

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

PRINTED: 05/04/2023
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 04/06/2023
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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E 000	Initial Comments	E 000			
	An unannounced Emergency Preparedness survey was conducted 4/4/23 through 4/6/23. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.				
F 000	INITIAL COMMENTS	F 000			
	An unannounced Medicare standard survey was conducted 4/4/23 through 4/6/23. 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.				
F 812	The census in this 22 certified bed facility was 19 at the time of the survey. The survey sample consisted of 17 resident reviews.	F 812			
SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)				5/12/23
	§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				

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

TITLE

(X6) DATE

Electronically Signed

04/21/2023

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 812	<p>Continued From page 1</p> <p>serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of facility policy, the facility failed to ensure foods stored in the refrigerator were labeled and dated when opened. They also failed to make sure pans were clean when they came out of the dishwasher before stacking them.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Storage of Refrigerated Foods," dated 04/01/22, stated "All prepared food that is leftover, should be labeled, dated, and used within three days. All raw food items should be labeled, dated, and used within six days."</p> <p>Review of the facility's policy titled, "Temperature Log," dated 04/01/22, stated "All food preparation equipment, dishes, and silverware, should be effectively sanitized and cleaned to destroy potential disease."</p> <p>On 04/04/23 at 10:30 AM, the following observations in the kitchen were made with and verified by Employee E.</p> <p>1. The refrigerator contained four salads, six bowls of cottage cheese, six bowls of coleslaw, and six pieces of apple pie that were not labeled and/or dated with a use-by-date.</p> <p>2. The dry storage shelf contained a metal baking pan and a loaf pan that had dried food particles on the inside and outside of the pans.</p>	F 812	<p>1. Food items including salads, cottage cheese, cole slaw, and apple pie were found to be not labeled and/or dated with a use-by-date and a metal baking pan and loaf pan had dried food particles on the inside and outside of the pans. These items were corrected immediately when found.</p> <p>2. All residents have the potential to be affected by improperly stored food items and unsanitary dishes. A 100% audit was conducted of the refrigerators, dry storage, and dish storage for the kitchen.</p> <p>3. The facility policies titled Storage of Refrigerated Foods and Temperature Log will be reviewed and revised if necessary to meet the regulations. The dietary team members will be re-educated on the policy and procedures.</p> <p>4. Administrator, Household Leader and/or designee will perform daily audits for 30 days and then weekly audits ongoing until otherwise determined by the QAPI team. All concerns will be corrected immediately, and team members will be further educated/disciplined as necessary. All audit results will be reported quarterly through the QAPI process.</p> <p>5. The corrective actions will be completed by 5/12/2023.</p>		

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F 812	Continued From page 2 An interview with Employee E on 04/04/23 at 10:47 AM revealed, "That all food in the refrigerator should be labeled and dated. These items were dated labeled or dated."	F 812			
F 883 SS=D	An interview with the Director of Nursing on 04/06/23 at 10:52 AM revealed, "All food items should be labeled and dated. The kitchen staff should be checking for visible signs that pans are washed correctly before storing for future use." Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or	F 883		5/12/23	

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F 883	<p>Continued From page 3 refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review, staff interview and facility documentation review, the facility staff failed to provide education and/or offer influenza vaccination for 2 residents, Resident #13 and Resident #120, in a survey sample of 5 residents reviewed for influenza immunization.</p> <p>The findings included:</p> <p>The facility staff failed to provide education to</p>	F 883	<p>1. 2 residents, #13 and #120, were identified as not receiving an influenza vaccination. The vaccine had been offered and declined by the 2 residents, however, facility failed to document education on risks/benefits of vaccination. The vaccine is not able to be given at this time, as it is out of the designated influenza season from October-March.</p>		

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F 883	<p>Continued From page 4</p> <p>Resident #13 and Resident #120.</p> <p>On 4/5/23, clinical record review was performed for Resident #13 and Resident #120. For both residents, a progress note read that the resident had refused a flu vaccine. There was no documentation which noted that either resident or their representatives had received education to consider the risks and benefits of influenza immunization.</p> <p>On 4/5/23, an interview was conducted with the Director of Nursing (DON) and the Infection Preventionist (IP) who confirmed the findings. The IP stated that it is expected, upon refusal of any immunization, for residents and/or their responsible parties to be provided with education and handouts in order to consider the risks and benefits of vaccination.</p> <p>Review of the facility policy revised 4/1/23 and entitled, "Influenza and Pneumonia Vaccine", subheading "Procedure", item #1A read: "...Residents and/or their POA's will be educated on the vaccination risks and benefits...".</p> <p>No further information was provided.</p>	F 883	<p>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.</p> <p>3. The facility policy for Influenza vaccine will be reviewed for compliance to regulations and updated as necessary. The facility nurses will be re-educated on the revised policy and any changes made to appropriately educate and document 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 have not already received the annual vaccination. Residents/RR will be asked to complete a declination form if they choose to decline after being educated. Facility nurses will document the education and resident decision to receive the vaccination or decline the vaccine.</p> <p>4. During designated influenza season, beginning in October, a 100% audit of all existing residents and new admissions will be completed to ensure that education has been provided and vaccination has been offered. Medical records will be reviewed for each resident to ensure that immunizations were administered and documented and/or declination forms were signed by resident or resident representative. DON, Infection Preventionist, and/or designee will</p>		

