

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 03/14/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47001</p> <p>Based on interview and record review it was determined the facility failed to include residents in the development of the comprehensive care plan for 3 of 4 sampled residents (#s 15, 32, and 42) reviewed for care planning. This placed resident at risk for lack of a comprehensive care plan. Findings include:</p> <p>1. Resident 15 was admitted to the facility on [DATE] with diagnoses including diabetes.</p> <p>A review of Resident 15's medical record revealed there was a care conference completed with Resident 15 on 1/31/25.</p> <p>On 3/10/25 at 9:48 AM Resident 15 stated no one discussed medication or treatment changes with her/him and she/he did not have a care planning meeting.</p> <p>On 3/12/25 at 10:10 AM Staff 16 (Interim Social Services) stated she completed a 72 hour care meeting with residents on admission, but the facility did not do a care planning meeting with residents after the initial comprehensive MDS was completed.</p> <p>On 3/14/25 at 9:25 AM Staff 17 (Interim MDS Coordinator) stated she assisted in development of the comprehensive care plan, however her only involvement with the resident was to ask about pain, otherwise she did not involve the residents in development of the comprehensive care plan.</p> <p>On 3/14/24 at 9:59 AM Staff 2 (DNS) stated she updated the care plan as needed but MDS staff were responsible for updating the care plan after the comprehensive MDS was completed. Staff 2 stated she reviewed the care plan with the resident during care planning meetings. Staff 2 stated the facility did not involve the resident in the development of the comprehensive care plan.</p> <p>42270</p> <p>2. Resident 32 admitted to the facility on [DATE] with diagnoses including diabetes.</p> <p>A review a Resident 32's medical record revealed there was a care conference completed with Resident 32 on 1/31/25.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/10/25 at 1:55 PM Resident 32 stated she/he did not have a care planning meeting, did not receive a copy of her/his care plan, and was notified the facility would decide when she/he discharged without her/his involvement.</p> <p>On 3/12/25 at 10:10 AM Staff 16 (Interim Social Services) stated she completed a 72 hour care meeting with residents on admission, but the facility did not do a care planning meeting with residents after the initial comprehensive MDS was completed.</p> <p>On 3/14/25 at 9:25 AM Staff 17 (Interim MDS Coordinator) stated she assisted in development of the comprehensive care plan, however her only involvement with the resident was to ask about pain, otherwise she did not involve the residents in development of the comprehensive care plan.</p> <p>On 3/14/24 at 9:59 AM Staff 2 (DNS) stated she updated the care plan as needed but MDS staff were responsible for updating the care plan after the comprehensive MDS was completed. Staff 2 stated she reviewed the care plan with the resident during care planning meetings. Staff 2 stated the facility did not currently involve residents in the development of the comprehensive care plan.</p> <p>3. Resident 42 readmitted to the facility on [DATE] with diagnoses including hip fracture.</p> <p>A review a Resident 42's medical record revealed there was a care conference completed with Resident 34 on 2/13/25.</p> <p>On 3/10/25 at 2:09 PM Resident 42 stated she/he did not have a care planning meeting and did not receive a copy of her/his care plan.</p> <p>On 3/12/25 at 10:10 AM Staff 16 (Interim Social Services) stated she completed a 72 hour care meeting with residents on admission, but the facility did not do a care planning meeting with residents after the initial comprehensive MDS was completed.</p> <p>On 3/14/25 at 9:25 AM Staff 17 (Interim MDS Coordinator) stated she assisted in development of the comprehensive care plan, however her only involvement with the resident was to ask about pain, otherwise she did not involve the residents in development of the comprehensive care plan.</p> <p>On 3/14/24 at 9:59 AM Staff 2 (DNS) stated she updated the care plan as needed but MDS staff were responsible for updating the care plan after the comprehensive MDS was completed. Staff 2 stated she reviewed the care plan with the resident during care planning meetings. Staff 2 stated the facility did not currently involve the resident in the development of the comprehensive care plan.