

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0399	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/15/2018
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NAME OF PROVIDER OR SUPPLIER WINDSORMEADE OF WILLIAMSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 3900 WINDSOR HALL DRIVE WILLIAMSBURG, VA 23188
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(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) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced Medicare/Medicaid standard and biennial State Licensure survey was conducted 2/13/2018 through 2/15/2018. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. No complaints were investigated during the survey.</p> <p>The census in this 12 certified bed facility was 7 at the time of the survey. The survey sample consisted of 7 current Resident reviews (Residents #1, # 3, # 4, # 5, # 6, # 7, and # 258) and 3 closed record reviews (Residents # 8, # 9 and #10).</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12 VAC 5-371-340 (A). Please Cross-Reference to F-812.</p> <p>12 VAC 5-371-220 (B). Please Cross-Reference to F-760.</p>	F 001	<p>1. Resident #4 medication order related to Potassium was changed to a Potassium pack on 2/15/18. Pharmacist reviewed all current medication orders for Resident #4 on 2/27/18 with education provided to facility on further crushing 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>	3/14/18

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

TITLE

(X6) DATE

Electronically Signed

03/22/18

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F 001	Continued From page 1	F 001	<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> <p>1. The delivery personnel were made 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>	

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F 001	Continued From page 2	F 001	<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> <p>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.</p> <p>5. Corrective action for all items noted above will be completed by 3/14/18 and</p>	

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F 001	Continued From page 3	F 001	will be on-going.	