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F 883	Continued From page 5	F 883	maintain the vaccination audit tool and update weekly during influenza season. Audit data will be reviewed quarterly in QAPI meetings.		
F 887 SS=D	COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii) §483.80(d) (3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following: (i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine; (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects associated with the COVID-19 vaccine, before requesting consent for administration of any	F 887	5. The policy updates and re-education will be completed by 5/12/23. The audit will be ongoing beginning in October annually.	5/12/23	

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F 887	<p>Continued From page 6</p> <p>additional doses;</p> <p>(v) The resident, resident representative, or staff member has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision;</p> <p>(vi) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and</p> <p>(B) Each dose of COVID-19 vaccine administered to the resident; or</p> <p>(C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal; and</p> <p>(vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following:</p> <p>(A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine;</p> <p>(B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and</p> <p>(C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff record review, staff interview and facility documentation review, the facility staff failed to offer and/or provide up to date COVID-19 immunization for 1 resident, Resident #120, in a survey sample of 5 residents reviewed for COVID-19 vaccination.</p> <p>The findings include:</p>	F 887	<p>1. 1 resident, #120, was identified as not being offered a COVID-19 bivalent booster vaccine. Resident #120 was educated and offered the COVID-19 bivalent booster. Resident continued to decline the vaccination. This was documented in the resident's medical record.</p>		

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F 887	<p>Continued From page 7</p> <p>The facility staff failed to offer and/or provide a COVID-19 bivalent booster vaccine for Resident #120.</p> <p>On 4/5/23, a clinical record review was performed and revealed that Resident #120 completed a primary COVID-19 vaccine series on 2/17/21 and a monovalent booster on 10/13/21 but had not received a bivalent booster dose.</p> <p>On 4/5/23, an interview was conducted with the Facility Administrator and the Infection Preventionist (IP), both of whom confirmed the facility policies and procedures follow CDC (Centers for Disease Control and Prevention) guidance and recommendations for resident COVID-19 immunization. The IP did not verbalize any concern with the facility's ability to provide COVID immunizations to residents. The facility COVID vaccination policy was requested and received.</p> <p>Review of the facility's policy titled, "COVID-19 Immunizations", subheading "Policy", read, "It is the policy of [name redacted] to provide its team members and residents with a safe and healthy environment. This will be accomplished, to the extent possible, by offering the COVID-19 Immunization to all team members and residents and providing education regarding the benefits and risks and potential side effects associated with the vaccine".</p> <p>The CDC (Centers for Disease Control and Prevention) document titled, "Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States", updated March 16, 2023, page 3, "Recommendations for COVID-19 vaccine use",</p>	F 887	<p>2. All residents have the potential to be affected. A 100% audit of all residents COVID-19 vaccinations will be completed.</p> <p>3. Any resident who has not received a bivalent booster will be educated on the vaccine and offered the updated COVID-19 vaccine. Any resident who declines will sign a declination form indicating they understand risks vs. benefits of receiving the updated booster. The facility policy on COVID-19 vaccinations will be reviewed and updated as necessary. Facility nurses will be re-educated on policies and procedures regarding COVID-19 immunizations.</p> <p>4. A weekly audit will be completed for all new admissions regarding COVID-19 vaccinations, and any resident who is not up to date will be educated and offered the COVID-19 vaccination. This audit will be ongoing and reported quarterly in QAPI meetings.</p> <p>5. The corrective actions will be completed by 5/12/2023.</p>		

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F 887	<p>Continued From page 8</p> <p>subtitle, "Booster vaccination", read, "People ages 6 months and older are recommended to receive 1 bivalent mRNA booster dose after completion of any FDA-approved or FDA-authorized primary series or previously received monovalent booster dose(s)".</p> <p>The CDC (Centers for Disease Control and Prevention) document titled, "Stay Up to Date with COVID-19 Vaccines Including Boosters", updated March 2, 2023, page 2, "COVID-19 Boosters", subtitle, "Updated Boosters", read, "The updated boosters are called 'updated' because they protect against both the original virus that causes COVID-19 and the Omicron variant BA.4 and BA.5...Updated COVID-19 boosters became available on: September 2, 2022, for people aged 12 years and older... You are up to date with your COVID-19 vaccines when you have completed a COVID-19 vaccine primary series and got the most recent booster dose".</p> <p>The CDC (Centers for Disease Control and Prevention) document titled, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic", updated September 23, 2022, page 2, item 1, read, "1. Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic...Encourage everyone to remain up to date with all recommended COVID-19 vaccine doses...HCP [Healthcare Personnel], patients, and visitors should be offered resources and counseled about the importance of receiving the COVID-19 vaccine".</p> <p>On 4/5/23, an interview was conducted with the</p>	F 887			

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F 887	Continued From page 9 Director of Nursing (DON) and the Infection Preventionist (IP) who confirmed the findings for Resident #120. The IP stated that it is expected for all residents to be provided the opportunity to be up to date with COVID-19 immunizations, including the bivalent COVID booster. No further information was provided.	F 887			