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WATERVILLE CENTER FOR HEALTH AND REH	7 HIGHWOOD ST WATERVILLE, ME 04901

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P 000	Initial Comments On 9/9/24 thru 9/11/24, onsite visits were made at the Waterville Center for Health & Rehab-Keystone for the purpose of completing the state re-licensure survey and investigate complaint #ME00046762. It was determined that the Waterville Center for Health & Rehab-Keystone was 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 200	5.8 Resident Rights Right to communicate grievances and recommend changes. The facility/program shall assist and encourage residents to exercise their rights as residents and citizens. Residents may freely communicate grievances and recommend changes in policies and services to the assisted housing program and to outside representatives of their choice, without restraint, interference, coercion, discrimination or reprisal. All grievances shall be documented. The resident has the right to be assisted throughout the grievance by a representative of his/her choice. Section 5.25 of these regulations list advocacy services which may be available to resident. Assisted housing programs shall establish and implement a procedure for the timely review and disposition of grievances, and shall notify residents upon admission of their right to file a grievance and information about how to do so. The procedure shall include a written response to the grievant describing disposition of the complaint. These documents shall be maintained and available for review upon request by the Department. [Class IV]	P 200		

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P 200	Continued From page 1	P 200		

This STANDARD is not met as evidenced by:
Based on record reviews, Standard Contract Appendix A review, and interview, the facility failed to ensure that Residents that filed grievances were provided with a written response for 4 of 4 grievances reviewed identified on Resident Council minutes.

Findings:

On 9/9/24, a surveyor was provided with a copy of the Standard Contract and Resident Council minutes. The following was noted:

Appendix A of the Standard Contract, under the section, "Right to communicate grievances and recommend changes", indicated: the procedure shall include a written response to the grievant describing the disposition of the complaint.

Review of the Resident Council minutes and grievances indicated the following:

1. On 7/9/24 Per minutes under Laundry - See Grievance - On 7/17/24, the facility met with the Resident #25 and discussed one to one the disposition of the complaint.

2. On 7/9/24 - Per minutes under Dietary - See Grievance - A Grievance could not be found when the Resident Director went to review the Dietary grievances.

3. On 6/11/24 - Per minutes under Laundry - See Grievance - On 6/17/24, the facility met with the Resident #25 and discussed one to one the

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P 200	Continued From page 2 disposition of the complaint. 4. On 6/11/24 - Per minutes under Other - See Grievance - On 6/17/24, the facility met with Resident #13 and discussed one to one the disposition of the complaint. 5. On 6/11/24 - Resident #12 filed a grievance. On 6/18/24, the facility met with Resident #12 and discussed one to one the disposition of the complaint. On 9/12/24 at between 9:10 a.m. - 10:09 a.m., during an interview with the Social Worker and Recreation Director, the surveyor confirmed that written responses were not being provided to the grievants.	P 200		
P 240	5.30.3.8 Resident Rights To disseminate records of council meetings and decisions to the residents and the administrator and to make these records available to family members or their designated representatives and the Department, upon request. [Class IV] This STANDARD is not met as evidenced by: Based on Resident Council Meeting minutes and interview, the facility failed to response to or assist Residents with concerns discussed during Resident Council for June, July, and August 2024. Findings: On 9/9/24, Resident Council Meeting minutes were provided to the surveyor. The following was reviewed:	P 240		

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P 240	Continued From page 3 1. 6/11/24 - Dietary - "Majority not getting enough portions and Resident would like more protein offered.." The facility response was "Double portions need to be approved by dietician. Please have the nurse send an email for request." 2. 7/9/24 - Dietary - "The majority on unit states they are not given an enough meal portion and Resident states food not good, over cooked." The response was "being addressed." 3. 8/6/24 - Dietary - Resident #13 - not getting enough portions. Response - The dietician will speak to resident. On 9/12/24, between 9:10 a.m. - 10:09 a.m., during an interview with the Recreation Director and Social Services, a surveyor confirmed that there were repeated concerns noted on the Resident Council Meeting minutes regarding portion size and residents were not assisted with the response; Residents were directed to see the nurse to send an email to the dietician instead of the dietician speaking with the residents that had the concerns. In addition, the response for the 7/9/24 concern for meal portion and food not good was "being addressed" and it is unknown which concern(s) were being addressed.	P 240		
P 306	7.1.4 Medications and Treatments Unlicensed assistive personnel must be trained by a registered professional nurse in regard to the management of persons with diabetes. The registered professional nurse must provide in-service training and documentation to include: [Class III]	P 306		

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This STANDARD is not met as evidenced by:
Based on personnel file reviews and interview, the facility failed to provide documented evidence that 3 of 3 Certified Residential Medication Aide (CRMA) received diabetes management training/inservice annually (once every 12 months) by a Registered Nurse (CRMA #2, CRMA #3 and CRMA #5),

Findings:

On 9/11/24, between 1:45 p.m. - 2:31 p.m., the Human Resources Director (HRD) and a surveyor reviewed personnel files.

