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	205180	A. BUILDING _____ B. WING _____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDWARD GARDENS	**105 MECHANIC ST CAMDEN, ME 04843**

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F 000	INITIAL COMMENTS On 1/8/24 through 1/9/24 an unannounced on site visit was conducted at Windward Gardens to investigate complaints #ME00046005, #ME00045991, #ME00045829, #ME00045744, #ME00045729, #ME00045725, #ME00045702, #ME00045590, #ME00045543, #ME00045458, #ME00045284, #ME00045205, #ME00045186, #ME00045116, #ME00045117, #ME00045054, #ME00045031, #ME00044942, #ME00044761, #ME00044753, #ME00044731, #ME00044534, #ME00044521, #ME00044299, #ME00044160, #ME00043770, #ME00043364, #ME00043344, #ME00043333 and #ME0004326. It was determined that Windward Gardens was not in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.	F 000		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss	F 584		

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

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F 584	Continued From page 1 or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in a sanitary, orderly, and comfortable interior for the 3 of 4 units (Spring Gardens, Windward Center and North Wind) for 1 of 1 facility tours (1/9/24). Findings: On 1/9/24 from 11:10 a.m. to 11:40 a.m., an environmental tour was conducted with a Maintenance Director and the Marketing Clinical Advisor in which the following findings were observed:	F 584		

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F 584	Continued From page 2 Spring Gardens Unit: > The television/sitting area, across from resident room 102, had a small table that had a worn/missing surface treatment exposing bare wood and creating an uncleanable surface. > Resident Room 102 - There were 2 broken window shades. > The hallway wooden hand railings were missing surface treatment exposing bare wood creating uncleanable surfaces. > The wood trim on the nurse's station had missing surface treatment exposing bare wood creating an uncleanable surface. > The 6 dining room tables had worn/missing surface treatment exposing bare wood creating uncleanable surfaces. > The wheelchair scale had ripped/torn duct tape on the base creating an uncleanable surface. > The sit-to-stand patient lift had dirt/debris in the foot base area. Windward Center Unit: > The standing fan at the nurse's station was dusty/dirty. > The sit-to-stand patient lift had dirt/debris in the foot base area. North Wind Unit: > The wheelchair scale had ripped/torn non-skid tape on the base creating an uncleanable surface. > The shower room had a black substance built up along the shower edge floor grout. The shower drain had a black substance built up around the it. > The Whirlpool room had a commode bucket, a mask and trash sitting on the floor, there was also a mask and brown water streaks inside the whirlpool.	F 584		

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F 584	Continued From page 3 On 1/9/24 at 11:40 a.m., in an interview, a Maintenance Director and the Marketing Clinical Advisor confirmed the findings.	F 584		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interviews and facility policy review, the	F 609		

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F 609	Continued From page 4 facility failed to implement their "Abuse Prohibition" policy to ensure an alleged violation involving verbal abuse was reported within 2 hours to the Division of Licensing and Certification (State Agency) for 1 of 29 residents reviewed. (#5) Finding: The facility's "Abuse Prohibition," revised 10/24/22 on Page 6 reads "Report allegations involving abuse (physical, verbal, sexual, mental) no later than two hours after the allegation is made" and "Notify local law enforcement, licensing board and registries and other agencies as required." On 4/20/23, the Division of Licensing and Certification received from the facility a reportable incident form which indicated an allegation of verbal abuse towards Resident #5 by a Licensed Practical Nurse (LPN) who was witnessed raising his/her voice, in a derogatory manner and using profanity while working with the resident. Further review of the Nursing Facility Reportable Incident Form, reveals the date of the alleged incident to have occurred on the evening of 4/15/23. On 1/9/24 at 3:00 p.m. in an interview with a surveyor, the Director of Nursing and Marketing Clinical Advisor confirmed the facility did not notify the Division of Licensing and Certification of the allegation of alleged verbal abuse until 4/20/23, 5 days after the initial alleged incident.	F 609		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer.	F 623		

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F 623	Continued From page 5 Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days.	F 623		

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F 623	Continued From page 6 §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility	F 623		

