

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

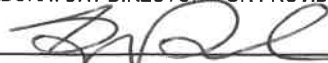
PRINTED: 08/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205180	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/26/2023
NAME OF PROVIDER OR SUPPLIER WINDWARD GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 105 MECHANIC ST CAMDEN, ME 04843		
(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 7/26/23, an unannounced on-site visit was made at Winward Gardens to investigate complaints #ME00044266, #ME00044221, #ME00044219, and #ME00044222. It was determined that Winward Gardens is not in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.	F 000	Windward Gardens provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with state and federal regulations.		
F 584 SS=B	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 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;	F 584	The observed lunch meal has passed and cannot be corrected. All residents have the potential to be affected by the deficient practice. The facility provides a person-centered meal service. This meal service includes the delivery of a safe, sanitary, and comfortable environment for meals which accommodates patient/resident preference and personal choice. Meal service may occur in dining rooms, patient rooms, and other suitable locations that promote a homelike environment. Facility staff will be re-educated to these processes. DNS/Designee will complete M-F audits x 4 weeks then weekly x 4 weeks, and then monthly x 3 months to validate that residents are receiving a homelike dining experience. The results of these audits will be brought to the monthly QAPI Committee for further review and recommendations.	08/29/23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

 Administrator 8/18/23

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 584	Continued From page 1 §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 create a homelike dining experience for residents dining in the dining room by serving their lunch meals on a tray for 1 of 1 meals observed (Spring Gardens Unit). Findings: On 7/26/23, at 12:12 p.m., a surveyor observed 11(eleven) residents eating lunch meals in the dining room/common area. 10 (ten) of the 11 (eleven) resident meals were served on trays. On 7/26/23 at 4:00 p.m., the above findings were discussed with the Administrator, Director of Nursing, and the Clinical lead.	F 584			
F 695 SS=B	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such	F 695	Resident #1's oxygen tubing has been changed and labeled within the past seven days, per facility policy. An audit of residents utilizing oxygen was completed to validate the oxygen tubing has been changed and dated in accordance to the facility's policy.	08/29/23	

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F 695	Continued From page 2 care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain respiratory equipment consistent with the facility's oxygen equipment policy for 1 of 1 Residents reviewed that was receiving oxygen therapy (Resident #1). Finding: On 7/26/23 at 9:57 a.m., Resident #1 was observed to be receiving oxygen via nasal cannula. The oxygen cannula tubing was labeled as changed 7/15/23 at 1:27 p.m. Review of the facility's Oxygen Nasal Cannula Procedure effective 1/1/04, revised 6/15/22 stated, "22. Replace disposable set-up every seven days. Date and store cannula in treatment bag when not in use." On 7/26/23 at 10:30 a.m., the above finding was confirmed with Registered Nurse #1. On 7/26/23 at 4:00 p.m. the above findings were discussed with the Administrator, Director of Nursing and Clinical Lead.	F 695	The facility ensures that staff replace disposable set-up(oxygen tubing) every seven days. Date and store oxygen tubing in treatment bag when not in use in accordance with the facility's oxygen policy. Licensed staff will be re-educated to this process. DNS/Designee will complete random weekly audits x 4 weeks, then biweekly x 1 month, then monthly times 3 months of resident's respiratory equipment for appropriate maintenance. Results of these audits will be brought to the monthly QAPI Committee for further review and recommendations.		
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to	F 725	Residents #1, 4, 5 are currently being offered showers as scheduled. An audit of resident records was completed to validate residents have been offered a shower on their scheduled preferred shower day/days.		08/29/23

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F 725	Continued From page 3 provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and record reviews the facility failed to ensure there was sufficient staff available to provide needs for residents receiving Long Term Care in the areas of Activities of Daily Living (showers) for 3 of 7 residents reviewed. (Resident #1, Resident #4, and Resident #5) Findings: On 7/26/23 at 10:06 a.m. during an interview with Resident #10. Surveyor asked if the staff	F 725	The facility ensures that showers and related services are provided to maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population. Residents' preferred shower days are scheduled in the POC tasks for CNAs to complete. Nursing staff will be re-educated to this process. DNS/Designee will complete random weekly audits x 4 weeks, then biweekly x 1 month, then monthly x 3 months of residents' shower schedules for completion of this ADL. Results of these audits will be brought to the monthly QAPI Committee for further review and recommendations.		

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F 725	Continued From page 4 answered his/her call bell in a timely manner? Resident #10 stated "Not all the time. They are short changed, especially on the day shift." Surveyor asked are you receiving your weekly bath? "No, my bath day is Saturday." Surveyor asked "Do staff help you get washed and dressed in the morning?" Resident #10 stated "No they don't." On 7/26/23 at 10:39 a.m., during an interview with Resident #1, he/she stated they had only had two showers since being there. Stated he/she had not refused a shower or bath but did refuse a hair wash because of a clogged ear. He/She stated that PA (Physicians Assistant) was notified and the wax was removed. Resident #1 stated he/she cannot always get out of bed because it takes two people for the lift. He/She stated they are supposed to have two people (for the lift), "You do the math, these people are being asked to do the impossible." He/She stated that sometimes there is only one person for this floor and one upstairs. When asked if there is a long wait time when he/she rang the call bell, he/she stated he/she recently waited over an hour, and it hurts holding in urine and recently had a urinary tract infection. He/she stated that they are a morning person and would prefer care in the morning, however, care often isn't started until 11:00 a.m. and lunch is at 12:00 p.m. On 7/26/23 at 12:05 p.m., during an interview with a staff member #1 she stated "We can't always get our baths done with only 1 Certified Nursing Assistants (CNA's) on the floor and 16 residents. We have 7 hoysers/sit stand lifts that requires 2 people. That requires the nurse to help. This	F 725			

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F 725	Continued From page 5 floor is not safe with just 1 RN and 1 CNA." On 7/26/23 at 1:15 p.m. during an interview with staff member #2 she stated "I'm not able to get residents baths done every week. I would need the nurse to help me especially if they were a hoier lift. There is only 1 nurse and 1 CNA for 16 residents. I'm still doing my charting for yesterday." The CNA Kardex indicates that Resident #1s scheduled shower/tub day is every Thursday. The Certified Nursing Assistant (CNA) documentation reviewed from June 2023 to July 2023 indicated that Resident #1 did not receive scheduled showers on 6/1/23, 6/8/23, 6/15/23 and 7/6/23. CNA documentation indicates resident refused his/her scheduled shower on 6/29/23 and 7/27/23. Resident #1 received showers on 6/22/23, 7/13/23 and 7/20/23. The CNA Kardex indicates that Resident #4s scheduled shower/tub day is every Wednesday. The CNA documentation reviewed from June 2023 to July 2023 indicated that Resident #4 did not receive scheduled showers on 6/7/23, 6/14/23, 6/28/23, 7/5/23 and 7/21/23. CNA documentation indicates resident refused his/her scheduled shower on 7/11/23 and 7/18/23. Resident #1 received showers on 6/20/23 and 7/16/23. The CNA Kardex indicates that Resident #5s scheduled shower/tub day is every Tuesday. The CNA documentation reviewed from June 2023 to July 2023 indicated that Resident #5 did not receive scheduled showers 7/4/23, 7/11/23 and 7/18/23. Resident #5 received showers on 6/7/23, 6/13/23, 6/20/23, 6/28/23 and 7/25/23.	F 725			

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F 725	Continued From page 6 On 7/26/23 at 4:00 p.m. the above findings were discussed with the Administrator, Director of Nursing and Clinical Lead.	F 725			