

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/28/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495402	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/15/2018
NAME OF PROVIDER OR SUPPLIER WINDSORMEADE OF WILLIAMSBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 3900 WINDSOR HALL DRIVE WILLIAMSBURG, VA 23188	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)	F 760		3/14/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/05/2018

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.

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F 760	<p>Continued From page 1</p> <p>For Resident #4, facility staff were observed to crush and administer extended release potassium.</p> <p>The findings included:</p> <p>Resident #4, an 85 year old, was admitted to the facility on 12/22/17. Diagnoses included hypertension, rheumatoid arthritis, depression, breast cancer, reflux, insomnia and hyperlipidemia.</p> <p>The most recent Minimum Data Set assessment was a 14 day assessment with an assessment reference date of 1/5/18. She was coded to have a Brief Interview of Mental Status score of 15 indicating no cognitive impairment. She required extensive assistance with activities of daily living.</p> <p>On 2/14/18 at 7:10 a.m., Registered Nurse A (RN A) was observed to prepare Resident #4's medication as part of the medication pour and pass observation. During the observation, RN A was observed to crush the potassium chloride extended release 20 milliequivalent pill she prepared for Resident #4. Resident #4 was observed to ingest the crushed pill in vanilla pudding.</p> <p>Resident #4 had a physician order dated 2/10/18 for "Potassium Chloride ER (extended release) tablet Extended Release 20 MEQ (milliequivalent) Give 1 tablet by mouth one time a day for supplement."</p> <p>The medication reference book "Drug Handbook Nursing 2018" was available on the medication cart. Page 1234 in the book provided reference for "potassium chloride." Under the</p>	F 760	<p>recommendations.</p> <p>2. Director of Nursing will audit all current resident records and identify any resident receiving crushed medications. Pharmacist will review the medications of all identified residents and recommendations for change will be communicated to physician and resident/representative and noted in medical record by 3/7/18.</p> <p>3. Director of Nursing and Pharmacist will review and revise Medication Administration Policy by 3/5/18, particularly as it relates to crushing guidelines. An inservice related to Crushing guidelines will be developed and reviewed with each licensed nurse as well as a review of Medication Administration Policy by 3/14/18.</p> <p>4. Director of Nursing will complete a Med Pass Observation monthly for all residents receiving crushed medications beginning in March for 90 days. Immediate corrective action will take place if concerns noted during observation. Results of Observations will be shared at QAPI meeting and further education provided as needed. Pharmacist will also complete a Med Pass Observation quarterly x 2 for all residents receiving crushed medications and results will be shared with Director of Nursing.</p> <p>5. Corrective action for all items noted above will be completed by 3/14/18 and will be on-going.</p>		

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F 760	Continued From page 2 "Administration" section read "Don't crush controlled- release or extended-release forms." On 2/14/18 at 9:25 a.m., the issue was reviewed with RN A. She stated that crushing Resident #4's medications was new as of a few weeks ago. She stated that she broke the potassium pill in half for Resident #4 prior to the crush order because Resident #4 could not swallow the large pill. The Director of Nursing was notified of the issue on 2/14/18 at 10:45 a.m.	F 760			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, and staff interview, the	F 812	1. The delivery personnel were made	3/14/18	

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F 812	<p>Continued From page 3</p> <p>facility staff failed to store and prepare food in a sanitary manner.</p> <p>The facility staff failed to ensure hair restraints were worn in the kitchen, failed to have an air gap in drains for the refrigerator, and kitchen ice machine.</p> <p>The findings included:</p> <p>On 2-13-18 at 11:00 a.m. a tour of the kitchen was conducted with the Dining Services Director (Admin-C). Upon entering the kitchen, 2 male food vendor (name) delivery personnel were repeatedly entering the "walk-in" refrigerator and freezer unpacking food items. The Refrigerator and freezer held open trays of prepared food, fresh vegetables, shell eggs, etc, and the vendors wore no hair coverings.</p> <p>The tour continued throughout the kitchen, and a refrigerator filled with uncovered fresh vegetables was observed. Beside the refrigerator was the main kitchen ice machine. Both appliances had white plastic (PVC) pipe drains terminating inside the floor drain with no air gap between the floor sewer drain and the appliance drains allowing for possible waste backflow to occur.</p> <p>On the initial tour, an interview was conducted with the Admin-C. When asked what the expectation was regarding hair restraints, Admin-C stated "I expect everyone to have hairnets on." Admin C then told the vendors to leave the delivery in the hall, and staff would finish putting away the delivery.</p> <p>The Administrator and Director of Nursing were informed of the findings on 2-14-18 at the end of</p>	F 812	<p>aware of violation immediately and asked to leave the area. The refrigerator and ice machine drains were corrected immediately.</p> <p>2. Director of Dining visually inspected all drains in Hadley and Main Kitchen areas and submitted work orders to address all items of concern by 2/15/18.</p> <p>3. Director of Dining will notify all vendors in writing of expectations related to entering kitchen areas with hairnet on by 3/9/18. Director of Dining will educate all team members entering kitchen areas about regulations related to hairnets/beard nets by 3/12/18.</p> <p>Director of Environmental Services will review and revise Preventative maintenance checklist/audit tools by 3/9/18 to include observations of all kitchen drain areas monthly to ensure compliance. Director of Dining and Director of Environmental Services will educate all team members working in kitchen area and/or performing inspections of regulations related to air gaps in drains by 3/12/18.</p> <p>4. Executive Chef and Dietitian will randomly audit the Hadley and Main Kitchen areas weekly beginning 3/5/18, for 12 weeks, to ensure compliance with hair/beard net use. Any concerns identified during audits will be corrected immediately and results of audits will be shared at QAPI meeting.</p>		

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F 812	Continued From page 4 day meeting. No further information was provided by the facility staff.	F 812	Executive Chef and Director of Environmental Services will randomly audit the Hadley and Main Kitchen areas weekly beginning 3/5/18, for 12 weeks, to ensure compliance with air gap drain clearance. Any concerns identified will be corrected immediately and results of audits will be shared at QAPI meeting. 5. Corrective action for all items noted above will be completed by 3/14/18 and will be on-going.	