

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365460	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2024
NAME OF PROVIDER OR SUPPLIER Windsor Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1735 Belmont Avenue Youngstown, OH 44504	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>47570</p> <p>Based on record review and staff interview, the facility failed to ensure there was a registered nurse (RN) on duty for at least eight consecutive hours a day and seven days a week as required. This had the potential to affect all 56 residents. The facility census was 56.</p> <p>Findings include:</p> <p>Review of the staff schedule for the week of 12/22/24 to 12/28/24 revealed there was no RN scheduled in the building on 12/22/24, 12/25/24, and 12/28/24.</p> <p>Interview on 12/31/24 at 11:45 A.M. with the Payroll Coordinator (PC) #360 stated an RN was scheduled on 12/22/24 but was pulled to another facility. PC #360 confirmed no RN was scheduled on 12/25/24 or 12/28/24 or present in the facility.</p> <p>Interview on 12/31/24 at 1:00 P.M. with the Director of Nursing (DON) revealed a Licensed Practical Nurse (LPN) was called in to cover the call-off of the RN on 12/22/24, therefore, no RN was in the facility 12/22/24. The DON also verified no RN was scheduled or in the facility on 12/25/24 and 12/28/24.</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