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CUMMINGS HEALTH CARE FACILITY	**5 CROCKER STREET HOWLAND, ME 04448**

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F 000	INITIAL COMMENTS On 6/9/25 through 6/11/25, on-site visits were conducted at Cummings Health Care Facility for the purpose of completing the annual Long Term Care Survey Process for Federal Recertification and facility reported incident #ME00050377. It was determined that Cummings Health Care Facility was not in compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her	F 550		

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

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rights as a resident of the facility and as a citizen or resident of the United States.

§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.

§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.
This REQUIREMENT is not met as evidenced by:
Based on observations and interviews, the facility failed to promote care for residents in a manner that maintains the resident's dignity and respect during resident observations on 2 of 3 days of survey (6/9/25 and 6/10/25) (Resident #27 [R27], and R12).

Findings:

1. On 6/9/25 at approximately 1:30 p.m., staff were observed assisting R27 who is dependent on staff for all Activities of Daily Living tasks, with personal incontinence care. It was observed from the hallway by a surveyor that R27 was being asked to roll on their side for the staff to perform incontinence care. At this time the surveyor observed the privacy curtain was closed but the window curtains were open, and the window was facing the parking lot, potentially exposing R27.

On 6/9/25 at 1:35 p.m. the surveyor asked the charge nurse to observe the task being

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conducted with R27. At this time the Surveyor confirmed the window curtain was not closed and R27 was exposed to the parking lot while receiving incontinence care. The charge nurse closed the window curtains at this time and informed staff to ensure resident privacy is maintained.

On 6/11/25 at 9:34 a.m. during an interview with R27, he/she stated that the curtains being opened during his/her care the other day didn't bother him/her but they do prefer to have them closed during their care.

2. On 6/10/25 at 10:56 a.m. a surveyor overhead Certified Nursing Assistant #1 (CNA1) speaking to R12, and heard R12 say, "please", then CNA1 was observed pushing R12 in his/her wheelchair toward his/her room, R12 was overheard saying, "all I said was I had to go to the bathroom".

On 6/10/25 at 10:58 a.m. in an interview with CNA1, a surveyor asked CNA1 to clarify what she said to R12, the surveyor asked if CNA1 asked R12 to say "please" before she would take him/her to the bathroom. The CNA1 stated she, "asked [him/her] to say please. We just took [him/her], asked to go to the bathroom again, two person assist, I said okay, say please, because he gets very verbal, swearing." The surveyor confirmed with the CNA1 at this time that R12 was not treated with dignity and respect when she required R12 to say please before she would assist him/her.

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F 550	Continued From page 3 On 6/10/25 at 12:15 p.m. in an interview with the Administrator and Director of Nursing, a surveyor confirmed R12 was not treated with dignity and respect when CNA1 asked R12 to say please before she would assist him/her.	F 550		
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility	F 578		

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F 578	Continued From page 4 may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on facility policy review, record review, and interview, the facility failed to ensure that the resident and/or resident representative received assistance/follow up assistance to complete the written information provided concerning the right to accept or refuse medical or surgical treatment and/or formulate an advanced directive, or appoint a surrogate, for 1 of 16 residents reviewed for advanced directives. (Resident #22 [R22]). Finding: Review of facility policy "Advanced Directives" under the Optional Section: We will assist you to make an Advanced Directive ... and by answering your questions about the forms. These services are available from the Social Service Director. On 6/11/25, a review of R22's electronic medical record was completed. The medical record lacked evidence that the facility offered assistance or followed up with the resident and/or resident representative concerning the right to accept or refuse medical or surgical treatment and to ensure the completion of the resident's advanced directive wishes.	F 578		

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F 580 SS=D	Continued From page 5 Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and	F 580 F 580		

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phone number of the resident representative(s).

§483.10(g)(15)
Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).
This REQUIREMENT is not met as evidenced by:
Based on record review and interviews, the facility failed to ensure that a resident's physician was notified of a significant health change/abnormal lab result with a dieticians recommendation for 1 of 1 resident reviewed (Resident #23 [R23]).

Finding:

On 6/9/25 at 1:44 p.m. R23's clinical record was reviewed, a nutrition/dietary note documented that R23 has a low albumin level with a suggestion/recommendation for 2 scoops of protein powder to be added to a beverage or soft vegetable such as mashed potato daily.

Further review of R23's clinical record indicated that on 3/19/25 the facility wrote a communication to the provider with the problem listed as Albumin 3.0 and asked if they could get a diagnosis for protein/calorie malnutrition. On 3/19/25 R23 had the new diagnosis of protein/calorie malnutrition and was added to his/her diagnosis list.

