| 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 02/19/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WINDWARD GARDENS | 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 |
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| F 000 | INITIAL COMMENTS<br><br>On 2/19/25, an unannounced visit was conducted at Windward Gardens for the purpose of investigating complaints #ME00050414, #ME00050567, and #ME00050680. It was determined that Windward Gardens is not in 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. This Plan of Correction is executed as evidence of the facility's continued compliance with State and Federal Regulations | |
| F 657 SS=D | Care Plan Timing and Revision<br>CFR(s): 483.21(b)(2)(i)-(iii)<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(2) A comprehensive care plan must be-<br>(i) Developed within 7 days after completion of the comprehensive assessment.<br>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--<br>(A) The attending physician.<br>(B) A registered nurse with responsibility for the resident.<br>(C) A nurse aide with responsibility for the resident.<br>(D) A member of food and nutrition services staff.<br>(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.<br>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.<br>(iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. | F 657 | Resident #1 was discharged on 1/28/2025.<br><br>An audit of residents with newly identified pressure ulcers was completed to validate that the CP is reviewed and revised by the interdisciplinary team.<br>The facility reviews and revises the resident s CP as needed following an assessment or a change in resident s condition including newly identified or worsening pressure ulcers.Licensed staff and IDT will be re-educated to this process<br><br>DON/Designee will complete audits of resident CP to ensure staff have reviewed and revised following the identification of a newly developed pressure ulcers. These audits will be weekly x 4 weeks then monthly x 3 months. | 3/18/25 |

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

TB — Administrator — 3/11/2025

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 657 | Continued From page 1<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, the facility failed to review, revise and update a care plan for a newly discovered pressure ulcer for 1 of 1 resident reviewed for pressure ulcer (Resident #1 [R1]).<br><br>Finding:<br><br>On 2/19/25, R1's clinical record was reviewed. Documentation indicated that R1 had an admission care plan (dated 12/19/24) for at risk of skin breakdown. On 1/15/25, the resident was diagnosed with a Stage 3 pressure ulcer on the sacrum. there was no evidence that the care plan was updated to reflect the new skin care needs. On 2/19/25 at 12:30 p.m., this was confirmed with the Director of Nursing and Marketing Clinical Advisor. | F 657 | Results of these audits will be brought to the monthly QAPI Committee for further review and recommendations. | |
| F 684 SS=D | Quality of Care<br>CFR(s): 483.25<br><br>§ 483.25 Quality of care<br>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.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure that a physician order for a wound clinic consultation was followed for 1 of 1 resident reviewed for pressure ulcer (Resident #1 | F 684 | Resident #1 was discharged on 1/28/2025.<br><br>An audit of residents records was completed to validate MD orders were followed as written, including orders resulting from external consults.<br><br>The facility ensures that residents receive treatment and care in accordance with professional standards including following provider orders. Licensed staff will be re-educated to this process. | 3/18/25 |

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| F 684 | Continued From page 2<br>[R1]).<br><br>Finding:<br><br>On 2/19/25, a review of R1's clinical record was completed. Documentation indicated that on 1/15/25, the resident had a Stage 3 pressure ulcer on the sacrum. On 1/16/25, the resident was sent to the hospital emergency department (ED) for an evaluation of lightheadedness. R1 returned to the facility with ED instructions for a referral to the hospital wound clinic. On 1/17/25, R1's primary physician signed the orders and the facility nurse noted the order.<br>On 2/19/25 at 12:22 p.m., in an interview with the surveyor, the Licensed Practical Nurse-Nurse Manager confirmed that the order for a wound clinic referral was not done. | F 684 | DNS/Designee will complete audits of resident orders to validate orders are followed as written, this includes orders from consulting providers. These audits will be weekly x 4 weeks then monthly x 3 months. Results of these audits will be brought to the monthly QAPI Committee for further review and recommendations.<br><br>Resident #1 was discharged on 1/28/2025 | |
| F 711 SS=D | Physician Visits - Review Care/Notes/Order<br>CFR(s): 483.30(b)(1)-(3)<br><br>§483.30(b) Physician Visits<br>The physician must-<br><br>§483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section;<br><br>§483.30(b)(2) Write, sign, and date progress notes at each visit; and<br><br>§483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.<br>This REQUIREMENT is not met as evidenced | F 711 | An audit of resident records was completed to validate the physician reviewed the resident's total program of care, including medications and treatments, at each visit. This includes writing, dating, and signing progress notes, signing and dating all orders with the exception of influenza/pneumococcal vaccines as this can be administered per physician approved facility policy. The resident physician/Designee completes required visits that include review of the resident's total program of care, including medications and treatments, at each visit. | 3/18/25 |