1. CRMA #2 was hired on 5/15/23. The last documented diabetes management training was completed on 5/17/23.

2. CRMA #3 was hired on 7/24/23. The last documented diabetes management training was completed on 7/26/23.

2. CRMA #5 was hired on 1/3/22. The last documented diabetes management training was completed on 1/3/22.

During these reviews, the HRD stated that there has not been annual 2024 diabetes management training/inservice completed as of the time of this review

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P 332	Continued From page 5	P 332		
P 332	7.3.4 Medications and Treatments Medications administered by the assisted living program, residential care facility or private non-medical institution, which require refrigeration, shall be kept safely stored and separate from food by placement in a special tray or container, except vaccines, which must be stored in a separate refrigeration unit that is not used to store food. Refrigeration shall be forty-one (41) degrees Fahrenheit or below. A thermometer shall be used to ensure proper refrigeration. [Class III] This STANDARD is not met as evidenced by: Based on review of the refrigerator temperature log and interview, the facility failed to monitor to ensure that the temperature of the medication refrigerator was maintained at 41 degrees Fahrenheit (F) or below for 1 of 1 month reviewed (August). Finding: On 9/10/24 at 1:20 p.m., during a review of the medication storage room with Certified Residential Medication Aide (CRMA) #5, a surveyor confirmed the following: 8/1/24 thru 8/31/24 AM sheet, there were 14 AM with no documented temperatures and 1 AM shifts with documented temperatures above 41 degrees. 8/1/24 thru 8/31/24 PM sheet, there was 6 PM shifts with no documented temperatures. During this review, the surveyor confirmed this finding with CRMA #5.	P 332		

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P 345	Continued From page 6	P 345		
P 345	7.7 Medications and Treatments Expired and discontinued medications. For medications administered by the assisted living program, residential care facility, or private non-medical institution, medications shall be removed from use and properly destroyed after the expiration date and when discontinued, according to procedures contained in Section 7.9. They shall be taken out of service and locked separately from other medications until reordered or destroyed. [III] This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure expired medications were removed from the supply available for use in the medication storage room and medication cart. Finding: On 9/10/24, between 1:00 - 1:20 p.m., a surveyor and Certified Residential Medication Aide (CRMA) #5 observed the following: In the medication storage room: 2 bottles of Pink Bismuth with an expiration date of 7/24 and 1 bottle of ActivIce Pain Relief with an expiration date of 7/24 In the medication cart: (1) Ear wax removal drops with an expiration date of 4/24; (1) Refresh Liquigel with an expiration date of 5/24; (2) Multi Vitamin with minerals with an expiation	P 345		

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P 345	Continued From page 7 date of 6/24; (2) Vitamin C 250 milligrams (mg) with an expiration date of 4/24; (1) Aspirin 325 mg with an expiration date of 4/24; (1) Thiamin 100 mg with an expiration date of 7/24; (1) Moisture Barrier ointment with an expiration date of 7/23; (1) A & D ointment with an expiration date of 3/24; (1) Sensi Care Body cream protectant with an expiration date of 5/24; and (1) Zinc paste with an expiration date of 3/24. The surveyor confirmed these were expired with CRMA #5 at the time of the observations.	P 345		
P 358	7.12.2 Medications and Treatments Whenever a medication or treatment is started, given, refused or discontinued, including those ordered to be administered as needed (PRN), the medication or treatment shall be documented on the medication/treatment administration record. It shall be initialed by the administering individual, with the full signature of the individual written on the first page of each month ' s MAR . A medication or treatment shall not be discontinued without evidence of a stop order signed and dated by the duly authorized licensed practitioner. [Class III] This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that a notation was made on the Medication Administration Records (MAR) by the administering staff member when a medication was administered for 2 of 3 residents	P 358		

