated. Manufacturer's instructions on label indicated after opening may be kept up to 7 days under refrigeration. On 3/18/26 at 9:35 A.M., the surveyor made the following observation of the A wing nourishment refrigerator: -One thickened dairy beverage opened but not dated. Manufacturer's instructions on label indicated to refrigerate after opening and discard within 3 days. On 3/18/26 at 9:45 A.M., the surveyor made the following observation of the B wing nourishment refrigerator: -Three thickened beverage cartons open and not dated. Manufacturer's instructions indicated after opening may be kept up to 7 days under refrigeration. During an interview on 3/18/26 at 10:10 A.M., Food Service Director (FSD) #1 said the kitchen staff are responsible for checking the kitchenette and nourishment refrigerators and that all items should be labeled with dates (continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>indicating when they are received at the facility and when the item is opened. FSD #1 said it is his expectation that the kitchen staff would have discarded undated and out-of-date items and that the opened thickened liquids in the kitchenettes should have been refrigerated after opening.</p>

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure professional staff were licensed, certified, or registered in accordance with applicable State laws. Specifically, the facility failed to ensure a nurse assigned to direct resident care had an active license as a Registered Nurse. Findings include:According to the Massachusetts Board of Registration in Nursing a Registered Nurse is the designation given to an individual who is licensed to practice professional nursing, holds ultimate responsibility for direct and indirect nursing care, is a graduate of a Board approved school for professional nursing, and is currently licensed as a Registered Nurse pursuant to M.G.L. c. 112. Review of the employee file for Nurse #5 indicated the nurse was hired on [DATE] and their Registered Nurse (RN) License expired on [DATE]. The printed License Verification did not include a date the information was obtained. Review of the job description for Nurse #5 indicated the primary purpose of the position was to provide quality nursing care to residents, utilizing the nursing process of assessment, planning intervention, implementation, and evaluation while maintaining all standards of professional nursing. Qualifications included current Massachusetts nursing license as an RN. The surveyor attempted to contact Nurse #5 on [DATE] at 10:35 A.M., with no return call prior to the end of survey. During an interview on [DATE] at 10:36 A.M., the Administrator said Nurse #5 came forward this week to tell management that she did not have an active nursing license. He said the process was for Human Resources to check all licenses prior to hire. He said the Human Resource staff member had been out on leave since [DATE]. During an interview on [DATE] at 10:40 A.M., the Director of Nurses said Nurse #5 was a floor nurse assigned to a medication cart and had been doing direct resident care. Review of the employee time sheet indicated Nurse #5 worked as a floor nurse doing direct resident care on the following days:[DATE] for 8 hours[DATE] for 6 hours[DATE] for 8 hours[DATE] for 8.5 hours[DATE] for 7.75 hours[DATE] for 8.25 hours[DATE] for 9 hours[DATE] for 8 hours[DATE] for 8 hours[DATE] for 9 hours[DATE] for 7.75 hours[DATE] for 9 hours[DATE] for 7.75 hours[DATE] for 7.5 hours[DATE] for 7.75 hours[DATE] for 8.25 hours[DATE] for 8.75 hours[DATE] for 7.75 hours and[DATE] for 8 hours During an interview on [DATE] at 11:22 A.M., a representative from the Massachusetts Bureau of Health Professions Licensure said the RN license for Nurse #5 expired on [DATE] and this was not a retroactive decision, and the license had been expired since that date. During an interview on [DATE] at 11:30 A.M., the Assistant Director of Nurses said Nurse #5 completed her shift on [DATE] (the first day of survey), left the facility and then called her to notify the facility that Nurse #5 did not have an active license. During an interview on [DATE] at 12:16 P.M., the Administrator said the covering Human Resource staff should have checked the RN license for Nurse #5 as part of the hiring process and there is no indication this was done at that time.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observations, interviews, and record review, the facility failed to implement safe smoking strategies for one Resident (#1), out of two sampled residents who smoked cigarettes. Specifically, the facility failed to ensure the safe smoking strategy of wearing a smoking apron (flame-resistant protective garment designed for individuals, often in wheelchairs, to shield themselves and their clothing from hot ashes) was implemented for Resident #1 while smoking. Findings include: Resident #1 was admitted to the facility in May 2019. Review of the Minimum Data Set assessment, dated 2/9/26, indicated Resident #1 scored 12 out of 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident had a moderate cognitive impairment. During an interview on 3/18/26 at 2:10 P.M., Resident #1 said he/she smoked one to two cigarettes per day. The Resident said he/she had not gotten up for the day yet and planned to go to the next smoking break. Review of the Nursing Annual Assessment, dated 3/8/26, indicated Resident #1 wished to smoke cigarettes and lacked adequate