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 09/06/2023

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
F 000	INITIAL COMMENTS On 9/6/23, an unannounced on-site visit was conducted at Windward Gardens for the purpose complaint investigations #ME00044704. It was determined that Windward Gardens was 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 732 SS=B	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or	F 732	This event happened in the past and cannot be corrected. An audit was conducted to ensure that the facility has the current nurse staffing information posted in public view to include; facility name, the current date, total number of hours actually worked, and resident census. An audit was also conducted to ensure record retention of the nurse staffing information for a minimum of 18 months, as required by federal regulations. The facility updates the nurse staffing information daily at the beginning of each shift in a clear and readable format that is readily accessible to residents and visitors. Facility staff responsible for posting the nurse staffing information will be re-educated to this process. Administrator/ designee will complete random weekly audits of the nurse staffing information to validate timely/ accurate posting. Result of these audits will be submitted to the QAPI committee for further recommendation.	10/09/23

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

Administrator 9/26/23

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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WINDWARD GARDENS	105 MECHANIC ST CAMDEN, ME 04843

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F 732	Continued From page 1 written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to post the current daily nurse staffing information between 8/31/23 and 9/6/23. Finding: On 9/6/23 at 7:45 a.m., a surveyor observed that the nurse staffing information was posted on the first floor entrance door. The date on the nurse staffing information was 8/31/23; staffing for 6 days earlier. On 9/6/23 at 11:31 a.m. in an interview with a surveyor, the Regional Administrator confirmed that the nurse staffing had not been posted since 8/31/23.	F 732	This event happened in the past and cannot be corrected.	10/09/23
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.	F 761	An audit was conducted to ensure that all treatment carts in the facility are locked/secured properly. The facility ensures treatment carts containing multiple medicated creams, powders, ointments, syringes, and inhalation treatments are locked on 4 of 4 units at all times, unless in use by authorized personnel. Licensed staff will be re-educated to this process.	

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F 761	Continued From page 2 §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure a treatment cart containing multiple medicated creams, powders, ointments, syringes, insulin and inhalation treatment medications was locked on 2 of 7 units. (Penobscot House & Spring Gardens) Findings: 1. On 9/6/23 at 10:55 a.m., a surveyor observed an unattended, unlocked treatment cart in the hallway across from the Penobscot House nurses station. The treatment cart contained multiple medicated creams, powders, ointments and syringes. Resident residents and unauthorized personnel were observed crossing through area. A surveyor confirmed the above finding, at the time of the observation with Registered Nurse #1 (RN) at 11:00 a.m., who immediately locked the	F 761	DON/ designee will complete random weekly audits of treatment carts to validate process is being followed. Results of these audits will be submitted to the QAPI committee for further recommendations.	

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F 761	Continued From page 3 cart and confirmed that the treatment cart should be locked. 2. On 9/6/23 at 11:48 a.m to 11:56 a.m.., a surveyor observed an unattended, unlocked treatment cart in the hallway across from the Spring Gardens nurses station. The cart contained multiple medicated creams, powders, ointments, inhalation treatments, needles, and syringes. There were four residents obsrved in the area during the eight minutes that the treatment cart was unlocked. A surveyor confirmed the above finding, at the time of the observation with LPN #1 who immediately locked the cart and confirmed that the treatment cart should be locked. On 9/6/23 at 2:20 p.m., a surveyor discussed the above findings with the Administrator.	F 761		