

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/13/2025
NAME OF PROVIDER OR SUPPLIER  Winship Green Center for Health & Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  51 Winship St Bath, ME 04530	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37015</b></p> <p>Based on record review and interviews, the facility failed to provide evidence that the Resident Representative was informed of a physician order for an antipsychotic medication, informed of the side effects of that medication and given the opportunity to agree or disagree with the use of medication for 1 of 3 sampled residents reviewed for unnecessary medications (#1).</p> <p>Finding:</p> <p>A review of the clinical record Resident #1 had been admitted to the facility on [DATE] from an acute care hospital. Admission diagnoses included Urinary Tract Infection, Metabolic Encephalopathy, Delirium, Insulin Dependent Diabetes Mellitus, Chronic Kidney Disease, Major Depressive Disorder, Obsessive Compulsive Disorder, Congestive Heart Failure, Aortic Stenosis, and a history of frequent falls.</p> <p>On 12/25/24, Resident #1 experienced agitation, increased confusion and became aggressive and combative to staff and other residents. Efforts to redirect were ineffective and Resident #1 was transferred to the Emergency Department via ambulance for evaluation. Resident #1 was treated for a urinary tract infection, prescribed antibiotics, and returned to the facility. Over the next 5 days, Resident #1 continued to display an altered mental status with confusion, wandering, and combative behaviors at times.</p> <p>A provider note, dated 12/26/24, stated the discharge summary included the addition of Risperidone (an antipsychotic) 0.5 mg (milligrams) tablets twice daily as needed, without clarification of diagnosis.</p> <p>A review of facility admission orders, dated 12/24/24, included an order for Risperdone 0.5 mg by mouth every 12 hours as needed for behavioral disturbances X(times) 14 days.</p> <p>On admission, Resident #1 signed a facility Psychoactive Medication Consent Form, dated 12/24/24. The form was signed by the facility representative, a licensed practical nurse (LPN). It was noted to have been incorrectly completed with Risperidone entered as a Mood Stabilizer and listed possible side effects for the wrong class of medications. The form noted the Food and Drug Administration had issued a Black Box Warning for antipsychotic medication use in the elderly, however, the form did not indicate this was the type of medication prescribed.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/30/24, a brief interview for mental status (BIMS) test was completed. Resident #1 scored 12, indicating moderate cognitive impairment.</p> <p>A provider note, dated 12/30/24 stated Patient definitely with altered mental status at times. Will follow closely. Risperidone started at hospital for behavioral disturbances. Nursing not using appropriately. Will schedule twice daily and follow for improvement in behaviors. The medication order was changed to Risperidone 0.5 mg by mouth twice daily for anxiety and agitation. There was no evidence in the clinical record that Resident #1's representative had been informed of this change or the potential risks and benefits of the medication.</p> <p>On 1/13/25 at 12:25 p.m., the prescribing provider stated that Resident #1 had been given Risperidone at the hospital and continued to demonstrate behavioral disturbances. Staff were not giving the medication as needed, therefore the provider scheduled Risperidone twice daily. The surveyor asked if the dosing change had been discussed with Resident #1's family. The provider stated he/she had not had the opportunity.</p> <p>On 1/13/25 at 3:30 p.m., at the exit interview with the facility's Administrator and the Corporate Nurse Practice Educator, the surveyor discussed that Resident #1's clinical record showed no evidence that the representative was aware of and involved in the decision to prescribe a scheduled antipsychotic. Additionally, Resident #1 had been experiencing delirium due to infection and although he/she was his/her own decision maker, was not demonstrating the ability to make an informed decision when he/she signed the psychoactive medication consent form, nor was there evidence that Resident #1 understood or consented to an increase in dosage.</p> <p>A review of the facility's policy for Psychotropic Medications, last revised 5/2023, stated The resident and/or responsible party will be notified when the dose of the psychoactive medication has been changed by the Healthcare Provider.</p>		