

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 02/19/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>17282</p> <p>Based on record review and interview, the facility failed to review, revise and update a care plan for a newly discovered pressure ulcer for 1 of 1 resident reviewed for pressure ulcer (Resident #1 [R1]).</p> <p>Finding:</p> <p>On 2/19/25, R1's clinical record was reviewed. Documentation indicated that R1 had an admission care plan (dated 12/19/24) for at risk of skin breakdown. On 1/15/25, the resident was diagnosed with a Stage 3 pressure ulcer on the sacrum. there was no evidence that the care plan was updated to reflect the new skin care needs. On 2/19/25 at 12:30 p.m., this was confirmed with the Director of Nursing and Marketing Clinical Advisor.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>17282</p> <p>Based on record review and interview, the facility failed to ensure that a physician order for a wound clinic consultation was followed for 1 of 1 resident reviewed for pressure ulcer (Resident #1 [R1]).</p> <p>Finding:</p> <p>On 2/19/25, a review of R1's clinical record was completed. Documentation indicated that on 1/15/25, the resident had a Stage 3 pressure ulcer on the sacrum. On 1/16/25, the resident was sent to the hospital emergency department (ED) for an evaluation of lightheadedness. R1 returned to the facility with ED instructions for a referral to the hospital wound clinic. On 1/17/25, R1's primary physician signed the orders and the facility nurse noted the order.</p> <p>On 2/19/25 at 12:22 p.m., in an interview with the surveyor, the Licensed Practical Nurse-Nurse Manager confirmed that the order for a wound clinic referral was not done.</p>		

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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p>17282</p> <p>Based on record review and interview, the facility failed to ensure the physician reviewed the resident's total program of care, which included signing orders for medications and treatments listed on the Physician Orders (block orders) in a timely manner for 1 of 1 resident reviewed (Residents #1 [R1]).</p> <p>Finding:</p> <p>On 02/19/25, R1's clinical record was reviewed and included block orders (30 day) signed by the physician on 12/10/24. The next block order, including a 10-day grace period, needed review and the Physician's signature by 1/20/25; there are no further visits from the physician. On 2/19/25 at 2:50 p.m., in an interview with the surveyor, the Marketing Clinical Advisor confirmed that the last block order was signed on 12/10/24, making them 8 days late at the time of R1's discharge from the facility.</p>		

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17282</p> <p>Based on clinical record review and interview, the facility failed to ensure the attending physician made required visits, at least every 30 or every 60 days (depending on date of admission) and wrote a progress note for 1 of 1 sampled residents (Resident #1 [R1,]).</p> <p>Findings:</p> <p>On 2/19/25, a review of R1's clinical record indicated that R1 was admitted on [DATE] and had a physician visit on 12/10/24. The next 30 day physician visit, including a 10-day grace period, which needed a review and written progress note was due on 1/20/25; there are no further visits from the physician. On 2/19/25 at 2:50 p.m., in an interview with the surveyor, the Marketing Clinical Advisor confirmed that the last visit was on 12/10/24, making the review and progress note 8 days late at the time of R1's discharge from the facility.</p>		