STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205078	A. BUILDING 01 B. WING _____	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSHIP GREEN CENTER FOR HEALTH & REHAB, LLC	51 WINSHIP ST BATH, ME 04530

(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
E 000	Initial Comments Federal Recertification Survey: Date: 07.09.2024 Winship Green Center for Health and Rehabilation, a long-term care facility, was surveyed pursuant to the National Fire Protection Association 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a - d) - Physical Environment and is in substantial compliance.	E 000	RECEIVED JUL 20 2024 BY:_____	
K 000	INITIAL COMMENTS Federal Recertification Survey: Date: 07.09.2024 Winship Green Center for Health & Rehabilation, a Long Term Care Facility, was surveyed to the National Fire Protection Association 101 Life Safety Code 2012 Edition as reference on 42 CFR 483.90 (a-d) physical environment and is not in substantial compliance.	K 000		
K 211 SS=E	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to continuously maintain exit corridors free of all obstructions to full use in case of emergency per NFPA 101, Life	K 211		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	7/19/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205078	A. BUILDING 01 B. WING RECEIVED	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSHIP GREEN CENTER FOR HEALTH & REHAB, LLC	51 WINSHIP ST JUL 2 0 2024 BATH, ME 04530 BY:

(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
K 211	Continued From page 1 Safety Code, 2012 Edition, Sections 7.1.10.1, and 19.2.1. This deficient practice could impede egress while in the corridor. Findings: On 07/09/2024, between 09:30 AM and 1:00 PM, a surveyor, with the Administrator and Maintenance Director present, observed the following: 1. The Pemaquid Wing had a linen storage cart stored in the exit corridor between rooms 31 and 33. 2. The Passport wing had a medical cart and a Blood pressure cart stored in the exit corridor while not in use. 3. The basement level exit corridor is being used for supply and corrosive chemical storage. (See photos) The surveyor confirmed these findings with the Administrator and Maintenance Director at the time of the observation.	K 211	K 211 Means of Egress No residents were affected by this deficiency. 1. Linens and sanitizer were removed from the PPE cart on the Pemaquid Unit on 7/9/24. All carts were inspected and found to be in compliance. The DNS is responsible for compliance. 2. The blood pressure, vital signs cart was removed from the unit on 7/9/24. All units were inspected for cart storage and found to be in compliance. The DNS is responsible for compliance. 3. The chemicals and supplies in the basement were moved to a storage closet on 7/16/24. Chemical storage throughout the building was inspected and found to be in compliance. The Maintenance Director and DNS has educated the staff on egress and storage obstruction. The Maintenance Director/designee will complete weekly audits on egress obstruction x 60 days and the results reviewed with the QAPI committee to ensure compliance is maintained.	