judgement toward their ability to smoke safely, with an intervention to wear a smoking apron. Review of a Care Plan for smoking indicated Resident #1 needed to wear an apron while smoking if indicated on the assessment. On 3/18/26 at 4:10 P.M., the surveyor observed Resident #1 outside smoking with supervision from the Housekeeping Supervisor. Resident #1 was not wearing a smoking apron. He/she was observed smoking with their left hand and the cigarette had a long ash, the Resident attempted to flick the ash, but nothing came off. The Resident brought the cigarette with the long ash to their mouth to continue smoking. The Resident moved their left hand with the cigarette to the left of them and the long ash fell off the cigarette to the left of the Resident. During an interview on 3/18/26 at 4:10 P.M., the Housekeeping Supervisor said none of the facility residents who smoke required any safety devices such as aprons. She said Resident #1 did not need a smoking apron. During an interview on 3/19/26 at 1:04 P.M., Resident #1 said he/she was currently waiting to go outside to smoke. The Resident said the staff put a smoking apron on him/her last night. The Resident said the staff would previously put an apron on him/her but had not in a long time until last night at the 6:00 P.M. smoking time. During an interview on 3/19/26 at 1:10 P.M., Unit Manager #1 said Resident #1 should be wearing an apron while smoking and staff should assist the Resident in putting it on. During an interview on 3/19/26 at 2:20 P.M., the Housekeeping Supervisor said after the surveyor inquiry on 3/18/26 she had inquired with the nursing staff if Resident #1 needed to wear an apron while smoking and they had said yes. She said she often supervisors the smoking times for residents and had not been told Resident #1 needed to wear a smoking apron. During an interview on 3/19/26 at 2:28 P.M., the Director of Nurses said changes to smoking safety interventions, such as an apron, are added to the care plans and care cards (used by Certified Nursing Assistants (CNA) to determine care needs). She said the staff who were not CNAs or nurses would need to be told of any changes and there currently was not a process for this.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>Based on observation, interview, and record review, the facility failed to ensure one Resident (#10), out of a total of sample of 19 residents, was provided with a therapeutic diet based on his/her comprehensive assessment and as ordered by the physician. Specifically, the facility failed to ensure he/she was administered the correct enteral feeding (delivering nutrition directly into the gastrointestinal tract for individuals unable to consume enough food by mouth) formula based on their nutritional needs. Findings include: Review of the facility's policy titled Enteral Tube Medication Administration, effective date 6/1/10, indicated but was not limited to: -The facility assures the safe and effective administration of enteral formulas and medications via enteral tubes. -Selection of enteral formulas are based on nursing assessment of the resident's condition, in consultation with the physician, dietitian, and consultant pharmacist. Resident #10 was admitted to the facility in January 2026 with diagnoses including malignant neoplasm of supraglottis (cancerous growth in the upper part of the larynx) and severe protein malnutrition. Review of the Minimum Data Set assessment, dated 1/19/26, indicated Resident #10 was cognitively intact as evidenced by a Brief Interview for Mental Status score of 15 out of 15 and had received 51% or more of nutrition through his/her gastrostomy tube (G-tube, a tube that is placed directly into the stomach through an abdominal wall incision for administration of food, fluids, and medications). During an interview on 3/17/26 at 10:04 A.M., Resident #10 said he/she had a G-tube and had received his/her medications and bolus feeds (administration of a limited volume of enteral formula over brief periods of time) through it. Review of Resident #10's current Physician's Orders indicated but was not limited to: -Formula: Jevity Strength 1.5, Volume to administer: 240 milliliters (ml), five times daily, dated 1/19/26. During an interview with observation on 3/18/26 at 12:04 P.M., the surveyor observed Nurse #3 prepare and administer Jevity 1.2 CAL (calorie dense) 240 ml to Resident #10. Nurse #3 showed the surveyor the container of Jevity 1.2 CAL and said Resident #10 was scheduled for Jevity 1.2 five times a day through his/her G-tube. On 3/19/26 at 8:40 A.M., the surveyor observed Nurse #3 prepare and administer Jevity 1.2 calorie 240 ml to Resident #10 via his/her G-tube. During an interview on 3/19/26 at 8:56 A.M., Nurse #3 reviewed Resident #10's physician's orders. She said Resident #10 was prescribed Jevity 1.5 CAL 240 ml five times daily via G-tube. She said she administered Jevity 1.2 CAL to Resident #10. She checked her medication cart and the medication room on the unit and said there was only Jevity 1.2 CAL on the unit. She said the Jevity 1.2 formula she administered to Resident #10, on 3/18/26 at 12:04 A.M. and 3/19/26 at 8:40 A.M., was the incorrect formula and Jevity 1.5 CAL was not administered to Resident #10. During an interview on 3/19/26 at 9:13 A.M., Unit Manager #2 said enteral feeding formula is ordered to meet the nutritional needs of residents. She said the Registered Dietitian needed to be notified