

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

PRINTED: 01/29/2025
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 01/22/2025
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 1/22/25, unannounced visit was conducted at Windward Gardens for the purpose of investigating complaint #ME00050316. It is determined that Windward 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. This Plan of Correction is prepared and executed as evidence of the facility's continued compliance with State and Federal Regulations		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any,	F 580	This practice has the potential to affect all residents experiencing a fall with fracture the events for Resident #1 happened in the past and can't be corrected All resident falls in the last 30 days were reviewed to ensure timely notifications were made to the resident representative. All licensed staff re-educated regarding timely notifications following falls DON/ Designee will conduct regular audits to ensure notifications following falls occur timely. Audits will be conducted weekly x4 weeks, then monthly x 3 months.		2/19/25

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

TITLE

(X6) DATE

[Signature]

Administrator

2/19/2025

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 580	Continued From page 1 when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to notify the resident's representative (Resident #1 [R1]) of a fall with fracture. Finding: On 1/22/25, a review of R1's clinical record was completed. A nurse's note dated 12/23/24, indicated R1 had a fall and complained of right shoulder pain. A medical provider note dated 12/23/24, indicated that x-rays were order. A Radiology Report dated 12/24/24, indicated R1 sustained an acute right humeral neck fracture from the fall. There as no evidence to indicate that the	F 580	Audits will be reviewed by QAPI committee for further review and recommendations.		

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F 580	Continued From page 2 resident's representative was immediately notified of the fall and fracture. On 1/22/25 at 3:00 p.m., in an interview with the surveyor, the Administrator stated he was unable to locate evidence that R1's representative was promptly notified of the fractured humerus.	F 580			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)-	F 656	This practice has the potential to affect all residents that have experienced a fall The events for resident #1 happened in the past and cannot be corrected. All resident falls within the last 30 days were reviewed to ensure appropriate care plan interventions were put in place to guide care following a fall. All licensed staff re-educated regarding appropriate care plan interventions to guide treatment following falls. DON/ Designee will conduct audit on all resident falls to ensure appropriate care plan interventions are put in place following falls to guide treatment. Audits will be conducted weekly x 4 weeks, then monthly x 3 months.		2/19/25

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F 656	Continued From page 3 (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that a care plan was developed for a change in a resident's condition-fractured right humerus for 1 of 1 resident reviewed for a fracture. (Resident #1 [R1]) Finding: On 1/22/25, a review of R1's clinical record was completed. A nurse's note dated 12/23/24, indicated R1 had a fall and complained of right shoulder pain. A medical provider note dated 12/23/24, indicated that x-rays were order. A Radiology Report dated 12/24/24, indicated R1 sustained an acute right humeral neck fracture. A review of R1's care plan indicated there was no evidence that from 12/24/24 through to 1/19/25 (when R1 was discharged from the facility) a care plan was developed with interventions that would guide staff in the care of the fractured humerus	F 656	Audits will be reviewed by QAPI committee for further review and recommendations.		

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F 656	Continued From page 4 and R1's decreased functional ability to use his/her upper extremity. On 1/22/25 at 3:00 p.m., in an interview with the surveyor, the Administrator confirmed there was no care plan problem or interventions that addressed R1's fractured arm.	F 656			