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P 358	Continued From page 8 reviewed (Resident #13 and Resident #15). Findings: 1, On 9/10/24, Resident #13's August 2024 MAR was reviewed and indicated that on 8/13/21, Fluphenazine (antipsychotic via injection medication) was not given. On 9/11/24 at 8:05 am., during an interview with a surveyor, Licensed Practical Nurse (LPN) Unit Manager stated she gave the medication but did not document it on the MAR. 2. On 9/10/24, Resident #15's August 2024 MAR was reviewed and contained documentation that a Certified Residential Medication Aide (CRMA) administered Invega (antipsychotic via injection medication). On 9/10/24 at 1:00 p.m., during an interview with a surveyor, CRMA #5 stated that LPN Unit Manager administered the medication but forgot to sign the MAR so she did and just made a note elsewhere that indicated such. The surveyor confirmed that CRMA #5 cannot sign the MAR if she was the one that had not administered the medication.	P 358		
P 424	10.9.4.11 Administration Staff training and development (including orientation and in-service education); This STANDARD is not met as evidenced by: Based on review of employee files, Inservice Education policy, and interview, the facility failed to ensure that all employees were trained annually in Mandatory Reporting and Resident's Rights for 1 of 3 sampled employees.	P 424		

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P 424	Continued From page 9 Findings: The facility's Policy, "Inservice Education Requirements," last revised on May 2008, indicated Annual mandatory (paid) in-services to be held for all staff include Resident Rights. On 9/11/24, between 1:45 p.m. - 2:31 p.m., the Human Resources Director and a surveyor reviewed personnel files. The following were confirmed: CRMA #3 was hired on 7/24/23 and on that date, CRMA #3 received Resident Rights training. There was no documentation in CRMA #3's employee file that annual Resident Rights training had been attended.	P 424		
P 432	11.1.1.1 Administrative and Resident Records Name, previous address and Social Security number of resident; This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure that the resident's previous address was identified on the resident's identification and summary sheet (Admission Record) for 2 of 3 sampled residents (Resident #14 and Resident #15). Findings: 1. On 9/11/24, a surveyor reviewed Resident #14's identification and summary sheet. The resident's complete previous address was not identified on the resident's identification and summary sheet.	P 432		

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P 432	Continued From page 10 2. On 9/11/24, a surveyor reviewed Resident #15's identification and summary sheet. The resident's complete previous address was not identified on the resident's identification and summary sheet. On 9/11/24 at 9:20 a.m., the surveyor confirmed this finding, in an interview with Licensed Practical Nurse (LPN) Unit Manager.	P 432		
P 435	11.1.1.4 Administrative and Resident Records Religious affiliation; This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure that the resident's religious affiliation was identified on the resident's identification and summary sheet (Admission Record) for 2 of 3 sampled residents (Resident #13 and Resident #14). Findings: 1. On 9/11/24, a surveyor reviewed Resident #13's identification and summary sheet (Admission Record) The resident's religious affiliation was not identified on the resident's identification and summary sheet. 2. On 9/11/24, a surveyor reviewed Resident #14's identification and summary sheet (Admission Record) The resident's religious affiliation was not identified on the resident's identification and summary sheet. On 9/11/24 at 9:20 a.m., the surveyor confirmed this finding, in an interview with Licensed Practical Nurse (LPN) Unit Manager.	P 435		

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P 437	11.1.1.6 Administrative and Resident Records Dentist's name, address and telephone number; This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure that the resident's Dentist's name, address, and telephone number were identified on the resident's identification and summary sheet (Admission Record) for 3 of 3 sampled residents (Resident #13, Resident #14, and Resident #15). Findings: 1. On 9/11/24, a review of Resident #13's identification and summary sheet, under the section for Care Providers, lacked evidence of a Dentist's name, address, and telephone number. 2. On 9/11/24, a review of Resident #14's identification and summary sheet, under the section for Care Providers, lacked evidence of a Dentist's name, address, and telephone number. 3. On 9/11/24, a review of Resident #15's identification and summary sheet, under the section for Care Providers, lacked evidence of a Dentist's name, address, and telephone number. On 9/11/24 at 9:20 a.m., the surveyor confirmed this finding, in an interview with Licensed Practical Nurse (LPN) Unit Manager.	P 437		
P 450	11.1.2 Administrative and Resident Records A listing of all personal property of significant value to the resident that includes such things as jewelry, radios, television sets, dentures,	P 450		