to adjust Resident #10's enteral feeding because of the difference in the formula. She said there was Jevity 1.5 CAL in the facility, but there was only Jevity 1.2 CAL on the unit. During an interview on 3/19/26 at 10:26 A.M., the Registered Dietitian said when a resident is on enteral feeding, the type of formula administered is calculated to their caloric and protein needs. He said if residents receive the incorrect enteral feeding formula, they are at risk for weight loss and dehydration. He said Resident #10 was prescribed Jevity 1.5 CAL per his/her nutritional assessment and what he/she was on prior to admission. He said Jevity 1.2 CAL was not clinically appropriate for Resident #10 and could have been problematic if he/she continued to receive it. He said he was not sure why Jevity 1.2 CAL was even in the facility, but it should not have been.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>Based on interview and personnel record review, the facility failed to ensure the new hire employee records maintained documentation to indicate staff were provided education and offered information on obtaining the 2025-2026 COVID-19 vaccination for two out of five newly hired employees. Findings include: Review of the facility's policy titled COVID-19 Vaccine Requirements Residents and Staff, reviewed in March 2024, indicated the following:-Employees are required to be up to date with COVID-19 vaccine per DPH (Department of Public Health)-{Facility} educates staff about the vaccines, offers, and administers the vaccines, and documents vaccination status according to state and federal guidelines-Personnel declining the vaccine must include a statement certifying he or she received information about the risks and benefits of COVID-19 vaccine Food Service Director #3 was hired on 1/5/26. Review of the employee file failed to indicate the new employee had been offered the most recent COVID-19 vaccination. Nurse #5 was hired on 2/6/26. Review of the employee file failed to indicate the new employee had been offered the most recent COVID-19 vaccination. During an interview on 3/19/26 at 11:40 A.M., the Consultant Staff Development Coordinator indicated there was no information in the employee files regarding Food Service Director #3 or Nurse #5 being educated or offered the COVID-19 vaccination. She said the Infection Control Preventionist was responsible for the staff vaccination process. During an interview on 3/19/26 at 12:26 P.M., the Infection Control Preventionist said the process was for vaccines to be reviewed with new employees during the orientation process. She said for tracking purposes she kept a spreadsheet of staff vaccination status to indicate if they were educated and if they received or declined the vaccine. She said Food Service Director #3 was listed on the spreadsheet, but there was no information regarding the status of vaccines being offered. She said Nurse #5 was not on the spreadsheet. She said she had no information on either employee and could not speak to why the vaccine information was not provided to the employees.</p>		

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<p>F 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>Based on interview and record review, the facility failed to ensure the Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNF ABN/ CMS-10055) was completed and signed to ensure the Resident/Resident Representative was fully informed of the services being discontinued and a determination was made to continue or discontinue services at a skilled level of care for two Residents (#10, #52), out of three sampled residents who received beneficiary notification, as required by Centers for Medicare & Medicaid Services (CMS). Findings include: The SNF ABN (CMS-10055) notice is administered to a Medicare recipient when the facility determines that the beneficiary no longer qualifies for Medicare Part A skilled services and the resident has not used all of the Medicare benefit days for that episode. The SNF ABN provides information to residents/beneficiaries so that they can decide if they wish to continue receiving the skilled services that may not be paid for by Medicare and assume financial responsibility. 1. Resident #10 was admitted to the facility in January 2026, under a skilled level of care. A Notice of Medicare Non-Coverage was issued to Resident #6 indicating the last covered day of skilled Medicare Part A services was 1/19/26. Review of the medical record failed to indicate the SNF ABN (CMS-10055) was completed and signed by Resident #10 and/or his/her resident representative. During an interview on 3/19/26 at 3:33 P.M., Social Worker Consultant #1 and Minimum Data Set (MDS) Nurse #1 reviewed the documentation for Resident #10. Social Worker Consultant #1 said Resident #10 was not given the ABN notice but should have. 2. Resident #52 was admitted to the facility in November 2025, under a skilled level of care. A Notice of Medicare Non-Coverage was issued to the Resident indicating the last covered day of skilled Medicare Part A services was 12/5/25. Review of the medical record failed to indicate the SNF ABN (CMS-10055) was completed and signed by Resident #52 and/or the resident representative. During an interview on 3/18/26 at 4:34 P.M., Social Worker Consultant #1 reviewed the documentation for Resident #52. She said Resident #52 was planning to stay for long-term care and was not given the ABN notice but should have.</p>		