

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>55113</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/14/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WINDSOR WOODS REHAB AND HEALTHCARE CENT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13719 DALLAS DR HUDSON, FL 34667</b>
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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
N 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced COVID-19 Focused Control Survey, in conjunction with a third revisit to a complaint survey for complaint number 2020002070 and a COVID-19 Focused Control survey (Event ID #4QYZ14), was conducted at Windsor Woods Rehabilitation and Healthcare Center on . Previously cited deficiencies were corrected, and no new deficiencies were found at the time of survey.</p>	N 000		

AHCA Form 3020-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X8) DATE \_\_\_\_\_/20

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

PRINTED: 11/10/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105568</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/14/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WINDSOR WOODS REHAB AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>13719 DALLAS DR HUDSON, FL 34667</b>		
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F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Control Survey, in conjunction with a third revisit to a complaint survey for complaint number 2020002070 and a COVID-19 Focused Control survey (Event ID #4QYZ14), was conducted on _____ at Windsor Woods Rehabilitation and Healthcare Center. The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities.	F 000			
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 of the main kitchen, review of logs, and interviews with dietary staff, the facility failed to store, prepare, distribute and serve food in accordance with professional	F 812			
			1. During the surveyor tour, it was determined that walls & floors were soiled in the kitchen behind cooking equipment, the can opener was soiled, and a cart was		

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

TITLE

(X6) DATE

Electronically Signed

/2020

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>standards for food service safety as evidenced by: 1. soiled walls and floors in the kitchen and behind cooking equipment; soiled can opener, soiled carts; 2. chemical cleaners stored on food preparation area; and 3. dietary staff not performing hygiene or wearing gloves when touching meal trays and silverware.</p> <p>Findings included:</p> <p>During a tour of the main kitchen, conducted on _____ and beginning at 11:04 a.m. with the Interim Dietary Manager the following was observed and confirmed:</p> <ol style="list-style-type: none"> <li>Dirt and debris were noted on the floor of the walk in freezer.</li> <li>Black debris was noted on the grates of the cooling fan, that was located above the shelves where food items were stored in the walk in freezer.</li> <li>A red bucket with a brown liquid in it, and a white rag with brown stains on it, was floating in the liquid. The red bucket was sitting beside the toaster food preparation area and a second red bucket was sitting beside the coffee machines. The Interim Dietary Manger said, "The red buckets are filled with sanitizer. They should not be on the food prep areas."</li> <li>The plastic drain mats placed beside the coffee machine, and with clean cups sitting upside down on it, was sticky to touch with a brown substance on top.</li> <li>The blender type machine used for puree foods had debris on the sides and the bottom of the machine. The machine was sticky to touch. Inside the lid around the black rubber ring was a black stain. The Interim Dietary Manager confirmed the findings and said, "Yes, it needs to</li> </ol>	F 812	<p>soiled. These areas have all been cleaned; walls &amp; floors pressure washed and repainted; can opener was replaced with a new one during the survey, and the carts were cleaned removing ashes. Further areas identified included,</p> <ul style="list-style-type: none"> <li>walk-in freezer dirt &amp; debris on floor was cleaned removing dirt &amp; debris</li> <li>walk -in freezer debris on cooling fan was cleaned</li> <li>coffee machine areas were cleaned to remove sticky substance and cups disposed of</li> <li>blender with debris on sides, bottom, and on rubber ring were all cleaned during the survey</li> <li>ice machine crack in lid and residue found on inside lid were cleaned</li> <li>tray line staff seen without gloves were educated on the day of the survey on requirements of preparing food with professional standards for food safety</li> </ul> <p>2. Other areas of the kitchen to include prep areas, equipment, and food safety completed by dietary personnel were audited by NHA/designee to ensure proper storage, preparation, distribution, and serving met the requirements for professional standards for food safety. No other areas of concern were identified at this time.</p> <p>3. Dietary personnel were educated by the Staff Development Coordinator/designee on the requirements for storing, preparing, distributing, and serving food with professional standards for food safety. This included IC processes of proper glove use during</p>		

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F 812	<p>Continued From page 2</p> <p>be cleaned."</p> <p>6. The floors throughout the kitchen were sticky to walk on. There was dried food and brown and black debris on the floors and walls behind the range.</p> <p>7. The can opener attached to the side of a counter had brown and black debris on the handle and on the clamp. The Interim Dietary Manger said, "I brought a brand new one in yesterday. I guess they forgot to put it in."</p> <p>8. The ice machine was noted with a large crack in the lid seal and rust was observed. The inside lid of the ice maker had a white scaly residue present.</p> <p>9. A cart in the area near the ice machine was observed to have cigarette ashes on the top shelf. The Interim Dietary Manager said, "I wonder how cigarette ashes got on that."</p> <p>10. The dietary staff, to include a dietary manager from another location, was observed assisting with meal tray set up on the food/tray line and each had their bare _____ on the trays near the silverware. The Interim Dietary Manager said, "They should have on gloves if they are going to touch any portion of the tray or be near the silverware."</p> <p>A review of the Diet Counts sheet for _____ with the Interim Dietary Manager documented 52 residents with orders for regular meals/texture, 22 residents with orders for mechanical soft and 10 residents with orders for puree for a total of 84 residents.</p>	F 812	<p>meal tray times where appropriate, cleaning &amp; sanitation expectations with schedules reviewed, and the requirements of F812 to ensure the intent of the regulation was met &amp; understood. Competencies &amp; post- tests were completed as a method of validation to the education received.</p> <p>4. An audit of the dietary sanitation processes and meal preparation, distribution, and serving of food was developed by the CDM/designee to ensure compliance to the education given remains a systematic process to ensure the regulation is followed. These audit tools are done 3x's a week by the CDM/designee and findings are shared monthly at the QA Committee meeting. These audit results will be reviewed for 3 months or until substantial compliance is met.</p>		