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>42270</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure residents were assessed for removal of the a catheter for 1 of 1 sampled resident (#42) reviewed for urinary catheter. This placed residents at risk for increased infections. Findings include:</p> <p>Resident 42 admitted to the facility in 2/2025 with diagnoses including hip fracture.</p> <p>A 2/6/25 Hospital Discharge Order for Resident 42 revealed she/he had a urinary catheter in place and included orders for the facility to attempt removal of the catheter one week from the date of discharge from the hospital.</p> <p>A 2/7/25 Progress Note from Resident 42's provider revealed she/he had an indwelling foley catheter in place, a trial of voiding was to be attempted when the acute symptoms improved, and the facility was to refer Resident 42 to an outpatient urologist for further evaluation and recommendations.</p> <p>A review of the medical record revealed no documentation a urology referral was made or attempted and no documentation of an attempt to remove Resident 42's catheter.</p> <p>On 3/10/25 at 2:11 PM Resident 42 was observed to have a catheter in place and stated she/he did not know if there was a plan to remove it.</p> <p>On 3/13/25 at 10:11 AM Staff 3 (LPN Resident Care Manager) stated Resident 42's catheter was placed due to urinary retention. Staff 3 reviewed the 2/7/25 progress note and hospital discharge order and confirmed the facility was to attempt to remove the catheter and was to make a referral for Resident 42 to see a urologist. Staff 3 stated she was unaware of the ordered follow up and confirmed the facility did not attempt to remove the catheter and did not attempt to make a urology appointment for Resident 42.</p>

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>47001</p> <p>Based on observation, interview, and record review the facility failed to complete IV dressing changes for 1 of 1 resident (#39) reviewed for antibiotics. This placed residents at risk for IV site infections. Findings include:</p> <p>Resident 39 was admitted to the facility in 1/2025 with diagnoses including an abscess (a pocket of pus that forms when the body is fighting off an infection) of the abdominal wall.</p> <p>A review of Resident 39's Physician Orders revealed a 3/6/25 order for zoxyn (an IV antibiotic) every 6 hours.</p> <p>A review of Resident 39's Physician Orders revealed an unscheduled order for PICC line (a central IV line inserted peripherally) care per protocol and next change was due 1/27/25.</p> <p>On 3/14/25 at 9:28 AM Staff 13 (LPN) stated she did not change Resident 39's PICC dressing, as it did not come up on the MAR to change the dressing. Staff 13 stated she did not know how often PICC dressings were to be changed.</p> <p>On 3/14/25 at 10:51 AM Staff 3 (LPN Resident Care Manager) stated PICC dressing changes were to be done weekly and as needed. Staff 3 stated she could not find when Resident 39's PICC dressing was changed last.</p> <p>On 3/14/24 at 11:40 AM Resident 39's PICC dressing was observed with Staff 3, the date on the dressing was 3/4/25. Staff 3 stated Resident 39's dressing change needed to be changed on 3/11/25.</p>

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>50928</p> <p>Based on interview and record review it was determined the facility failed to ensure CNA staff annual performance reviews were completed for 2 of 5 sampled CNA staff (#s 9 and 12) reviewed for sufficient and competent nurse staffing. This placed residents at risk for a lack of competent staff. Findings include:</p> <p>A review of personnel records on 3/14/25 indicated the following employees had not received their annual performance evaluations:</p> <ul style="list-style-type: none"> -Staff 9 (CNA), hired dated was 12/5/22 and the last performance review was completed on 1/10/24. -Staff 12 (CNA), hired date was 5/26/16 and the last performance review was completed on 6/8/23. <p>On 3/14/25 at 10:23 AM PM Staff 2 (Director of Nursing) confirmed annual performance reviews were not completed for Staff 9 and Staff 12.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>42270</p> <p>Based on interview and record review it was determined the facility failed to ensure psychotropic medications were decreased as ordered 1 of 5 sampled residents (#2) reviewed for medications. This placed residents at risk for unnecessary psychotropic medications. Findings include:</p> <p>Resident 2 admitted to the facility in 7/2024 with diagnoses including diabetes.</p> <p>A review of Resident 2's physician orders revealed a 9/26/24 order to for Trazodone 150 mg; this order was discontinued on 12/31/24.