PRINTED: 05/04/2023 FORM APPROVED

State of Virginia

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	IED		
		VA0399	B. WING		04/06/2023			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	ATE, ZIP CODE				
WINDSOR	WINDSORMEADE OF WILLIAMSBURG 3900 WINDSOR HALL DRIVE WILLIAMSBURG, VA 23188							
(VA) ID	SLIMMARY ST		· ·	PROVIDER'S PLAN OF CORRECTION	N	(VE)		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	D BE COMPLETE			
F 000	Initial Comments		F 000					
	The facility was not in Virginia Rules and Roof Nursing Facilities. The census in this 22	ucted 4/4/23 through 4/6/23. In compliance with the egulations for the Licensure I licensed bed facility was 19 wey. The survey sample						
F 001	Non Compliance		F 001			5/12/23		
	The facility was out o following state licens	f compliance with the ure requirements:						
	This RULE: is not more 12VAC5-371-340(A). F812.	et as evidenced by: Please cross reference to		F812 Food procurement, Store/Prepare/Serve-Sanitary				
	12VAC5-371-110(J). F883.	Please cross reference to		1. Food items including salads, cottage cheese, cole slaw, and apple pie were found to be not labeled and/or dated a use-by-date and a metal baking par loaf pan had dried food particles on the inside and outside of the pans. These items were corrected immediately who found.	e with n and ne			
				2. All residents have the potential to be affected by improperly stored food itel and unsanitary dishes. A 100% audit conducted of the refrigerators, dry storage, and dish storage for the kitch	ms was			
				The facility policies titled Storage or Refrigerated Foods and Temperature will be reviewed and revised if necess to meet the regulations. The dietary to the regulations.	Log sary			

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

TITLE

(X6) DATE

Electronically Signed

04/21/23

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		VA0399	B. WING		04/06/2023		
NAME OF PROVIDER OR SUPPLIER STREET ADDRI WINDSORMEADE OF WILLIAMSBURG 3900 WINDS				DRESS, CITY, STATE, ZIP CODE DSOR HALL DRIVE BURG, VA 23188			
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F 001	Continued From page	1	F 001	members will be re-educated on the pand procedures. 4. Administrator, Household Leader at designee will perform daily audits for adays and then weekly audits ongoing otherwise determined by the QAPI tea. All concerns will be corrected immediand team members will be further educated/disciplined as necessary. A audit results will be reported quarterly through the QAPI process. 5. The corrective actions will be company by 5/12/2023. F883 Influenza and Pneumococca Immunizations 1. 2 residents, #13 and #120, were identified as not receiving an influenza vaccination. The vaccine had been offered and declined by the 2 resident however, facility failed to document education on risks/benefits of vaccina The vaccine is not able to be given at time, as it is out of the designated influenza season from October-March 2. All residents residing in the facility household have the potential to be affected by not having received or not having appropriate documentation of education regarding the influenza vaccination. 3. The facility policy for Influenza vaccinil be reviewed for compliance to	nd/or 30 until am. ately, I leted ts, tion. this		

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		VA0399	B. WING		04/06/2023		
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3900 WINDSOR HALL DRIVE WILLIAMSBURG, VA 23188						
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F 001	Continued From page	• 2	F 001	regulations and updated as necessar. The facility nurses will be re-educated the revised policy and any changes meto appropriately educate and docume vaccination status of residents going forward. Vaccination fact sheets will be provided to residents/resident representatives on admission to the community to ensure appropriate education has been provided if they method already received the annual vaccination. Residents/RR will be ask complete a declination form if they chated to decline after being educated. Facility nurses will document the education a resident decision to receive the vaccination or decline the vaccine. 4. During designated influenza seaso beginning in October, a 100% audit of existing residents and new admission be completed to ensure that education has been provided and vaccination has been offered. Medical records will be reviewed for each resident to ensure immunizations were administered and documented and/or declination forms were signed by resident or resident representative. DON, Infection Preventionist, and/or designee will maintain the vaccination audit tool an update weekly during influenza seaso Audit data will be reviewed quarterly in QAPI meetings. 5. The policy updates and re-education be completed by 5/12/23. The audit we ongoing beginning in October annually ongoing b	d on nade nt e ave ed to oose ty nd es will n es that d en e ave ed to oose that d en e e e e e e e e e e e e e e e e e		