On 6/10/25 at 3:08 p.m. during an interview with a

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F 580	Continued From page 7 surveyor, the Director of Nursing (DON) stated that if the dietician made a recommendation/suggestion we would write it on a communication form for the provider and get an order. She stated that the dietician was reviewing the labs from March, 3/3/25, and she wrote a note in R23's clinical record. The dietician then gave the DON a handwritten note (DON showed the surveyor the note that was written for multiple residents with the suggestion/recommendation for 2 scoops of protein powder for R23. The DON stated that she is not sure how the suggestions/recommendations got missed but she has called the provider to let her know and they will start the order for the protein powder tomorrow. The surveyor confirmed this finding during this interview.	F 580		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on clinical record reviews and interviews, the facility failed to follow physician orders for 1 of 16 residents reviewed. (Resident #30 [R30]). Finding: On 6/10/25 at 11:44 a.m., during a clinical record	F 684		

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F 684	Continued From page 8 review for R30 there is documentation that shows he/she had an order dated 5/29/25 for Boost (supplement) twice a day between meals with a diagnosis of protein, calorie malnutrition. The clinical record lacks evidence that R30 has received this supplement. During this clinical record review a physician progress note dated 6/2/25 that documents that R30 also has protein-calorie malnutrition with albumin of 2.6, decreased from 2.9 in February. Boost nutritional supplements twice daily was added to her regimen to increase caloric intake. The provider was not aware that R30 was not receiving the Boost supplement as ordered. A physician progress note dated 6/9/25 addresses R30's protein-calorie malnutrition and documents the Continuing nutritional supplement twice daily. Consider adding lactase enzyme before meals if there is any discomfort following meals. At this time R30 still had not been receiving the supplement as ordered. On 6/10/25 at 2:00 p.m. during an interview with the Director of Nursing, she stated she was not sure how this order got missed. The surveyor at this time confirmed that R30 was not receiving a supplement as ordered to treat his/her protein-calorie malnutrition.	F 684		
F 711 SS=D	Physician Visits - Review Care/Notes/Order CFR(s): 483.30(b)(1)-(3) §483.30(b) Physician Visits The physician must- §483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this	F 711		

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section;

§483.30(b)(2) Write, sign, and date progress notes at each visit; and

§483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.
This REQUIREMENT is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure the physician reviewed the resident's total program of care, which included signing orders for medications and treatments listed on the Physician Orders in a timely manner for 2 of 6 residents reviewed for unnecessary medications (Residents #14 [R14], and R23).

Findings:

1. On 6/10/25, R14's clinical record was reviewed. A review of the physician visits and medication orders indicated that on 2/10/25, the first required 30-day physician visit (for a newly admitted resident) was completed and R14's admission orders were signed. On 2/24/25, the physician made a visit and medication orders signed. On 3/26/25, the second required 30-day physician visit (for a newly admitted resident) was completed and the medication orders signed. On 4/26/25, the third required 30-day physician visit was completed, but there was no evidence that the medication orders were signed at that visit.

On 6/11/25 at 8:15 a.m., during an interview with the surveyor, the Director of Nursing (DON) confirmed that on 4/26/25 the physician made the

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F 711	Continued From page 10 last of the three 30-day required visits for new admissions, but did not sign the medication orders for that visit. 2. On 6/10/25, R23's clinical record was reviewed. A review of the physician visits and medication orders indicated that the last orders signed are dated 3/26/25 and were good for 60 days. On 6/2/25 R23 had a physician visit completed, but there was no evidence that the medication orders were signed at that visit. With the last orders signed on 3/26/25 they were due to be reviewed and renewed no later than 6/4/25which includes the 10-day grace period and as of 6/10/25 they were not signed and were 6 days late. On 6/10/25 at 2:43 p.m. during an interview with a surveyor, the DON stated that she had noticed today that R23's orders were not signed during the last physician visit. So, she called the physician and told her they needed to be signed that day. At this time the surveyor confirmed that R23's physician orders were not signed and were 6 days late.	F 711		
F 801 SS=F	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population	F 801		

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in accordance with the facility assessment required at §483.71.

This includes:
§483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who-
(i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose.
(ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.
(iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.
(iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.