</p> <p>A 10/21/24 Note to Attending Physician/Prescriber recommended the facility reduce Resident 2's Trazodone 150 mg dose to Trazodone 100 mg. The provider responded on 11/5/24 with an order to reduce Resident 2's Trazodone to 100 mg.</p> <p>A review of the physician orders revealed the facility failed to implement the order for Resident 2 until 1/1/25.</p> <p>On 3/12/25 at 4:00 PM Staff 2 (DNS) reviewed the 10/21/24 Note to Attending Physician/Prescriber and confirmed the order to reduce Resident 2's Trazodone to 100 mg was not implemented until 1/1/25.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41453</p> <p>Based on observation and interview it was determined the facility failed to ensure medication rooms were free of expired biologicals for 1 of 2 sampled medication rooms reviewed for medication storage. This placed residents at risk for diminished treatment efficacy. Findings include:</p> <p>On 3/14/25 at 9:09 AM two medications were observed to be expired in medication storage room [ROOM NUMBER]. The expired medications included healthy eyes(Leutin), and terbinafine (antifungal medication).</p> <p>On 03/14/25 at 9:09 AM Staff 13 (LPN) confirmed Terbinafine x 3 and Healthy eyes w/ [NAME] were expired and should not be given to residents.</p> <p>On 3/14/25 at 9:38 AM Staff 2 (DNS) confirmed the medication was expired and was not to be given to residents.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42270</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure kitchen staff wore appropriate hair restraints during meal preparation for 1 of 1 facility kitchen reviewed for sanitation. This placed residents at risk for unsanitary foods. Findings include</p> <p>Review of the US FDA Food Code 2022 revealed:</p> <p>-food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food.</p> <p>On 3/12/25 at 11:43 AM Staff 18 (Cook) was observed plating meals without wearing a hair restraint. Staff 4 (Dietary Manager) was asked what the expectation was for hair restraints during tray line meal service and she stated Staff 18's hair was less than a half inch so there was no requirement to wear a hair restraint. The facility policy for hair restraints was requested.</p> <p>On 3/12/25 at 1:41 PM Staff 4 stated she reviewed food code and confirmed staff with hair of any length were to have a hair restraint in place.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47001</p> <p>Based on observation, interview and record review it was determined the facility failed to follow infection control practices for wound care for 1 of 2 sampled residents (#6) reviewed for pressure ulcers. This placed residents at risk for wound infections. Findings include:</p> <p>Resident 6 was admitted to the facility in 2/2017 with diagnoses including diabetes.</p> <p>A review of Resident 6's Physician Orders revealed a 3/5/25 order for wound care to Resident 6's buttocks.</p> <p>On 3/11/25 at 11:00 AM Resident 6's dressing change to her/his buttocks wound was observed with Staff 14 (LPN). Staff 14 completed hand hygiene, donned gloves, cleaned the wound, removed contaminated gloves, applied new gloves without completing hand hygiene first, applied medihoney (an ointment for wound healing), applied a clean dressing, removed gloves, and then completed hand hygiene.</p> <p>On 3/11/25 at 11:09 AM Staff 14 acknowledged she did not complete hand hygiene when she changed her gloves during wound care. Staff 14 stated she completed hand hygiene at the beginning and end of a dressing change.</p> <p>On 3/11/25 at 11:20 AM Staff 5 (LPN Infection Preventionist) stated staff were to complete hand hygiene every time they remove their gloves.</p> <p>On 3/14/25 at 12:51 PM Staff 2 (DNS) stated staff were expected to sanitize their hands between changing gloves and education was started.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>42270</p> <p>Based on interview and record review it was determined the facility failed to ensure residents were offered pneumonia vaccines for 1 of 5 sampled residents (#10) reviewed for vaccinations. This placed residents at increased risk for pneumonia. Findings include:</p> <p>Resident 10 admitted to the facility in 12/2024 with diagnoses including hypertension.</p> <p>A review of Resident 10's medical record revealed she/he was eligible for, but was not offered, a pneumonia vaccine.</p> <p>On 3/13/25 at 11:11 AM Staff 2 (DNS) was asked to review Resident 10's pneumonia vaccine. Staff 2 reviewed the medical record and stated there was no indication the pneumonia vaccine was administered prior to admission or offered after admission to the facility.</p>