

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Windsor Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 820 Cottage Street NE Salem, OR 97301	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on interview and record review it was determined the facility failed to follow physician orders for 2 of 3 sampled residents (#s 10 and 11) reviewed for physician orders. This placed residents at risk for a delay in treatment and adverse medication side effects. Findings include:</p> <p>1. Resident 10 admitted to the facility in 2/2017, with diagnoses including peripheral vascular disease.</p> <p>Resident 10's 9/10/24 Physician Order revealed an order for a right hand x-ray.</p> <p>Resident 10's 10/8/24 Physician Assistant Encounter Note indicated her/his 9/10/24 x-ray was negative for a fracture. Resident 10 continued to have pain and limited range of motion. Repeat x-rays were ordered on 9/18/24 and 9/24/24, but were not completed.</p> <p>Resident 10's 10/10/24 Hospital Records revealed a right wrist fracture.</p> <p>On 7/2/25 at 9:50 AM, Staff 1 (Resident Care Manager) acknowledged the facility did not obtain Resident 10's right hand x-ray per physician orders on 9/8/24 and 9/24/24.</p> <p>2. Resident 11 admitted to the facility in 9/2024, with diagnoses including kidney failure.</p> <p>Resident 11's 9/29/24 Physician Order included an order for hydrocodone/acetaminophen (a narcotic pain medication) 5-325 mg TID PRN.</p> <p>Resident 11's 10/2024 MAR indicated her/his hydrocodone/acetaminophen 5-325 mg order was started on 10/3/24 and administered TID (scheduled).</p> <p>Resident 11's 10/15/24 Provider Note revealed the resident's original hydrocodone/acetaminophen order was transcribed incorrectly as TID instead of TID PRN and may have contributed to the resident's increased confusion.</p> <p>Staff 3 was unavailable to interview.</p> <p>On 7/2/25 at 9:25 AM, Staff 1 (Resident Care Manager) acknowledged the hydrocodone/acetaminophen was started four days after the facility received the signed order, and the medication was administered incorrectly from 10/3/24 through 10/9/24.</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
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