§483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a

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F 801	Continued From page 12 person to serve as the director of food and nutrition services. (i) The director of food and nutrition services must at a minimum meet one of the following qualifications- (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or (E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is not met as evidenced by: Based on interviews, the facility failed to ensure the Food Service Supervisor (FSS) met the qualifications of a Certified Food Service Director. This had the potential to affect all the residents (32 residents).	F 801		

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F 801	Continued From page 13 Finding: On 6/9/25 at 10:45 a.m., during an interview with a surveyor, the FSS stated that she has been in this role for about one year. She stated that she does not have the qualifications for the job and that she is currently not enrolled in any qualifying course or a Managerial Servsafe course. She then stated the facility's dietician is on a consultant basis and comes in monthly. On 6/11/25 at 2:00 p.m., during an interview with the Administrator, the surveyor confirmed that the facility has failed to have a qualified Food Service Supervisor and uses a consultant dietician who is not employed by the facility in a full-time position.	F 801		
F 849 SS=D	Hospice Services CFR(s): 483.70(n)(1)-(4) §483.70(n) Hospice services. §483.70(n)(1) A long-term care (LTC) facility may do either of the following: (i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices. (ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer. §483.70(n)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (i) Ensure that the hospice services meet	F 849		

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professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services.
(ii) Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following:
(A) The services the hospice will provide.
(B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter.
(C) The services the LTC facility will continue to provide based on each resident's plan of care.
(D) A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day.
(E) A provision that the LTC facility immediately notifies the hospice about the following:
(1) A significant change in the resident's physical, mental, social, or emotional status.
(2) Clinical complications that suggest a need to alter the plan of care.
(3) A need to transfer the resident from the facility for any condition.
(4) The resident's death.
(F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided.
(G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and nursing needs in coordination with the hospice

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representative, and ensure that the level of care provided is appropriately based on the individual resident's needs.
(H) A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions.
(I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility.
(J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation.
(K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff.

§483.70(n)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible

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for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident.
The designated interdisciplinary team member is responsible for the following:
(i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services.
(ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family.
(iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians.
(iv) Obtaining the following information from the hospice:
(A) The most recent hospice plan of care specific to each patient.
(B) Hospice election form.
(C) Physician certification and recertification of the terminal illness specific to each patient.
(D) Names and contact information for hospice personnel involved in hospice care of each patient.
(E) Instructions on how to access the hospice's 24-hour on-call system.

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F 849	Continued From page 17 (F) Hospice medication information specific to each patient. (G) Hospice physician and attending physician (if any) orders specific to each patient. (v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents. §483.70(n)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at §483.24. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to incorporate in a care plan the collaboration and responsibilities shared by the facility and Hospice for 1 of 2 Hospice residents reviewed (Resident #5 [R5]). Finding: On 6/10/25, a review of R5's clinical record was completed. Documentation in R5's clinical record indicated R5 is receiving Hospice services. Documentation in R5's care plan had a problem for terminal cancer and the name of the Hospice organization. There was no evidence of goals or interventions that indicated the collaboration of care between the facility and Hospice and there was no evidence of interventions that identified and directed the care between the two.	F 849		

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F 849	Continued From page 18 On 6/10/25 at 2:00 p.m., in an interview with the surveyor, the Director of Nursing confirmed that Hospice responsibilities was not integrated in with facility care plan.	F 849		
F 851 SS=F	Payroll Based Journal CFR(s): 483.70(p)(1)-(5) §483.70(p) Mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. §483.70(p)(1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping). §483.70(p)(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following: (i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type	F 851		

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of medical personnel as specified by CMS);
(ii) Resident census data; and
(iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual).

§483.70(p)(3) Distinguishing employee from agency and contract staff.
When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency.

§483.70(p)(4) Data format.
The facility must submit direct care staffing information in the uniform format specified by CMS.

§483.70(p)(5) Submission schedule.
The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly.
This REQUIREMENT is not met as evidenced by:
Based on record review and interviews related to mandatory submission of staffing information, the facility failed to ensure complete and accurate direct care staffing information based on payroll data was submitted to CMS (Centers for Medicare and Medicaid Services) for fiscal year quarter 2 2025 (January 1 - March 31, 2025). This has the potential to affect all residents (32 Residents).

Findings:

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F 851	Continued From page 20 Interview with the Administrator on 6/9/25 at 10:30 a.m. revealed that he/she is the responsible person for the submission to CMS of staffing information based on payroll data. A document titled "PBJ Staffing Data Report CASPER (Certification and Survey Provider Enhanced Report) 1705D FY (Fiscal Year) Quarter 2 2025 (January 1 -March 31)" states that the facility "Failed to Submit Data for the Quarter" was "triggered". "Triggered' was defined as "no data submitted for quarter". A facility document titled "Daily Census", printed 6/9/25, documented there were 32 residents living in the facility. On 6/9/25 at 10:15 a.m. in an interview with a surveyor, the Administrator stated there were 32 residents living in the facility. On 6/11/25 at 1:51 p.m. in an interview with a surveyor, the Administrator revealed the expectation is that the facility submit to CMS the staffing information based on payroll data, the deadline was 5/15/25, and that they submitted the data on 5/15/25 missing the deadline for the last quarter by one day due to a change in staff.	F 851		