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	205076	A. BUILDING _____ B. WING _____	C 12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARKET SQUARE HEALTH CARE CENTER, LLC	**3 MARKET SQUARE SOUTH PARIS, ME 04281**

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F 000	INITIAL COMMENTS On 12/19/24 an unannounced on-site visit was conducted at Market Square Health Care Center for the purpose of complaint investigations #ME00049485, #ME00049921, and #ME00049925. It was determined that Market Square Health Care Center, is not in substantial compliance with 42 CFR Part 483, Subpart B-Requirements for Long Term Care Facilities.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.	F 656		

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

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F 656	Continued From page 1 (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on record review, interviews, and facility policy, the facility failed to ensure a resident's care plan was updated to reflect the resident's current care needs in the area of falls for 1of 3 residents reviewed (Resident #4). Finding: Facility policy, "Falls Management Policy," states, "Residents' care plan will be updated with all new interventions ..." Review of Resident #4's clinical record revealed he/she sustained a fall on 10/14/24, 10/16/24, 11/19/24, and 12/1/24. Review of Resident #4's care plan, updated on 11/12/24, revealed, "Problems: ...requires extensive assistance with self-care ...inability to	F 656		

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F 656	Continued From page 2 perform ADLs independently ..." Further review of Resident #4's care plan lacked evidence of goals and interventions for falls. On 12/19/24 at 2:19 p.m., during an interview with 2 surveyors, the Administrator stated it is her expectation that the resident care plan would be updated after a fall. On 12/19/24 at 5:37 p.m., during an interview with 2 surveyors, the Assistant Director of Nursing (ADON) reviewed the entire clinical record and confirmed that Resident #4's care plan was not updated to include goals and interventions for the care area of falls.	F 656		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized	F 842		

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F 842	Continued From page 3 §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and	F 842		

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F 842	Continued From page 4	F 842		

determinations conducted by the State;
(v) Physician's, nurse's, and other licensed professional's progress notes; and
(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.
This REQUIREMENT is not met as evidenced by:
Based on record review and interviews, the facility failed to ensure that clinical records were complete and contained accurate information for 2 of 3 residents reviewed. (Residents #4 and #5).

Findings:

Facility policy, "Falls Management Policy," revised July 2019, states, " ...E. Complete the Post Fall Observation Tool, following a fall ...F. Documentation must be completed in the nurse's note on each shift x 3 following the fall ..."

1. Review of Resident #4's clinical record revealed he/she sustained falls on 10/14/24, 10/16/24, 11/19/24, and 12/1/2024. The medical record lacked evidence that the Post Fall Observation Tool was completed for the 10/14/24, 10/16/24, or 12/1/24 falls.

Further review of Resident #4's clinical record revealed the following progress notes:

-11/29/24 at 8:41 p.m., "CNA called this nurse to resident's room. Resident found lying on the floor beside her bed ..."
-12/2/24 at 9:25 a.m., "Yelling heard by nursing staff with original origin unknown. Upon arrival of CNA staff resident observed holding self up on opposite bed in room. Resident lowered to floor by CNA staff..."

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F 842	Continued From page 5 The clinical record lacked evidence of a nurse's note each shift for 3 shifts after these falls. 2. Review of Resident #5's Care plan, updated on 9/30/24, revealed, "Problems: ...history of falls within last month r/t impaired mobility, poor safety awareness, impulse control ...Goal: ...no increase in the incidence of falls/injuries ...Interventions: ...non-slick footwear that fits, keep areas free of obstructions ...call light within easy reach." Review of Resident #5's clinical record revealed he/she sustained a fall on 11/22/24 and 11/26/24. Further review of Resident #5's clinical record lacked evidence that nursing notes were completed each shift x 3 shifts after these falls. On 12/19/24 at 5:37 p.m., during a review of Resident #4's and Resident #5's entire clinical records with 2 surveyors, Assistant Director of Nursing (ADON) confirmed the clinical records lacked evidence that a nurse's note was completed each shift for 3 shifts following the above falls, and Resident #4's clinical record lacked evidence that a Post Fall Observation Tool was completed after the falls sustained on 10/14/24, 10/16/24, and 12/1/24.	F 842		
F 880 SS=D	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.	F 880		

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F 880	Continued From page 6 §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 §483.71 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 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	F 880		

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F 880	Continued From page 7	F 880		

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 observations, interviews, and facility policy, the facility failed to maintain an Infection Control Program designed to help prevent the development of infection for 1 of 3 sampled residents. (Resident 3)

Findings:

Review of policy "Oxygen Use & Storage Policy" dated 10/24 states "..Respiratory Care: A sanitary environment must be maintained to prevent the transmission of disease. ..When nebulizer parts are not in use, after beine air dried, the mask and/or hand held devices shold be stored in a plastiv bag to the risk of it becoming contaminated..."

During observations of Room 2 on 12/19/24 at 10:13 a.m., and 12:15 p.m., the following was observed:

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F 880	Continued From page 8 -an unbagged bedpan was observed on the bathroom floor. -an unused catheter bag dated "12/17" was observed in a cardboard box containing pudding cups belonging to Resident 3. -a nebulizer was observed on bedside table. The apparatus was apart and left on top of the bedside table. Nebulizer tubing was observed rolled up and in a pink wash basin containing headbands and hairbrush with a large amount of hair on it. On 12/19/24 at 12:16 p.m., during an interview, Resident 3 indicated he/she was very upset because his/her food is in the box and doesn't understand why someone would leave a catheter bag in the box because that was disgusting. Resident 3 further indicated it's been a while since she/he has used the nebulizer, but uses the bed pan daily. On 12/19/24 at 12:18 p.m., during an observation of Room 2 and interview with Registered Nurse (RN)1 confirmed the above findings and stated that bedpans should always be bagged, catheter bags should never be placed in with resident personal items and nebulizer tubing should be bagged when not in use. On 12/19/24 at 1:03 p.m., during an interview, the above was discussed with Administrator.	F 880		