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|---|---|---|---|
| | 205180 | A. BUILDING _____ B. WING _____ | C 07/26/2023 |

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

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| F 000 | INITIAL COMMENTS<br><br>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 | | |
| F 584 SS=B | Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)<br><br>§483.10(i) Safe Environment.<br>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.<br><br>The facility must provide-<br>§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.<br>(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.<br>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.<br><br>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;<br><br>§483.10(i)(3) Clean bed and bath linens that are in good condition; | F 584 | | |

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

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| F 584 | Continued From page 1<br>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);<br><br>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;<br><br>§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<br><br>§483.10(i)(7) For the maintenance of comfortable sound levels.<br>This REQUIREMENT is not met as evidenced by:<br>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).<br>Findings:<br><br>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.<br><br>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<br>CFR(s): 483.25(i)<br><br>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.<br>The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such | F 695 | | |

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| F 695 | Continued From page 2<br>care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.<br>This REQUIREMENT is not met as evidenced by:<br>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).<br><br>Finding:<br><br>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.<br><br>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."<br><br>On 7/26/23 at 10:30 a.m., the above finding was confirmed with Registered Nurse #1.<br><br>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 | | |
| F 725 SS=E | Sufficient Nursing Staff<br>CFR(s): 483.35(a)(1)(2)<br><br>§483.35(a) Sufficient Staff.<br>The facility must have sufficient nursing staff with the appropriate competencies and skills sets to | F 725 | | |

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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

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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 hoyers/sit stand lifts that requires 2 people. That requires the nurse to help. This

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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 hoyer 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.

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| F 725 | Continued From page 6<br><br>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 | | |