

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  04/01/2026
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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations and interviews, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in a sanitary, orderly, and comfortable environment on 1 of 4 units observed during a complaint investigation (North Wind unit). Findings: On 3/13/26, the Division of Licensing and Certification received a complaint that states there are dirty washcloths in client's [resident's] room after staff washed client off. On 3/31/26 at 4:52 p.m. during a telephone interview, the complainant indicated that staff leave soiled washcloths sitting on the resident's shelves. On 4/1/26 from 10:10-10:26 a.m., during the onsite investigation, a surveyor conducted a tour of the North Wind unit and observed the following: In resident room [ROOM NUMBER]-2, orange peels and various food debris were on the floor next to and underneath the resident's bed. In Resident #2's room, the bathroom trash can was overflowing with debris and used exam gloves, and an unbagged soiled washcloth were on the floor next to the trash can. An unbagged sheet and a trash bag were on the floor outside of the resident's shower. A visibly soiled washcloth and a medicine cup containing red liquid residue were on the resident's sink. An unbagged wash basin containing a soiled washcloth was on the floor under the sink. In resident room [ROOM NUMBER]-1, a soiled washcloth was on the resident's over-the bed table and an exam glove was on the nightstand. An unbagged soiled washcloth was on the floor. In resident room [ROOM NUMBER], a pair of non-skid socks and a plastic spoon were on the floor by the resident's bed. A tubigrip stocking and a medicine cup containing an unknown white cream were on top of the resident's nightstand. The resident's nebulizer tubing was hanging out of the top drawer of the nightstand. An unbagged washcloth, visibly soiled with what appeared to be feces, was in the resident's bathroom sink. The trash can located outside of the bathroom had oxygen tubing hanging over the top of the trash can and extending down to the floor. On 4/1/26 from 10:30 a.m.- 10:38 a.m., the surveyor conducted a tour of the North Wind unit with the Market Clinical Lead and confirmed the above findings. At approximately 10:35 a.m., during an interview while observing Resident #2's room, Resident #2 stated that a night shift staff was going to empty his/her overflowing bathroom trash can but that her shift was over, so she left it. On 4/1/26 at 10:40 a.m. during an interview the Market Clinical Lead stated that the facility has identified environmental concerns on the North Wind and Spring Gardens units, and that designated staff will be conducting rounds and audits. The surveyor asked if a Performance Improvement Plan or staff education had been implemented, and at this time the Market Clinical Lead stated that the concern was recently discussed during the facility's Quality Assurance and Performance Improvement (QAPI) meeting, dated 3/27/26, and that audits have not yet been implemented and that she would look for evidence of education. No evidence of staff education was provided prior to the end of the survey. On 4/1/26 at 2:45 p.m. during a repeat tour of the North Wind unit, in resident room [ROOM NUMBER]-2, the surveyor observed crushed crackers/chips on the floor next to the resident's trash can. The trash can did not have a trash bag liner and contained a medicine cup, spoon, and other refuse. On 4/1/26 at 4:30 p.m. during the exit conference, the surveyor discussed the repeat observation with the Administrator and the Market Clinical Lead.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on record review and interviews, the facility failed to ensure that clinical records were complete and contained accurate information for 1 of 3 sampled residents reviewed for falls during a complaint investigation (Resident #1). Finding: Resident #1 was admitted with diagnoses to include but not limited to atrial fibrillation on anticoagulation (a blood thinner medication). A review of Resident #1's clinical record revealed an active physician order for Eliquis Oral Tablet 2.5 MG (Apixaban) Give 1 Tablet by mouth two times a day. Review of Resident #1's March 2026 Medication Administration Record (MAR) indicated that Resident #1 received his/her scheduled doses of Eliquis two times a day from March 1-18, 2026. Further review of Resident #1's clinical record revealed an SBAR (Situation, Background, Appearance, Review, and Notify) Communication Form and Progress Note, dated 3/12/26 and 3/17/26, used when notifying the physician of a resident's change in condition. The form states, Before calling MD [Medical Doctor]/NP [Nurse Practitioner]/ PA [Physician Assistant]: Evaluate the Resident: Complete relevant aspects of the SBAR form below. The forms indicated that Resident #1 sustained a fall on 3/12/26 and 3/17/26, and the Background section of the form, under Medication Alerts, lacked indication that Resident/patient is on other anticoagulant. On 4/1/26 at 3:16 p.m., the above finding was discussed with the Administrator and the Market Clinical Lead during an interview. On 4/1/26 at 3:50 p.m., the Market Clinical Lead confirmed that the SBAR communication form used to notify the physician of Resident #1's fall on 3/12/26 and 3/17/26 did not reflect his/her being on an anticoagulant.</p>		