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P 450	Continued From page 12 appliances and other valuables. Where serial numbers are available, these shall be included as part of the record. The record shall be signed and dated by the resident or his/her legal representative. When significant items of personal property are brought into or removed from the facility, it shall be so noted in the record. It shall be noted in the record if a resident has no personal property of significant value. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure that a listing of personal property was up to date and was signed and dated by the resident or his/her legal representative for 2 of 3 records reviewed (Resident #13 and Resident #14). Findings: 1. On 9/11/24, a review of Resident #13's clinical record lacked evidence of an "Inventory of Valuable Effects Form" signed and dated by the resident or his/her legal representative. 2. On 9/11/24, a review of Resident #14's clinical record lacked evidence of an "Inventory of Valuable Effects Form" signed and dated by the resident or his/her legal representative. On 9/11/24 at 9:20 a.m., a surveyor confirmed this finding with the Licensed Practical Nurse (LPN) Unit Manager.	P 450		
P 521	13.5 Staffing Employee records. Facilities must maintain	P 521		

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individual records on all related and unrelated employees. Records shall contain the initial date of employment, date of birth, home address and telephone number, experience and qualifications, social security number, copy of current occupational license (if applicable), references and reference check information, job description, record of participation in in-service, orientation or other training programs, results of annual personnel evaluations, disciplinary actions, illness and injury records and date of and reason for termination. Records may be computerized.

This STANDARD is not met as evidenced by:
Based on employee file reviews and interview, the facility failed to complete an annual performance evaluation every 12 months for 3 of 3 sampled Certified Residential Medication Aide (CRMA) employed greater than a year (#2, #3, #5) and failed to check references for 1 of 3 sampled CRMA (#3).

Findings:

On 9/11/24, between 1:45 p.m. - 2:31 p.m., the Human Resources Director and a surveyor reviewed personnel files.

1. CRMA #2 was hired on 5/15/23. There was no evidence that an annual performance evaluation was completed.

2. CRMA #3 was hired on 7/24/23. There was no evidence that an annual performance evaluation was completed or that references were

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P 521	Continued From page 14 checked at time of hire. 3. CRMA #5 was hired on 1/3/22. There was no evidence that an annual performance evaluation was completed. These findings were confirmed during the review.	P 521		
P 532	13.9 Staffing Registered nurse services. Each facility shall retain a registered nurse, either on staff (other than the Administrator) or on a contractual basis, to provide the following services: This STANDARD is not met as evidenced by: Based on Consultant report reviews and interviews, the facility failed to provide Registered Nurse Services to observe residents signs and symptoms, review resident records for completeness and accuracy, to review medication records, review medication administration practices and procedures, review therapeutic diets and to recommend staff trainings as required in the regulation 13.9 every 60 days. Findings: On 9/9/24, the surveyor was provided with the Registered Nurse (RN) Consultant Reports from 2/23 - 7/24. The surveyor made mention that there were some notes missing and was told that they were "employees" of the facility and would not need to make consultant notes. The consultant reports provided by the facility were for the following: RN Consultant #1 dated 2/8/23, 8/17/23, 9/26/23, 10/19/23, and 11/29/23 and RN Consultant #2 dated 5/28, 6/26/24 and 7/15/24.	P 532		

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	1167	A. BUILDING: _____ B. WING _____	09/11/2024

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P 532	Continued From page 15 1. On 9/20/24 at 12:50 p.m., during an interview with a surveyor, RN Consultant #1 stated that she was hired as the RN consultant (paid thru payroll) and did not work the floor. She did work on some Minimum Data Sets (MDS) but that wasn't anything that was related to what the RN consultant needed to do. RN Consultant #1 stated she wrote RN consultant reports and gave them to the Administrator, with her last one completed 11/29/23. RN Consultant #1 was able to find a report that she completed for April 2023, that the facility was unable to find. RN Consultant #1 was unable to state that she completed an onsite visit for June 2023. 2. On 9/20/24 at 1:54 p.m., during an interview with a surveyor, RN Consultant #2 stated that she was hired as a Resource Nurse for the Nursing Facility in February 2024 and RN Consultant for the Assisted Housing (via payroll for 8 hours a month). RN Consultant #2 stated she wrote a total of 3 RN Consultant Reports when she actually went to the facility, stayed on the unit, and would review orders, care plans etc. She stated there was no one doing it when she started. She was done in July 2024. After interviewing the RN Consultants, the surveyor confirmed that RN Consultant #1 and ##2 were hired to work in the role of a RN consultant and not as a staff nurse and that the facility did not have an RN Consultant reviewing records, providing education, and making recommendations every 60 days.	P 532		
P 551	14.4 Dietary Services Menus posted and filed. Menus shall be posted	P 551		

