STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205012	A. BUILDING _____ B. WING _____	C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMER COMMONS	21 JUNE STREET SANFORD, ME 04073

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 1/24/2024, an unannounced on-site visit was conducted at Summer Commons for the purpose of an investigation of complaints #ME00044315, #ME00045827, #ME00045105, and #ME00046110. It was determined that Summer Commons was not in substantial compliance with 42 CFR 483, Sub-part B-Requirements for Long Term Care Facilities	F 000		
F 727 SS=D	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to use the services of a Registered Nurse (RN) for at least 8 consecutive hours a day, 7 days a week on 5 of 62 days (December 2023 and January 2024) reviewed for RN coverage. Finding: On 1/24/2024, during a review of Daily Staffing	F 727	All residents have the potential to be affected by the cited deficient practice. No residents were identified as being affected by the noted deficient practice. The current and upcoming staffing schedules were reviewed at the time of the complaint survey to ensure that the facility has at least 8 hours of daily RN coverage scheduled moving forward. The facility's Staff Scheduler has been educated regarding the requirement to have at least 8 hours of RN coverrage each day, in addition to the Director of Nursing Services, when the daily census is 60 or more. Continued compliance with this regulation will be monitored on a daily basis by the payroll company for Summer Commons. Each day a report will be automatically generated and sent to the Administrator and Business Office Manager whenever there is not at least 8 hours of RN time registered in the time clock system for the previous day. The Administrator or designee will report the results of these daily audits at the facility's next quarterly QAPI meeting on evaluate compliance.	02/06/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Douglas Gardner, Adminisitrator	02/07/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205012	A. BUILDING _____ B. WING _____	C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMER COMMONS	21 JUNE STREET SANFORD, ME 04073

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 727	Continued From page 1 Postings and nursing working schedules from 12/1/2023 - 1/24/2024, they indicated that on 12/16/23 (Wednesday), 12/17/23 (Thursday), 12/23/23 (Wednesday), 1/12/24 (Friday), and 1/13/24 (Saturday) the facility did not have a Registered Nurse (RN) on duty for at least 8 consecutive hours. On 1/24/2024, at 10:45a.m., in an interview with the Director of Nursing, the surveyor confirmed the lack of RN coverage for a least 8 consective hours a day, 7 days a week on the dates identified in December of 2023 and January of 2024.	F 727		