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| F 711 | Continued From page 3<br>by:<br>Based on record review and interview, the facility failed to ensure the physician reviewed the resident's total program of care, which included signing orders for medications and treatments listed on the Physician Orders (block orders) in a timely manner for 1 of 1 resident reviewed (Residents #1 [R1]).<br><br>Finding:<br><br>On 02/19/25, R1's clinical record was reviewed and included block orders (30 day) signed by the physician on 12/10/24. The next block order, including a 10-day grace period, needed review and the Physician's signature by 1/20/25; there are no further visits from the physician. On 2/19/25 at 2:50 p.m., in an interview with the surveyor, the Marketing Clinical Advisor confirmed that the last block order was signed on 12/10/24, making them 8 days late at the time of R1's discharge from the facility. | F 711 | This includes writing, dating, and signing progress notes and signing and dating all orders with the exception of influenza/pneumococcal vaccines as this can be administered per physician approved facility policy. Medical staff, DON, Medical Records, and NHA will be re-educated to this process.<br><br>NHA/Designee will complete audits of new admissions and residents due for required MD visits to ensure this process is followed. These audits will be weekly x 4 weeks, bi-weekly times 4 weeks, then monthly x 3 months. Results of these audits will be brought to the monthly QAPI Committee for further review and recommendations. | |
| F 712 SS=D | Physician Visits-Frequency/Timeliness/Alt NPP CFR(s): 483.30(c)(1)-(4)<br><br>§483.30(c) Frequency of physician visits<br>§483.30(c)(1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter.<br><br>§483.30(c)(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.<br><br>§483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally. | F 712 | Resident #1 was discharged on 1/28/2025. An audit of physician visits was completed to validate required physician visits occurred every 30 days for the first 90 days after admission and at least 60 days thereafter. | 3/18/25 |

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| F 712 | Continued From page 4<br><br>§483.30(c)(4) At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. This REQUIREMENT is not met as evidenced by:<br>Based on clinical record review and interview, the facility failed to ensure the attending physician made required visits, at least every 30 or every 60 days (depending on date of admission) and wrote a progress note for 1 of 1 sampled residents (Resident #1 [R1,].<br><br>Findings:<br><br>On 2/19/25, a review of R1's clinical record indicated that R1 was admitted on 12/10/24 and had a physician visit on 12/10/24. The next 30 day physician visit, including a 10-day grace period, which needed a review and written progress note was due on 1/20/25; there are no further visits from the physician. On 2/19/25 at 2:50 p.m., in an interview with the surveyor, the Marketing Clinical Advisor confirmed that the last visit was on 12/10/24, making the review and progress note 8 days late at the time of R1's discharge from the facility. | F 712 | This includes that after the initial visit by the MD, visits may alternate between the physician and a physician assistant or nurse practitioner.<br>The facility ensures that required physician visits occurred every 30 days for the first 90 days after admission and at least 60 days thereafter. Medical staff, DON, Medical Records, and NHA will be re-educated to this process.<br>NHA/Designee will complete audits of required physician visits to validate the process is followed timely. These audits will be weekly x 4 weeks and then monthly x 3 months. Results of these audits will be brought to the monthly QAPI Committee for further review and recommendations. | |