STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205004	A. BUILDING _____ B. WING _____	C 01/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIBBARD SKILLED NURSING & REHABILITATION CENTER	**1037 WEST MAIN STREET DOVER FOXCROFT, ME 04426**

(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 1/6/25, an unannounced visit was conducted at Hibbard Skilled Nursing and Rehabilitation Center for the purpose of investigating complaint #ME00050050. It was determined that Hibbard Skilled Nursing and Rehabilitation Center is not in 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. (iv)In consultation with the resident and the	F 656		

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

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F 656	Continued From page 1 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 and interview, the facility failed to update a care plan for the area of constipation/fecal impaction for 1 of 3 residents reviewed for bowel management. (Resident #1 [R1]). Finding: On 1/6/25 a review of R1's clinical record indicated R1 has a diagnoses of dementia and a history of chronic constipation. A review of R1's physician orders for bowel management during December 2024 indicated that R1 had orders for a High fiber diet, Lactulose (osmotic laxative) solution 10 Milligrams (GM)/15 milliliters (ml) give 15 ml by mouth twice a day for constipation, Senna Plus (stimulant laxative) 8.6-50 mg, give 2 tablets by mouth daily for constipation, Milk of Magnesia (laxative) oral suspension give	F 656		

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F 656	Continued From page 2 30 ml by mouth as needed for constipation every day, Bisacodyl Laxative 10 mg rectally suppository, insert one rectally as needed for bowel management every 3 days, Fleet oil rectal enema (mineral oil) insert one applicator rectally as needed for constipation every 3 days, Senna 8.6 mg give 2 tabs as needed for bowel management daily take with water. Docosate Sodium 100 mg, give two tabs daily as needed for constipation give at bedtime. On 12/22/24, a nurse note indicated R1 was transferred to acute care for an evaluation and treatment for constipation/fecal impaction and on 12/23/24 returned to the facility. R1 returned from the hospital with an order to discontinue the Ducosate and Miralax (osmotic laxative) Oral Powder 17GM scoop (polyethylene glycol 3350) give 1 scoop by mouth once a day for constipation was added. On 1/6/25, a review of R1's current care plan was completed. There was no evidence of a problem, goal or interventions addressing the resident's constipation and potential for fecal impaction. On 1/6/25 at 2:30 p.m., in an interview with the surveyor, the Administrator confirmed that the care plan had not been updated to reflect the residents' increasing problem with constipation.	F 656		