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F 623	Continued From page 7 must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to notify the resident and/or the resident's representative in writing of the transfers/discharges to an acute care hospital for 1 of 7 residents sampled for hospitalizations. (#22) Finding: Documentation in Resident #22's clinical record indicated that the resident was transferred to the hospital on 4/23/23 and subsequently admitted. The clinical record lacked evidence that Resident #22 and/or the resident representative were provided with a written transfer/discharge notice upon transfer. On 1/9/24 at approx. 11:00 a.m., during an interview, the Director of Nursing confirmed the above finding.	F 623		
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2)	F 625		

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F 625	Continued From page 8 §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to issue a bed hold notice which included the daily bed hold cost, to a resident, known family member or legal representative for 1 of 7 residents sampled for hospitalizations. (#22) Finding	F 625		

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F 625	Continued From page 9 Resident #22's clinical record revealed the resident was transferred to an acute care hospital on 4/23/23 and subsequently admitted. The clinical record lacked evidence that Resident #22 and/or the resident representative were provided with a written bed hold notice. On 1/9/24 at approx. 11:00 a.m., during an interview, the Director of Nursing confirmed the above finding.	F 625		
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's	F 655		

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F 655	Continued From page 10	F 655		

admission.
(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).

§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:
(i) The initial goals of the resident.
(ii) A summary of the resident's medications and dietary instructions.
(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.
(iv) Any updated information based on the details of the comprehensive care plan, as necessary.
This REQUIREMENT is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure a baseline care plan was developed and implemented within 48 hours that included the problems, interventions, and initial goals needed to provide minimum healthcare information necessary to properly care for 1 of 6 residents that were reviewed for baseline care plans. (#21)

Finding:

Resident #21 was admitted to the facility on 8/11/23. The discharge summary from the hospital included information that the resident had a diagnosis of diabetes, peripheral neuropathy, bilateral foot drop which requires braces for ambulating, spinal stenosis and frequent falls. Review of the clinical record revealed that it lacked evidence of a baseline care plan completed within 48 hours to include the

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F 655	Continued From page 11 instructions necessary to properly care for Resident #21's immediate health and safety needs for the above concerns. The care plan was initiated on 8/18/23, 7 days after admission. In addition, the care plan lacked information on Resident #21's bilateral foot drop which required braces for ambulating. On 1/9/24 at 8:52 a.m., the above finding was confirmed during an interview with the Director of Nursing.	F 655		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary	F 657		

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F 657	Continued From page 12	F 657		

team after each assessment, including both the comprehensive and quarterly review assessments.
This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the facility failed to review/revise and update care plan interventions for the problem area of Activities of Daily Living (ADL) care for 1 of 2 residents reviewed for falls. #21

Findings:

Review of Resident #21's care plan initiated on 8/18/23 in the area of ADL's states, "provide resident/patient with extensive assist of 2 for transfers using a lift to wheelchair and Provide resident/patient with extensive assist of 2 for toileting.

Admission Minimum Data Set (MDS) 3.0 comprehensive assessment, dated 8/17/23, was coded on section GG Mobility, that Resident required partial moderate assist and, helper does less than half of the effort, for sit to stand and chair/bed to chair transfer. The Certified Nursing Assistant (CNA) documentation reviewed for 8/12/23 - 8/25/23 revealed Resident #21 required limited to extensive assist of 1 staff for transfers/walking in room and supervision/limited assist of 1 staff for toileting. Interviews conducted with staff during the complaint survey revealed that Resident #21 required limited assistance of 1 staff for transfers/toileting.

On 1/9/24 at 9:54 a.m., the above finding was confirmed during an interview with the Director of Nursing.

