

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 OF SUPPLIER <b>WINDSOR WOODS REHAB AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>13719 DALLAS DR HUDSON, FL 34667</b>	
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 0812  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b></p> <p>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 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 hand hygiene or wearing gloves when touching meal trays and silverware. Findings included: During a tour of the main kitchen, conducted on 10/14/2020 and beginning at 11:04 a.m. with the Interim Dietary Manager the following was observed and confirmed: 1. Dirt and debris were noted on the floor of the walk in freezer. 2. 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. 3. 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 Manager said, The red buckets are filled with sanitizer. They should not be on the food prep areas. 4. 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. 5. 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 be cleaned. 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. 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 Manager said, I brought a brand new one in yesterday. I guess they forgot to put it in. 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. 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. 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 hands 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. A review of the Diet Counts sheet for 10/14/2020 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>		
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.