

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER The Windsor Place		STREET ADDRESS, CITY, STATE, ZIP CODE 81 Windsor Boulevard Columbus, MS 39702	

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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41878</p> <p>Based on staff and Resident Representative (RR) interviews, record review, and facility policy review, the facility failed to notify the physician of a significant change in a resident's physical status for one (1) of three (3) residents samples. Resident #1</p> <p>Findings include:</p> <p>Record review of facility policy titled, Change in Resident's Medical Status Policy, with revision date of 4/19, revealed, It is the policy of this facility to notify the resident's physician in any of the following circumstances: . 2. A significant change in resident's physical, mental, or psychosocial status (i.e. [for example], deterioration in health, mental, or psychosocial status in either life-threatening or clinical complications).</p> <p>During a phone interview with Resident #1's RR on 5/16/24 at 9:30 AM, the RR reported the resident had a decrease in blood pressure and had a urinary tract infection. The RR stated she did not feel like the physician was notified regarding these issues.</p> <p>An interview with the Assistant Director of Nursing (ADON) on 5/16/24 at 12:20 PM, revealed Resident #1 had a urine culture obtained on Wednesday, 4/3/24 at 5:05 PM, and the lab had the results available on Friday, 4/5/24 at 9:24 PM. This report was not obtained by the facility until Monday, 4/8/24, at which time the physician was notified, and antibiotics were started for the resident. She confirmed that the facility staff should have contacted the lab to obtain results over the weekend and should have notified the physician.</p> <p>During a phone interview on 5/16/24 at 3:00 PM, the facility's physician confirmed he was not notified of the urine culture results until 4/8/24, when the antibiotics were started. He confirmed timely treatment was needed for resident's well-being.</p> <p>A phone interview on 5/16/24 at 3:45 PM, with the Nurse Practitioner (NP) revealed she was not notified of Resident #1's urine culture results which were available on 4/5/24. She stated notification to the physician and NP allows for timely treatment.</p> <p>An interview with the Administrator on 5/16/24 at 4:00 PM, revealed he was unaware that the staff did not contact the hospital lab to obtain culture results timely. He confirmed the facility failed to notify the physician timely when lab results were ready.</p> <p>(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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the Culture Urine report revealed the specimen was collected on 4/3/24 at 17:05 (5:05 PM). The last result time and date was listed as 4/5/24 at 21:25 (9:25 PM). This report also noted that it was printed by facility staff on 4/8/24 at 7:25 AM, and the Medical Director was notified on 4/8/24 and an order for an antibiotic was given.</p> <p>Record review of Resident #1's Face Sheet, revealed an admitted [DATE]. Diagnoses included Type 2 diabetes mellitus and Cystitis.</p>		