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F 684	Continued From page 13	F 684		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to identify a resident's care needs and provide timely treatment to manage pain for 1 of 2 residents reviewed for falls with injury (#13). Findings: A review of the facility's Falls Management policy, with a revision date of 8/7/23, stated "Purpose: To evaluate the patient for injury post-fall and provide appropriate and timely care. Section 5, Post-Fall Management: 5.2.2. If the extent of injuries cannot be determined, the nurse will notify emergency medical services (EMS) for evaluation and transport to the hospital." A review of the clinical record of Resident #13, noted a 66 year old, admitted to the facility on 10/20/23 following repair of a right hip fracture. Additional diagnoses included Dementia and Parkinsonism. The Admission Minimum Data Set (MDS) 3.0, completed 10/24/23, identified Resident #13's need for maximum to moderate assistance with	F 684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205180	A. BUILDING _____ B. WING _____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDWARD GARDENS	**105 MECHANIC ST CAMDEN, ME 04843**

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F 684	Continued From page 14	F 684		

activities of daily living (ADL's) including dressing, transfers, toileting, and bed mobility. The MDS also noted Resident #13 exhibited wandering behaviors on most days. The care plan, last revised 11/30/23, includes Resident #13 is dependent on staff for assistance with ADL's.

On 11/10/23 at 5:45 p.m., nursing documentation noted Resident #13 had no complaints of pain.

On 11/11/23 at 7:40 a.m., documentation noted Resident #13 was "found on floor in room, lying on [his/her] back." An on-call provider advised staff to "observe patient and call with any change."

On 11/12/23 at 1:07 p.m., staff noted "apparent pain right leg greater than left. On-call (provider) gave orders for STAT (urgent) xray hip tomorrow on Monday."

On 11/13/23 at 1:15 a.m., staff noted Resident #13 was "showing signs of being anxious, complaints of pain in [his/her] right hip. It was reported to me in shift change that an x-ray has been ordered for tomorrow, but is also scheduled for discharge Monday."

On 11/13/23 at 5:36 p.m., a note stated "Resident sent to (Emergency Department) for eval after a fall over the weekend. Resident report 7/10 pain to right hip. Xray shows new right hip fracture." A review of hospital documentation, dated 11/13/23, stated "here for evaluation 2 days after recurrent fall and right-sided hip pain. Imaging shows periprosthetic fracture."

On 11/15/23, the facility's provider evaluated the resident and ordered an xray. A review of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205180	A. BUILDING _____ B. WING _____	C 01/09/2024

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F 684	Continued From page 15	F 684		

provider orders for Resident #13 revealed this was the only order for an xray.

On 11/16/23, Resident #13 was transferred to the hospital for increased pain. A review of hospital documentation noted Resident #13 now had a dislocated right hip, which was temporarily reduced under sedation. The hospital noted the prognosis for this form of injury was poor and recommended palliative/hospice care. The provider note stated the "guardian and friend is very clear to say that after the hip injury patient has really not had good quality of life. He/she has been bedbound certainly for the past 1 week since injury, and this is a patient who takes joy in moving around and walking, so this has been very difficult as the patient has been in pain."

On 11/17/23, Resident #13 was returned to the facility with orders for comfort care/hospice.

On 1/8/24 at 2:15 p.m., in a discussion with a surveyor, the facility's Interim Director of Nursing (DON) confirmed there was no evidence of a facility investigation regarding Resident #13's fall.

On 1/9/24 at 10:00 a.m., in an interview with a surveyor, an RN stated Resident #13 was ambulatory prior to the fall. After the fall, he/she had "lots of pain." The RN stated an order was obtained for an xray, and the resident went to the hospital and had the xray. The RN stated "They sent [him/her] back. My question was why it took so long?"

On 1/9/24 at 11:00 a.m., in a discussion with the Interim DON, the corporate Marketing Clinical Advisor, and an Administrator from a sister facility, the surveyor discussed that no order for a

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	205180	A. BUILDING _____ B. WING _____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDWARD GARDENS	**105 MECHANIC ST CAMDEN, ME 04843**

