

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/31/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205078	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/17/2024
NAME OF PROVIDER OR SUPPLIER WINSHIP GREEN CENTER FOR HEALTH & REHAB, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 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
F 000	INITIAL COMMENTS	F 000			
F 626 SS=D	On 1/17/24, an on-site investigation was conducted at Winship Center for Health and Rehabilitation for the purpose of investigating complaints #ME00046034 and #ME00046035. It was determined that Winship Center for Health and Rehabilitation was not in substantial compliance with 42 CFR Part 483, Subpart B-Requirements for Long Term Care Facilities. Permitting Residents to Return to Facility CFR(s): 483.15(e)(1)(2) §483.15(e)(1) Permitting residents to return to facility. A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following. (i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident- (A) Requires the services provided by the facility; and (B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services. (ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges. §483.15(e)(2) Readmission to a composite	F 626	Resident # 1 has been discharged from hospital. Place of discharge and skilled needs unknown. The facility does not have access to that information. House audit of residents who have been transferred out of facility at hospital in last 30 days to ensure no other resident affected by this practice. Corrected 2.6.24. The Regional Director of Clinical Ops/designee has educated the Admission Team on the regulatory requirement" Permitting residents to return to facility". Corrected 2.6.24 The administrator/designee will complete random weekly audits on residents transferred to the hospital or therapeutic leave x 60 days. The results of these audits will be reviewed with the QAPI Committee to ensure compliance is maintained. The administrator is responsible for compliance. Random audits Corrected 2.6.24		

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.

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F 626	Continued From page 1 distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to readmit 1 of 1 Resident (#1) back to the facility following a hospital emergency department/hospital visit. Finding: On 1/5/24 the Department of Licensing & Certification received an anonymous complaint indicating on 1/3/24 Resident #1 was transferred to an acute care hospital and the facility refused to take [him/her] back, indicating that it was unclear why the facility would not allow him/her to return to the facility. On 1/17/24 a review of Resident #1's clinical record indicated that Resident #1 was admitted to the facility on 12/18/23 for rehabilitation after a hospitalization for an ORIF (Open Reduction and Internal Fixation) revision of the left hip. Progress notes dated 1/3/24 9:41 p.m. indicate that Resident #1 requested to be sent to the hospital emergency department for pain in his/her left hip and lower leg. A review Bed Hold/Transfer and Discharge Notification/Authorization dated 1/3/24 signed by the resident and a facility representative indicates	F 626			

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F 626	Continued From page 2 the resident was hospitalized per resident request. Mainecare benefit entitles resident to have room #9B held during hospitalization for up to 7 days through date 1/10/24, providing return to the facility is expected and providing we are able to meet the residents' care needs. Arrangements may be made to retain the bed privately should the time exceed 7 days. All eligible Mainecare residents who remain out of the facility beyond the 7 days and who do not retain privately, will be readmitted to the first available semi-private accommodation. On 1/17/24 at 11:15 a.m., during an interview, the Business Office Manager stated that Resident #1 had a managed care insurance when he/she was sent to the hospital emergency department on 1/3/24 and since he/she did not return to the facility the same day (1/3/24) he/she would've needed a new prior authorization to return to the facility. Resident #1 did not have a payment source so the facility was unable to allow the resident to return. The above finding was discussed with the Administrator on 1/17/24 at 11:45 a.m.	F 626			