STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0363	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINE VETERANS HOME - CARIBOU	163 VAN BUREN RD SUITE 2 CARIBOU, ME 04736

(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) COMPLETE DATE
P 000	Initial Comments On 10/21/25, an unannounced, on-site visit was conducted at Maine Veterans Home - Caribou, Residential Care Unit, for the purpose of completing the State Re-Licensure survey. It was determined that Maine Veterans Home - Caribou, Residential Care, is not in substantial compliance with 10-144, Chapter 113 - Regulations Governing the Licensing and Functioning of Assistive Housing programs Level IV, Private Non-Medical institutions.	P 000		
P 334	7.5 Medications and Treatments Medication labeling. Each prescription dispensed by a pharmacy shall be clearly labeled in compliance with requirements of the Commission on Pharmacy and shall include at least the following: This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that prescription medications stored in the medication cart included a pharmacy label in 1 of 2 medication carts (South). Findings: On 10/21/25 between 9:55 a.m.- 10:00 a.m., Certified Residential Medication Aide #1 (CRMA1) and a surveyor observed the following: - one packaged bactrim tablet in a medication cup with no label. CRMA1 stated that she removed this medication from the emergency kit (owned by the dispensing pharmacy) and placed it in the medication cart to be administered this evening for a resident. The surveyor confirmed that the medication was removed hours in advance from the emergency kit and was stored	P 334		

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P 334	Continued From page 1 in the medication cart with no labeling. - an opened foil package of Albuterol Sulfate inhalation medication (out of the original box) with a resident's first name written in black marker. There was no pharmacy label on the package and the original box was not found in the medication cart. The surveyor confirmed this finding during the observation. This provision (See rule 7.5.1-7.5.9) has not changed in the new rule effective 9/18/25. See the provisions of the new rule Section 5.G-5.G.8.	P 334		
P 449	11.1.1.16 Administrative and Resident Records Name, address and telephone number of the person to be notified and the procedures to be followed in an emergency to cover the immediate care of the resident and disposition of the body at the time of death. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure that resident records contained procedures to be followed in an emergency to cover the immediate care of the resident and the disposition of the body at the time of death for 3 of 3 resident record reviewed (Resident #2 [R2], R1 and R3). Finding: On 10/21/25, R2's clinical record was reviewed. The record lacked procedures to be followed in an emergency to cover the immediate care of the resident. On 10/21/25, R1's clinical record was reviewed.	P 449		

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P 449	Continued From page 2 The record lacked procedures to be followed in an emergency to cover the immediate care of the resident. On 10/21/25, R3's clinical record was reviewed. The record lacked procedures to be followed in an emergency to cover the immediate care of the resident. On 10/21/25 at 12:30 p.m., during an interview with a surveyor, the Residential Care Director and the Administrator stated the facility has a tool that is used during an emergency but is not included in the resident records. They do have a policy/procedure that was kept in a policy binder in the office and not in any clinical records, the surveyor confirmed this finding at this time. This provision has not changed in the rule effective 9-18-25. See the provision of the rule in Section 8.A.1.o	P 449		
P 494	12.3 Standards for Resident Care Service plan: A service plan shall be developed and implemented within thirty (30) calendar days of admission for each resident based upon the findings of the resident assessment instrument (RAI). The plan shall address those areas in which the resident needs encouragement, assistance or an intervention strategy. The resident, his/her legal representative (if applicable) and others chosen by the resident shall be actively involved in the development of the service plan, unless he/she is unable or unwilling to participate. There shall be documentation in the resident's record identifying who participated in the development of the service plan. The service plan shall describe	P 494		

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P 494	Continued From page 3 strategies and approaches to meet the resident's needs, names of who will arrange and/or deliver services, when and how often services will be provided and goals to improve or maintain the resident's level of functioning. Residents shall be encouraged to be as independent as possible in their functioning, including ADLs and IADL's if they choose, unless contraindicated by the resident's duly authorized licensed practitioner. The service plan shall be modified, as necessary, based upon identified changes. Residents shall never be required to perform activities specified in the residential service plan or any other activities and cannot be used to replace paid staff. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to update the service plans to include the use of virtual and audio electronic devices in a residents room and failed to address Diabetes management for 2 of 3 sampled residents (Resident #2 and #1 [R2, R1]) Findings: 1. On 10/21/25, during a tour of the facility, a surveyor observed that R2 had a sign on his/her door identifying the use of virtual and audio electronic devices. During a record review there was a consent formed signed by R2's Power of Attorney for the use of the devices dated 7/28/25. On 10/21/25 at 11:06 a.m., during an interview with the Residential Care Director (RCD), the	P 494		

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P 494	Continued From page 4 surveyor was informed that the video and audio devices are never turned off and that staff would be expected to turn the video around during care. A review of R2's service plan with the RCD lacked evidence that the use of these devices was addressed in the service plan. 2. On 10/21/25, R1's clinical record was reviewed and included a diagnosis of type II diabetes and physician orders for the use of insulin for diabetes. On 10/21/25 at 11:25 a.m., a surveyor and RCD reviewed R1's service plan but were unable to find a service plan for diabetes management; the surveyor confirmed this finding during this review. This provision has not changed in the rule effective 9-18-25. See the provision of the rule in Section 13.C.6 and 13.C.7.	P 494		