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F 684	Continued From page 16 stat xray was found in Resident #13's physician orders. Resident #13 demonstrated pain the day after the fall, but was not evaluated until 2 days later, at which time he/she was found to have a new fracture of the right hip.	F 684		
F 689 SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure that the residents environment was free from the potential risk of accident relating to moving dollies, a floor heater unit, and exit doors and exit pathways for 2 of 2 observations for 2 of 2 days of survey. (1/8/24 and 1/9/24) In addition, the facility failed to provide adequate supervision and complete an assessment of resident capabilities and deficits to determine resident safety for 2 of 2 residents reviewed for smoking (#24, #26). Findings: 1. 0n 1/8/24 at 10:35 a.m., during a facility tour with the Administrator, the following findings of accident hazards were observed: Spring Gardens Unit: > There were 2 rolling moving dollies sitting on	F 689		

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WINDWARD GARDENS	**105 MECHANIC ST CAMDEN, ME 04843**

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F 689	Continued From page 17	F 689		

the floor in the television/sitting room.
> The floor heater unit in the dining room was missing an access panel exposing wiring, hot water pipes and sharp metal.
> The exit doors and exit pathways were not cleared of snow, ice and open for use as exits to a public way after a recent snow storm on the Spring Gardens Unit, the North Wind Unit and the Therapy Room.

0n 1/8/24 at 10:35 a.m., in an interview, the Administrator confirmed that there are confused and vulnerable ambulating residents on the unit and the findings are accident hazards.

2. On 1/9/24 from 11:10 a.m. to 11:40 a.m., an environmental tour was conducted with a Maintenance Director and the Marketing Clinical Advisor in which the following accident hazard was observed:

> There was a broken outlet in the Spring Gardens Unit hallway by resident room 105 exposing wires.

On 1/9/24 at 11:40 a.m., in an interview, the Maintenance Director and the Marketing Clinical Advisor confirmed that the broken outlet was an accident hazard and the unit has vulnerable ambulating residents on it.

3. On 1/8/24 at 10:55 a.m., a surveyor observed no staff present in the dining area of the Spring Gardens Unit. The surveyor observed two residents outside of the locked and alarmed door of the dining room. Both residents were observed smoking a cigarette and neither wore a coat. One resident was using a rolling walker. The surveyor went to find a staff person and located a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205180	A. BUILDING _____ B. WING _____	C 01/09/2024

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WINDWARD GARDENS	**105 MECHANIC ST CAMDEN, ME 04843**

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F 689	Continued From page 18	F 689		

Certified Nursing Assistant (CNA). The surveyor asked if the residents were allowed outside to smoke. The CNA stated he/she was a new employee and only knew one of the residents, and did not know if they were allowed outside to smoke. The residents attempted to re-enter the building and the door alarm sounded. The CNA opened the door but could not silence the alarm. The CNA stated "I don't know how to make it stop," and Resident #24 stated, "star 812," which was the door code.

On 1/8/24 at 11:00 a.m., a surveyor discussed observing Resident #26 smoking with a charge nurse on the Northwind unit. The nurse confirmed the resident did not have permission to smoke.

On 1/8/24 at 11:05 a.m., the surveyor discussed the observations with the Interim Director of Nursing (DON), who stated the facility was a no smoking facility and no one had permission to smoke. The Interim DON did not know that the residents had been smoking.

A review of Resident #24's clinical record noted an admission date of 9/19/23, and diagnoses including: right-sided hemiplegia, multiple sclerosis, foot drop, muscle weakness, a history of falls and right hip fracture, and nicotine dependence. The Minimum Data Set (MDS) 3.0, Admission Assessment, completed 9/23/23, noted the Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The resident's care plan, last revised 12/27/23, did not include smoking. The clinical record did not include a smoking assessment. The facility's Smoke-Free Center Acknowledgement Form with the admission agreement was not signed.

