

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 08/27/2020
NAME OF PROVIDER OF SUPPLIER WINDSOR HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0655 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review it was determined the facility failed to accurately complete a Baseline Care Plan for 1 of 3 sampled residents (#1) reviewed for infection control. This placed residents and staff at risk for potential COVID-19 exposure. Findings include: Resident 1 admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Observations on 8/25/20 and 8/26/20 revealed Resident 1 resided in the isolation hall for all newly admitted residents and was on special droplet/contact transmission-based precautions. A review of Resident 1's Baseline Care Plan did not indicate Resident 1 was on transmission-based precautions. On 8/25/20 at 9:38 AM and 8/26/20 at 9:12 AM Staff 2 (Interim DNS) stated Resident 1 was on transmission-based precautions for being a new admission and developed signs of COVID-19 the previous night including a fever and sore throat. Staff 2 verified Resident 1's Baseline Care Plan did not indicate Resident 1 was on transmission-based precautions.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.