STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205091	A. BUILDING _____ B. WING _____	C 02/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK GROVE CENTER	**27 COOL ST WATERVILLE, ME 04901**

(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 2/27/24 an unannounced on site visit was conducted at Oak Grove Center to investigate #ME00046500. It was determined that Oak Grove Center is not in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.	F 000		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 880	Continued From page 1 infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews the facility failed to maintain an	F 880		

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F 880	Continued From page 2	F 880		

Infection Control Program designed to help prevent cross contamination and/or development of infection by maintaining a safe and sanitary environment related linen handling, urinary collection devices and sharps/needle safety for 1 of 1 days of survey on 1 of 3 units (Wyeth House).

Findings:

On 2/27/24 at 8:43 a.m., during observation of Wyeth House, the following was observed:

1. Observation of a Laundry Aid delivering linens to the Wyeth house dining room using an uncovered wire cart. She removed the tablecloths and placed them into the hutch in the dining room. At this time, she confirmed she was delivering clean tablecloths stating, "now that I'm thinking about it, I should've covered it with a sheet."

Review of the facility policy, Linen Handling, revised 5/1/23 states, All linen will be handled, stored, transported, and processed to contain and minimize exposure to waste products.
Instructions to: Keep clean linen covered and Transport clean linen in covered carts or bags.

2. Observation of Resident #3's Foley catheter bag with yellow urine visible from the hallway, the catheter bag was lying on the floor underneath the resident's wheelchair. At 8:51 a.m., the Register Nurse (RN) entered Resident #3's room. Approx. 2 minutes later the RN exited the room. At this time the surveyor confirmed the Foley catheter bag was lying on the floor.
Both the surveyor and the RN walked towards the treatment cart by the nurse's station, when the

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F 880	Continued From page 3 RN pulled out an insulin syringe/needle with an exposed needle from her scrub top stating, "it must not have locked", she then engaged the protective sleeve over the exposed needle. The Surveyor immediately intervened and asked why an insulin needle was in her pocket, questioning sharps safety. The RN stated, "I don't have time to be safe, that's why I resigned, I normally don't do that." Review of the facility policy, Needle Handling and Sharps Injury Prevention, revised 4/15/23 states, "To prevent the risk of injury and transmission of infectious disease from needlestick injuries. The safety mechanism of each disposable syringe with needle product and any other sharp items capable of causing injury will be used or activated after use" and "Sharps Disposal: Contaminated sharps will be discarded immediately in appropriate disposal containers." On 2/27/24 at 10:47 a.m., during an interview, the above was confirmed with the Regional Administrator.	F 880		