STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205078	A. Building B. Wing	03/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Winship Green Center for Health & Rehab, LLC	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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observations and interviews, the facility failed to ensure the confidentiality of protected health information for 10 of 67 residents during 1 of 1 day of survey (Resident #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11).Findings:1. On 3/23/26 from 8:12 a.m. to 8:15 a.m., a surveyor observed an unattended treatment cart on the Pemaquid Unit with a staff members assignment sheet on it, face up. The assignment sheet contained personal medical information regarding Resident #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11. It was visible and easily accessible to residents, visitors, and unauthorized personnel. Environmental Service staff and Certified Nursing Assistance were noted nearby.On 3/23/26 at 8:16 a.m., through surveyor intervention, the assignment sheet was properly taken care of by a Licensed Practical Nurse, who at this time confirmed the assignment sheet should not be left in the open and should have been in a secure location.2. On3/23/26 from 3:35 p.m. to 3:41p.m., a surveyor observed an unattended medication cart on the Pemaquid Unit with a staff members assignment sheet on it, face up. The assignment sheet contained personal medical information regarding Resident #2, #3, #6, and #8. It was visible and easily accessible to residents, visitors, and unauthorized personnel. Environmental Service staff, Certified Nursing Assistances, ambulatory residents, and residents' family members were noted nearby. At 3:42 p.m., the Housekeeping and Laundry Manager secured the staff members assignment sheet.On 3/23/26 at 3:45 p.m., the above information was discussed with the Director of Nursing.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205078	A. Building B. Wing	03/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Winship Green Center for Health & Rehab, LLC	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)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on record reviews and interviews, the facility failed to ensure written bed hold and transfer/discharge notices were provided to the resident or their legal representative for a facility-initiated transfer/discharge for 1 of 3 sampled residents who were transferred/discharged to an acute care facility (Residents #1). Findings:1. Review of Resident 1's clinical record indicated that he/she was transferred to an acute hospital on 3/8/26 and subsequently admitted . The clinical record lacked evidence that the facility issued a written bed hold notice and a transfer/discharge notice to the resident and/or legal representative. On 3/23/26 at 1:30 p.m., the above was confirmed with the Director of Nursing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205078	A. Building B. Wing	03/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Winship Green Center for Health & Rehab, LLC	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)
F 0646 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the appropriate authorities when residents with MD or ID services has a significant change in condition. Based on record review and interview, the facility failed to notify the physician of a significant change in condition for 1 of 3 residents reviewed for a significant change in condition. (Resident #1)Findings:A review of Resident #1's entire clinical record showed he/she was transferred to the emergency room on 3/8/26 and was subsequently admitted to the hospital for difficulty breathing. Further review of the clinical record lacked evidence that the physician was notified of Resident #1's transfer to the hospital.Review of the facilities Change of Condition Policy and Procedure states The facility must inform the resident, consult with the resident's healthcare provider, and if known, notify the resident's legal representative or family member when there is. A decision to transfer or discharge the resident from the facility Further review of the policy states Physician/family notification must be documented in the electronic health record.On 3/23/36 at 1:30 p.m., the Director of Nursing confirmed there is no documentation in the resident's electronic medical record that showed a physician was notified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205078	A. Building B. Wing	03/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Winship Green Center for Health & Rehab, LLC	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on record review and interviews, the facility failed to have as needed medication readily available for resident use in a timely manner and failed to follow physician orders related to medication administration for 2 of 4 residents reviewed for medications (Resident #1 and #12).Findings:1. On 3/10/26 the Division of Licensing received a complaint regarding Resident #1 not having access to his/her respiratory medication (Acetylcysteine) in a timely manner. The complainant states Resident #1 had asked for this medication multiple days before he/she was able to receive it.Review of Resident #1 clinical record contained the following physician orders; Acetylcysteine Inhalation Solution 10% with instructions reading 200 milligram inhale orally every 6 hours as needed for PNA (pneumonia), ordered on 2/19/26 and discontinued on 2/25/26. A new order for Acetylcysteine Inhalation Solution 10% with instructions to inhale 10 ml orally every 6 hours as needed for PNA on 2/25/26. Ipatropium-Albuterol Solution 0.5-2.5 (3) MG/3ML with instructions to inhale 1 vial orally 4 times a day for COPD (Chronic Obstructive Pulmonary Disease) with a start date of 2/19/26 and Doxycycline Monohydrate Oral Capsule with instructions to Give 100 mg by mouth 2 times a day for a Upper Respiratory Infection for 7 days with a start date of 3/7/26.A review of progress notes indicated Resident #1 was sent to the emergency room for difficulty breathing on 3/6/26 at 8:44 p.m. and returned back to the facility on 3/7/26 at 10:40 a.m A review of Medication Administration Record (MAR) and Treatment Administration Record (TAR) lacked evidence that Acetylcystine was available for use or administered from 2/19/26 to 2/25/26, Ipatropium-Albuterol Solution's noon dose was given on 3/7/26, and the nighttime dose of Doxycycline Monohydrate Oral Capsule was given on 3/7/26.Review of the facilities PIXUS (Automated Medication Dispensing System) shows they 50 mg capsules of Doxycycline Monohydrate are available for use.On 3/23/26 at 3:40 p.m., during an interview with the Director of Nursing (DON), she stated the Acetylcystine and Ipatropium-Albuterol Solution were not administered per provider orders upon admission. In addition, she stated it is the expectation of the nurses to utilize the PIXUS, in the event medications were needed prior to pharmacy delivery. She then states the nurse should have used 2 of the 50 mg Doxycycline Monohydrate Oral Capsules to give his/her evening dose.2. Review of Resident #12's clinical record shows a physician order dated 3/6/26 for Metoprolol Tartrate Oral Tablet 12.5 mg with instructions to; Give 1 tablet by mouth two times a day for HTN (Hypertension) Hold for systolic blood pressure less than 110 and heart rate less than 60.Resident #12's MAR/TAR showed the evening of 3/14/26 the Metoprolol Tartrate was given to the resident outside of the physician orders with a blood pressure of 95/56.On 3/23/26 at 4:45 p.m., during an interview, the DON confirmed that Resident #12 metoprolol should have been held as it was outside of the physician order parameters.