STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255257	A. BUILDING _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WINDSOR PLACE	81 WINDSOR BOULEVARD COLUMBUS, MS 39702

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted two (2) Complaint Investigations (CI MS #24865 and CI MS #25153) at the facility on 5/16/24. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid for CI MS #24865 for failure to notify the physician of change of status and cited F580. The SA determined there was no deficient practice related to CI MS # 25153. The census at the time of the survey was 115 with a bed capacity of 140 beds.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)	F 580		6/20/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/03/2024

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F 580	Continued From page 1 (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on staff and Resident Representative (RR) interviews, record review, and facility policy review, the facility failed to notify the physician of a significant change in a resident's physical status for one (1) of three (3) residents samples. Resident #1 Findings include: Record review of facility policy titled, "Change in Resident's Medical Status Policy", with revision	F 580	April 8, 2024, Unit Manager Registered Nurse obtained the lab report for Resident #1 and reported results to the physician. At which time the physician gave the order for an antibiotic. All residents with pending lab results have the potential to be affected by this practice. April 8, 2024, Medical Records	

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F 580	Continued From page 2 date of 4/19, revealed, "It is the policy of this facility to notify the resident's physician in any of the following circumstances: ... 2. A significant change in resident's physical, mental, or psychosocial status (i.e. [for example], deterioration in health, mental, or psychosocial status in either life-threatening or clinical complications)". During a phone interview with Resident #1's RR on 5/16/24 at 9:30 AM, the RR reported the resident had a decrease in blood pressure and had a urinary tract infection. The RR stated she did not feel like the physician was notified regarding these issues. An interview with the Assistant Director of Nursing (ADON) on 5/16/24 at 12:20 PM, revealed Resident #1 had a urine culture obtained on Wednesday, 4/3/24 at 5:05 PM, and the lab had the results available on Friday, 4/5/24 at 9:24 PM. This report was not obtained by the facility until Monday, 4/8/24, at which time the physician was notified, and antibiotics were started for the resident. She confirmed that the facility staff should have contacted the lab to obtain results over the weekend and should have notified the physician. During a phone interview on 5/16/24 at 3:00 PM, the facility's physician confirmed he was not notified of the urine culture results until 4/8/24, when the antibiotics were started. He confirmed timely treatment was needed for resident's well-being. A phone interview on 5/16/24 at 3:45 PM, with the Nurse Practitioner (NP) revealed she was not notified of Resident #1's urine culture results	F 580	Department audited all orders for pending lab results. No negative findings were noted. May 20, 2024, Staff Development Coordinator, Registered Nurse, initiated in-service regarding policy MD Notification for Change in Condition, which also included instructions for obtaining lab results, with all nursing personnel and medical records department. All nurses and medical records staff in-serviced prior to the beginning of their next assigned shift. Beginning May 30, 2024, Medical Records Department will review all new lab orders for completion and physician follow up. June 3, 2024, Change in Resident□s Medical Status Policy was reviewed by Quality Assurance and Performance Improvement Committee with no needed changes or revisions made. Beginning May 30, 2024, Medical Records Department will audit/monitor all new lab orders for completion and physician follow up as needed one time per week for four weeks, two times per month for two months, one time per month for three months. Findings will be reported to Quality Assurance and Performance Improvement Committee beginning June 19, 2024, and continue for the next five months and as needed for any recommendations, revisions, and/or resolutions.	

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F 580	Continued From page 3	F 580		

which were available on 4/5/24. She stated notification to the physician and NP allows for timely treatment.

An interview with the Administrator on 5/16/24 at 4:00 PM, revealed he was unaware that the staff did not contact the hospital lab to obtain culture results timely. He confirmed the facility failed to notify the physician timely when lab results were ready.

Record review of the "Culture Urine" report revealed the specimen was collected on 4/3/24 at 17:05 (5:05 PM). The last result time and date was listed as 4/5/24 at 21:25 (9:25 PM). This report also noted that it was printed by facility staff on 4/8/24 at 7:25 AM, and the Medical Director was notified on 4/8/24 and an order for an antibiotic was given.

Record review of Resident #1's "Face Sheet", revealed an admission date of 3/29/24. Diagnoses included Type 2 diabetes mellitus and Cystitis.