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	205180	A. BUILDING _____ B. WING _____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDWARD GARDENS	**105 MECHANIC ST CAMDEN, ME 04843**

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F 689	Continued From page 19 A review of Resident #26's clinical record noted an admission date of 10/25/23, and a diagnosis of a previous fall. The MDS, Admission Assessment, completed on 10/29/23, indicated a BIMS score of 15. The resident's care plan initiated on 10/26/23, included: Patient may not smoke per smoking evaluation and non-smoking facility. The facility's Smoke-Free Center Acknowledgement Form with the admission agreement was signed on 10/27/23. Review of the facility's Smoking policy, with a revision date of 8/7/23, stated "Process. 1.4.1. The admissions designee will explain the smoke-free policy to new patients and their representative(s). 1.5. The patient/patient representative will sign the Smoke-Free Center Acknowledgement Form. 1.5.1. The Acknowledgement Form will be placed with the admissions paperwork.	F 689		
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	F 812		

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	205180	A. BUILDING _____ B. WING _____	C 01/09/2024

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F 812	Continued From page 20 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 observations and interviews, the facility failed to ensure that foods in the kitchenette refrigerators and cupboards we're labeled and securely closed for 1 of 4 kitchenettes (Spring Gardens Unit) for 1 of 2 survey days (1/8/24). Additionally the facility failed to ensure that staff working in the kitchen we're wearing hair protectors and/or facial hair protectors for 1 of 1 kitchen tour on 1 of 2 survey days (1/9/24). Findings: 1. 0n 1/8/24 at 10:30 a.m., a surveyor observed the following in the refrigerator and a cupboard on the Spring Gardens Unit: > The refrigerator had an open pudding cup that was not sealed or labeled with a name. > The bread cupboard had a previously opened unsealed loaf of bread. 0n 1/8/24 at 10:30 a.m., in an interview, a certified nursing assistant (CNA) confirmed the findings. 2. 0n 1/9/24 at 9:40 a.m., a surveyor observed a male kitchen worker with a full beard not wearing a facial hair protector and a female kitchen worker with long hair not wearing a hair protector. 0n 1/9/24 at 9:40 a.m., in an interview, the Food Service Director confirmed the findings. 0n 1/9/24 a 9:45 a.m., in an interview, a surveyor	F 812		

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	205180	A. BUILDING _____ B. WING _____	C 01/09/2024

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WINDWARD GARDENS	**105 MECHANIC ST CAMDEN, ME 04843**

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F 812	Continued From page 21 discussed the findings with the Director of Nursing and the Marketing Clinical Advisor.	F 812		
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings,	F 842		

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	205180	A. BUILDING _____ B. WING _____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 842	Continued From page 22 law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure that clinical records were complete and contained accurate information for 7 of 7 residents reviewed for activities of daily living (#11, #12, #13, #14, #15, #20, #21). Findings:	F 842		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205180	A. BUILDING _____ B. WING _____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDWARD GARDENS	**105 MECHANIC ST CAMDEN, ME 04843**

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F 842	Continued From page 23	F 842		

1. A review of Resident #11's Certified Nursing Assistant (CNA) documentation of activities of daily living (ADLs) for November 1-30, 2023, revealed multiple days lacking documentation on multiple shifts as follows:

Bed Mobility: 22 out of 30 days
Behavior Monitoring and Interventions: 21 out of 30 days
Eating: 21 out of 30 days
Bathing: 23 out of 30 days
Dressing: 23 out of 30 days
Drinks/snacks other than meals: 23 out of 30 days
Hygiene: 23 out of 30 days
Toileting: 21 out of 30 days
Transfers: 22 out of 30 days
Wheelchair mobility - 24 out of 30 days
Walking - 24 out of 30 days
Mouth care - 21 out of 30 days

2. A review of Resident #12's CNA documentation of ADL's for August 1-31, 2023, revealed multiple days lacking documentation on multiple shifts as follows:

Bed Mobility: 23 out of 31 days
Behavior Monitoring and Interventions: 24 out of 31 days
Eating: 14 out of 31 days
Bathing: 26 out of 31 days
Dressing: 27 out of 31 days
Drinks/snacks other than meals: 25 out of 31 days
Hygiene: 25 out of 31 days
Toileting: 22 out of 31 days
Transfers: 25 out of 31 days
Walking - 24 out of 30 days

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205180	A. BUILDING _____ B. WING _____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDWARD GARDENS	**105 MECHANIC ST CAMDEN, ME 04843**