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P 551	Continued From page 16 conspicuously in the food service area and in an area used frequently by residents during the week used, and shall be kept on file for three (3) months. The posted menu shall be in large enough print for all residents to be able to read easily. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to post the weekly menu in an area that was clearly visible and in a print that was large enough for all residents to be able to easily read. Finding: On 9/10/24 at 12:05 p.m., during an interview with a surveyor, a staff member stated that the menus are not posted on the unit. On 9/10/24 at 1:20 p.m., during an interview with a surveyor, the Licensed Practical Nurse (LPN) Unit Manager stated that the menus are not posted on the unit.	P 551		
P 588	15.10.1 Sanitation/dietary services Potentially hazardous foods requiring refrigeration after preparation shall be rapidly cooled to an external temperature of forty-one degrees (41°) Fahrenheit or below. [Class II] This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provided evidence that the refrigerator temperatures were being monitored to ensure temperatures were maintained at 41 degrees (0°) Fahrenheit or below for the refrigerator located in the kitchenette.	P 588		

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P 588	Continued From page 17 Finding: On 9/9/24, a surveyor observed in the kitchenette attached to the outside of the freezer, a document titled, "Refrigerator/Freezer Temperature Log" dated for July 2024 that did not include any temperature readings for any dates. On 9/9/24 at 1:41 p.m., during an interview with the Licensed Practical Nurse (LPN) Unit Manager, a surveyor confirmed this finding	P 588		
P 589	15.10.2 Sanitation/dietary services Frozen food shall be kept frozen and shall be stored at a temperature of zero degrees (0°) Fahrenheit or below. [Class II] This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provided evidence that the freezer temperatures were being monitored to ensure temperatures were maintained at 0 degrees (0°) Fahrenheit or below for the refrigerator/freezer located in the kitchenette. Finding: On 9/9/24, a surveyor observed in the kitchenette attached to the outside of the freezer, a document titled, "Refrigerator/Freezer Temperature Log" dated for July 2024 that did not include any temperature readings for any dates. On 9/9/24 at 1:41 p.m., during an interview with the Licensed Practical Nurse (LPN) Unit Manager, a surveyor confirmed this finding	P 589		

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P 592	Continued From page 18	P 592		
P 592	15.10.5 Sanitation/dietary services Conspicuous, easily readable thermometers shall be provided for each refrigerator and freezer in the facility. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to keep a thermometer in the refrigerator that was displaying an accurate temperature in 1 of 1 refrigerators. Finding: On 9/9/24 at 1:41 p.m., a surveyor and Licensed Practical Nurse (LPN) Unit Manager observed a thermometer in the refrigerator that displayed 13 degrees (freezing) but nothing was frozen. The surveyor confirmed that the thermometer was not accurate during this obsevation.	P 592		
P 595	15.10.8 Sanitation/dietary services Perishable, refrigerated and frozen food shall be labeled and dated to determine whether they have proper nutritional value when served and are safe for human consumption. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that food items were labeled and included a use by date in 1 of 1 refrigerators. Finding: On 9/9/24 at 1:55 p.m., a surveyor and Licensed Practical Nurse (LPN) Unit Manager, observed in the refrigerator 4 containers of food that were not labeled to indicate what it was or with a use by	P 595		

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P 595	Continued From page 19 date. The surveyor confirmed this finding during the observation.	P 595		
P 627	16.6.1 Sanitation/physical plant requirements The facility and surrounding premises shall show evidence of routine maintenance and housekeeping and repair of wear and tear shall be made in a timely fashion. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to maintain the facility in a clean and sanitary manner and in good repair. Findings: During the survey, a surveyor observed the following: 1. On 9/9/24 at 1:41 p.m., a surveyor and Licensed Practical Nurse (LPN) Unit Manager, observed the kick plate to the refrigerator not attached to the unit and a cobweb in Room 303's window. 2. On 9/10/24, a surveyor observed: Room 334 - cobweb in window Room 313 - multiple stained tiles with strong smell of urine in the bathroom - Confirmed with Certified Residential Mediation Aide (CRMA) #5 who state she would let housekeeping know. Room 307 - muliple stained tiles with strong smell of urine in the bathroom and the drywall by the entrance door was pushed in. On 9/11/24 at 9:26 a.m., the above was observed during a tour and confirmed with LPN Unit	P 627		

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P 627	Continued From page 20 Manager. 3. On 9/11/24 at 11:30 a.m., a surveyor and Housekeeping Supervisor observed a cobweb in Room 303's window.	P 627		