STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225630	A. Building B. Wing	03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windemere Nursing & Rehabilitation Center	One Hospital Road Oak Bluffs, MA 02557

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 15214 Based on observation, staff interview, and review of the manufacturers' recommendations for use, the facility failed to ensure that ophthalmic medications were labeled, dated, and stored to ensure the efficacy of the medication and prevent the potential for infection in 1 of 2 medication carts on 1 of 2 units inspected. Findings include: Review of the facility's policy titled General Dose Preparation and Medication and Administration, dated 12/1/07, indicated but was not limited to: -Facility staff should enter the date opened on the label of medications with shortened expiration dates. On 3/6/24 at 3:00 P.M., the surveyor inspected the Unit 3 Medication Cart with Nurse #5 and observed the following: The top drawer of the medication cart had multiple boxes stored which contained various eye medications. The individual boxes of eye medications were labeled with handwritten dates from 11/2023 to 1/2024 as follows: -a box containing a bottle of Artificial Tears for Resident #10 was labeled as opened on 11/11/23. -a box containing a bottle of Artificial Tears for Resident #9 was labeled as opened on 11/12/23. -a bottle of Artificial Tears for Resident #21 was labeled as opened on 12/31/23. -a bottle of Artificial Tears for Resident #1 was labeled as opened on 1/12/24. -a bottle of Timolol 0.5 % ophthalmic solution (used to treat glaucoma) for Resident #19 was not labeled with the date it was opened. (continued on next page)

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.

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

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/6/24 at 3:00 P.M., Nurse #5 observed the various dates on the boxes containing the Artificial Tears and said she wasn't sure how long the Artificial Tears were safe to use after opening the bottle. She also said that there was no date that indicated when the medication should be discarded. Nurse #5 said she was not aware of the risk of infection that existed following the use of the eye drops past 4 weeks after opening. Nurse #5 did not know when the bottle of timolol eye solution was opened but said that Resident #19 received the eye medication twice/day. Review of the patient brochure for Tears Naturale (artificial tears) indicated that patients should Stop using the bottle 4 weeks after first opening, to prevent infections. Review of the manufacturer's instructions for use for Timolol 0.5% ophthalmic solution indicated to discard any solution remaining in the dropper bottle 4 weeks after the date on which the container is first opened due to the risk of infection. During an interview on 3/06/24 at 3:39 PM, the Director of Nursing (DON) said she understood the concern regarding the potential for infection of artificial tears/timolol eye drops after being open for greater than 4 weeks. She also said that the labeling of eye medications should reflect a shortened expiration date based on the manufacturer's expiration date due to the risk of infection.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 34145 Based on observation, document review, record review, and interviews, the facility failed to ensure hot beverages were served at a safe temperature for one Resident (#24), which resulted in a burn, from a total sample of 12 residents. Findings include: Resident #24 was admitted to the facility in March 2018 with diagnoses including dementia, dysphagia (swallowing difficulty), and muscle weakness. Review of the Minimum Data Set (MDS) assessment, dated 12/4/23, indicated Resident #24 was unable to complete the Brief Interview for Mental Status as evidenced by a score of 99, had severely impaired skills for daily decision making, and required set-up assistance from staff with the activity of eating and drinking. Review of the facility's internal investigation report indicated that on 2/2/24 around 8:40 P.M., Resident #24 asked a Certified Nursing Assistant (later identified as CNA #1) for a cup of coffee while in the unit dining room. The investigation indicated the CNA brewed a cup of coffee utilizing a single-serve hot beverage brewing system in the staff break room and provided it to the Resident in two paper hot cups. The CNA's statement indicated the Resident spilled the hot coffee down the front of his/her body. The Resident was then taken to the bathroom by CNA #1 and CNA #2 and cold compresses were applied to his/her abdomen. On 3/6/24 at 9:46 A.M., the surveyor inspected the unit's staff break room and observed a single-serve hot beverage brewing system on the counter. No thermometers or instructions for ensuring beverages were served to residents at the proper temperature were noted. During an interview on 3/7/24 at 8:35 A.M., the Director of Nursing said they do not have a policy or anything in place right now on the units to ensure hot beverages are provided to residents at safe temperatures. On 3/7/24 at 2:55 P.M., a message was left for CNA #1 to return the surveyor's telephone call. On 3/8/24, CNA #1 returned the surveyor's telephone call, and during an interview at 9:05 A.M., the CNA said on 2/2/24 around 8:30 P.M., Resident #24 asked her for a cup of coffee. She said she looked in the kitchenette cabinet and found no coffee, then went to the staff break room. She said she found some coffee pods and brewed a cup of coffee in the single-serve hot beverage brewing system. CNA #1 said she used two cups so the coffee wouldn't be so warm for the Resident to hold on to. She said she did not measure the temperature of the coffee or otherwise make sure it was not too hot for the Resident. She said a short time after she gave the Resident the coffee, he/she spilled it on him/herself. She said the area on the Resident's abdomen was red for a week. She described it as a strip of redness across his/her abdomen that became like a thin burn mark. She said over the week, the area became darker and raised. CNA #1 said she is not aware of a policy about providing hot liquids to residents and has not received any education regarding serving hot liquids to residents.