



Caribou Rehab & Nursing Center

Bernadette Street · Caribou, ME 04736 · 207-498-3102 · fax 207-493-7828

July 25, 2025

Plan of corrections for Federal/state survey June 30th to July 2nd 2025

F0550

- The action being performed by staff was stopped immediately and education provided. Both residents identified in this deficiency were found to be unharmed physically and mentally. No other residents noted to be affected by this deficiency.
- All residents residing at the facility have the potential to be affected by this same deficiency. Education to be provided to all staff regarding resident rights.
- Education to be provided to all traveling staff, all current staff and all staff upon hiring regarding residents' rights.
- One compliance check will be done weekly (4/month) by a licensed staff member or department head to assess the employee's knowledge and understanding of resident rights. Residents will be asked at resident council monthly if their rights have been respected. Any staff member found to need further education regarding resident rights will be referred back to the staff educator by the person completing the compliance check, for further education. Staff educator will assign and monitor that compliance checks are being completed.
- All corrections will be completed by August 15th, 2025

F0554

- Medications removed from room and education provided to the Patient regarding if bringing medications in from home she must notify us due to we would need to get an order and complete assessment for safety prior to allow her to self-medicate with pills, creams or powders. No other residents noted to be affected by this deficiency.
- All residents admitted to the facility have the potential to be affected by this same deficiency.
- The charge nurse completing the resident's admission will address the residents desire to self-administer any type of medication or treatment. If The Patient wishes to administer their own medication the charge nurse completing the resident's admission will notify the supervisor or the interdisciplinary team (IDT) to assess the residents cognitive and physical abilities to determine if it is safe and appropriate.
- MDS coordinator will audit chart to ensure this process is completed with each new admission
- All corrections will be completed by August 15th, 2025

F0578

- This residents EHR was changed immediately. No other resident found to be affected by this deficiency.
- All residents residing at the facility have the potential to be affected by this deficiency
- All new orders from admissions, transfers or returns will be double checked by the supervisor to ensure paper orders are transcribed correctly in the EHR and a form completed that code status has been checked in all areas – PCC, IMAR and the sticker on the front of resident's chart/binder.
- The A-DON will monitor that the above process was completed
- All corrections will be completed by August 10th, 2024



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F0657

- The effected resident's care plan was updated to reflect the current wound and treatment. No other residents found to be affected by this deficiency.
- All residents have to potential to be affected by this same deficiency
- The facility wound nurse is to complete an assessment on all pressure wounds in the facility weekly. she will then notify the supervisor (assigned to paperwork/care plans) of changes or new areas of concern. The supervisor will update the care plans weekly to reflect changes.
- The facility wound nurse will review care plans to ensure they have been updated and are accurate regarding wounds and the treatment.
- All corrections will be completed by August 10th, 2024

F0684

- No other residents affected by this deficiency. Education provided to the charge nurses responsible for the found deficiency.
- All Diabetic residents at risk to be affected by this deficiency.
- Diabetic Education to be provided to all Licensed staff.
- The facility staff educator will review diabetic residents MAR weekly to ensure Insulin sliding scale is being followed. The staff educator will notify the DON or the A-DON if individualized further education needed.
- All corrections will be completed by August 10th, 2024

F0761

- A/B treatment cart switched to a cart with an electronic key code. Education provided to Med-Tech at that time regarding the medication cart being in her site at all times and if unable to maintain a clear vision of the cart it must be locked. No other residents found to be affected by this deficiency.
- All residents residing at the facility have the potential to be affected by this same deficiency.
- Education to be provided to all Licensed staff and Med-Tech's regarding the proper storage of medication and treatment carts when not in direct eyesight or not being used.
- Compliance check will be done weekly by a licensed staff member to ensure continued compliance.
- All corrections will be completed by August 15th, 2025

F0812

- No Residents were negatively impacted. All items exposed to air opened and unlabeled were exposed of upon findings
- All residents have the potential to be affected by these same deficiencies. Education will be provided to dietary staff on bacteria growth.
- Education provided to staff regarding importance of labeling & dating all opened products properly.
- The Dietary Supervisor will monitor weekly over the next quarter to ensure compliance
- All corrections will be completed by August 15 2025.



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F0880

- Zero residents were adversely affected.

Corrective Actions:

- Immediate Update: The Legionella Water Management Plan was reviewed and updated on July 14, 2025 to reflect current information, procedures, and new images of potential at risk areas.
- All Legionella Water Management documentation has been updated in Survey Binder and uploaded to TELS maintenance program.

Systemic Changes:

- Annual Review Schedule: The facility has implemented a recurring calendar reminder using TELS program for Qualified Professional (QP) to review and update the Legionella Water Management Plan every 12 months.
- Documentation Protocol: A checklist and logbook have been created to document all updates, training, and monthly inspections.
- Oversight Committee: The Water Management Program Team and Safety Committee will review the Legionella Water Management Plan and report findings during monthly meetings.

Monitoring & Compliance:

- Monthly regularly scheduled maintenance and inspections have been updated into the Maintenance TELS program including;
 - Visual inspection of all potential Legionella areas for Biofilm growth.
 - Monitoring and documenting all water temperatures.
- Testing kits are used when a potential Legionella case is questionable or needs to be confirmed.
- All findings and tests will be documented and reported to the Safety committee and discussed during QAPI meetings.
- Deficiency **F0880** has been corrected and all documentation updated as of July 24, 2025.

F0883

- Immunization offered to Resident (hospice patient) and family called for consent both parties declined. No other residents found to be affected by this deficiency.
- All residents admitted to the facility have the potential to be affected by this same deficiency.
- Current CDC guidelines reviewed by infection control nurse and the licensed staff member responsible for tracking and maintaining each resident's pneumococcal vaccine. Knowledge was obtained at that time regarding offering/administration of the pneumococcal vaccine in spite of care level (Hospice Care) or advanced age (107). MDS coordinator will call PCP office upon admission for the residents Immunization record.
- DON will check monthly to ensure vaccinations have been addressed with new admissions she will also audit charts and review the tracking records quarterly to ensure residents are offered and administered immunizations as recommended by the CDC.
- All corrections will be completed by August 15th, 2025

Respectfully Submitted by:

Christine Raymond RN, DON



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