

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 01/07/2026
NAME OF PROVIDER OR SUPPLIER Windward Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 105 Mechanic Street 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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on interviews and record reviews the facility failed to ensure neurological [neuro] checks were completed for 1 of 3 residents reviewed for falls during a complaint investigation (Resident #1). Findings: Resident #1 was admitted with diagnoses to include dementia and history of falls. Review of fall Incident Report dated 12/12/25 at 6:30 a.m., states Incident Location: Residents Room. Patient was found in [his/her] room laying on [his/her] right side on the floor. Patient states I got up and slid on the floor. Patient assessed and found to have no injuries. Initial Neuro checks complete and patient passed. the medical record lacked evidence that neuro checks were completed after this unwitnessed fall. Review of fall Incident Report dated 12/16/25 13:35 (1:35 p.m.) states Incident location: Hallway. The resident had fallen to the floor and was witnessed by the Nurse while rendering care to another patient near the hallway of the unit entrance door. He landed on his left arm and didn't hit his head. No injuries and pain noted. ROM (range of motion) and vital signs checked. All within normal limits. He was safely transferred back to the chair using a sit-to-stand device and situated near the nurses' station. Description: POM and vital signs check done. All within normal limits. He was safely-transferred back to the chair using a sit-to-stand device and situated near the nurses' station for close monitoring. During an interview on 1/7/26 at 1:33 p.m., Director of Nursing (DON) stated neuro checks are done for every unwitnessed fall and they are done on paper. DON provided writer with neuro check sheet dated 12/16/25. DON states she believes the neuro checks that were dated for 12/16/25 were supposed to be 12/12/25. At this time medical record lacked documentation for neurological checks for 12/12/25 fall. The finding was confirmed with the DON.

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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