

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  01/22/2025
NAME OF PROVIDER OR SUPPLIER  Windward Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 105 Mechanic St Camden, ME 04843	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>17282</p> <p>Based on record review and interview, the facility failed to notify the resident's representative (Resident #1 [R1]) of a fall with fracture.</p> <p>Finding:</p> <p>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.</p> <p>A Radiology Report dated 12/24/24, indicated R1 sustained an acute right humeral neck fracture from the fall.</p> <p>There as no evidence to indicate that the resident's representative was immediately notified of the fall and fracture.</p> <p>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.</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
---	-------	-----------

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  01/22/2025
NAME OF PROVIDER OR SUPPLIER  Windward Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE  105 Mechanic St Camden, ME 04843	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>17282</p> <p>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])</p> <p>Finding:</p> <p>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.</p> <p>A Radiology Report dated 12/24/24, indicated R1 sustained an acute right humeral neck fracture.</p> <p>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 and R1's decreased functional ability to use his/her upper extremity.</p> <p>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.</p>