STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205078	A. BUILDING _____ B. WING _____	C 01/17/2024

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
F 000	INITIAL COMMENTS 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.	F 000		
F 626 SS=D	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		

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

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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		