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F 842	Continued From page 24 Mouth care - 25 out of 31 days Locomotion on/off unit - 26 out of 31 days Additional review of Resident #12's CNA documentation of ADL's for October 1-31, 2023, revealed multiple days lacking documentation on multiple shifts as follows: Bed Mobility: 18 out of 31 days Behavior Monitoring and Interventions: 20 out of 31 days Eating: 14 out of 31 days Bathing: 18 out of 31 days Dressing: 15 out of 31 days Drinks/snacks other than meals: 17 out of 31 days Hygiene: 18 out of 31 days Toileting: 17 out of 31 days Transfers: 17 out of 31 days Walking - 18 out of 30 days Mouth care - 16 out of 31 days Locomotion on/off unit - 26 out of 31 days Wheelchair mobility - 18 out of 31 days 3. A review of Resident #13's CNA documentation of ADL's for October 20-31, 2023, revealed multiple days lacking documentation on multiple shifts as follows: Bed Mobility: 10 out of 12 days Behavior Monitoring and Interventions: 8 out of 12 days Eating: 6 out of 12 days Bathing: 11 out of 12 days Dressing: 12 out of 12 days Drinks/snacks other than meals: 11 out of 12 days Hygiene: 11 out of 12 days Toileting: 10 out of 12 days	F 842		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205180	A. BUILDING _____ B. WING _____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDWARD GARDENS	**105 MECHANIC ST CAMDEN, ME 04843**

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F 842	Continued From page 25	F 842		

Transfers: 11 out of 12 days
Walking - 11 out of 12 days
Mouth care - 10 out of 12 days
Locomotion on/off unit - 26 out of 31 days
Wheelchair mobility - 11 out of 12 days

4. A review of Resident #14's CNA documentation of ADL's for October 1-31, 2023, revealed multiple days lacking documentation on multiple shifts as follows:

Bed Mobility: 22 out of 31 days
Eating: 18 out of 31 days
Bathing: 25 out of 31 days
Dressing: 26 out of 31 days
Drinks/snacks other than meals: 26 out of 31 days
Hygiene: 26 out of 31 days
Toileting: 26 out of 31 days
Transfers: 26 out of 31 days
Walking - 26 out of 31 days
Mouth care - 21 out of 31 days
Wheelchair mobility - 24 out of 31 days

5. A review of Resident #15's CNA documentation of ADL's for October 4-31, 2023, revealed multiple days lacking documentation on multiple shifts as follows:

Bed Mobility: 22 out of 28 days
Eating: 18 out of 28 days
Bathing: 24 out of 28 days
Dressing: 24 out of 28 days
Drinks/snacks other than meals: 17 out of 28 days
Hygiene: 22 out of 28 days
Toileting: 23 out of 28 days
Transfers: 22 out of 28 days
Mouth care - 18 out of 28 days

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205180	A. BUILDING _____ B. WING _____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDWARD GARDENS	**105 MECHANIC ST CAMDEN, ME 04843**

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F 842	Continued From page 26 Wheelchair mobility - 23 out of 28 days 6. A review of Resident #20's CNA documentation of ADLs for December 12-13, 2023 revealed a lack of documentation for Bed Mobility, Eating, Bathing, Dressing, Drinks/snacks other thana with meals, Hygiene, Toileting, Transfers, Walking and Wheelchair mobility, for 1 of 2 days the resident resided in the facility. 7. A review of Resident #21's CNA documentation of ADLs for August 12-31, 2023, revealed multiple days lacking documentation on multiple shifts for Bed Mobility, Eating, Bathing, Dressing, Drinks/snacks other thana with meals, Hygiene, Toileting, Transfers, Walking and Wheelchair mobility, each with a total of 12 out of 20 days. In addition, Mouth care lacked documentation for 9 out of 20 days. On 1/9/24 at 1:35 p.m., in an interview with the Marketing Clinical Advisor, the surveyor discussed that CNA documentation reviewed for Residents #11, 12, 13, 14, 15 and #21 contained multiple days and shifts with incomplete ADL documentation. The Marketing Clinical Advisor stated "we always strive to be 100% complete," and stated education had been provided regarding recent MDS changes, but it has been hard for the CNA's to complete.	F 842		