

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>205132</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                   |                                                                                                                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>04/02/2024</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>DURGIN PINES</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9 LEWIS RD</b><br><b>KITTERY, ME 03904</b> |                                                                                                                          |                                                                    |                            |
| (X4) ID<br>PREFIX<br>TAG                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |  | ID<br>PREFIX<br>TAG                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |                                                                    | (X5)<br>COMPLETION<br>DATE |
| F 000                                                   | INITIAL COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |  | F 000                                                                                  |                                                                                                                          |                                                                    |                            |
| F 689<br>SS=D                                           | <p>On 4/2/24, an unannounced on-site visit was conducted at Durgin Pines for the purpose of an investigation of facility reported incident #ME00046930. It was determined that Durgin Pines was not in substantial compliance with 42 CFR 483, Sub-part B-Requirements for Long Term Care Facilities</p> <p>Free of Accident Hazards/Supervision/Devices<br/>CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents.<br/>The facility must ensure that -<br/>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.<br/>This REQUIREMENT is not met as evidenced by:<br/>Based on record review and interviews the facility failed to ensure a resident was free from an avoidable accident hazard when the resident sustained 1st degree burns on his/her bilateral lower extremities while receiving a whirlpool bath.</p> <p>Finding:</p> <p>A review of Resident #1's clinical record notes indicated that on 3/25/24 Resident #1 was given a whirlpool bath and had complained of the water being too hot. Upon assessment, Resident #1's bilateral lower extremities were warm to touch, red and swollen. Resident #1 was advised to elevate/his/her feet and apply cool rags to the area. Resident #1 refused. Resident #1's family member was called and advised that Resident #1</p> |                                                                            |  | F 689                                                                                  |                                                                                                                          |                                                                    |                            |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DURGIN PINES</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9 LEWIS RD</b><br><b>KITTERY, ME 03904</b>                                   |  |                                                                    |
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| F 689                                                   | <p>Continued From page 1</p> <p>be sent to the emergency room for an evaluation. Resident #1 was sent to the emergency room for an evaluation and diagnosed with 1st degree burns on his/her bilateral extremities and advised to treat with cool rags and Tylenol or Motrin.</p> <p>The facility investigation indicates that during an interview with Resident #1, he/she stated that he/she was unable to remove his feet from the water after CNA #1 left the room to get some towels.</p> <p>A Quarterly MDS dated 3/13/24, under section GG indicates Resident #1's range of motion in his/her bilateral lower extremities is impaired. Resident #1's current care plan indicates that Resident #1 receives extensive assistance from one staff member with bathing.</p> <p>During an interview with a surveyor on 4/5/24 at 11:26 a.m., CNA #1 stated that she started to fill the whirlpool up with water and left Resident #1 alone in the whirlpool spa room for approximately one minute to retrieve towels. CNA #1 recalls hearing Resident #1 hollering that the water was too hot when she came back into the spa room.</p> <p>During an interview with a surveyor on 4/3/24 at 8:18 a.m., R.N. #1 stated that she heard a resident hollering, so she entered the spa room and found Resident #1 and C.N.A. #1. Resident #1 was upset and told her that he/she was left alone in the whirlpool tub and the water was too hot. RN #1 assessed Resident #1's feet and found them to be red and swollen. RN #1 recommended cold cloths be applied to Resident #1's feet. Resident #1 declined and requested to call his/her family member. Resident #1's family member recommended that Resident #1 be sent</p> | F 689                                                                      |                                                                                                                          |  |                                                                    |

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| F 689                                                   | <p>Continued From page 2</p> <p>to the emergency room for an evaluation of his/her feet. Resident #1 was transferred to the emergency room for an evaluation on 3/25/24 and diagnosed with a first degree burns on his/her feet. Resident #1 clinical record indicates that the resident declined the physician's recommendation to treat with cool cloths, Ibuprofen or Motrin.</p> <p>A review of the Integrity Bath Safety Instructions indicates Warnings: hot water above 110°F 43°C can scald people. Some individuals using the integrity bath may not be able to communicate to the attendant the existence of painful and uncomfortable conditions. Water temperatures entering the bathing system must be constantly monitored using the built-in thermometers to assure that the water is at the recommended safe bathing level of 100° to 105. Check the temperature of the water in the reservoir by monitoring the bath temperature gauge located at the top right of the console. The desired temperature for bathing is normally somewhere between 100° to 105°. Warning: if the temperature of the bathwater stored in the reservoir exceeds 110° do not use the system. Remove the resident and report the problem to maintenance. Do not use until the mixing valve is serviced to correct the problem. Failure to heed this warning could result in a scalding injury to the patient. Rotate the tub fill lever slowly clockwise while holding your hand under the bath fill spigot to test the water temperature to make sure it is safe and comfortable for the patient be sure to monitor the temperature of the incoming water reflected in the lower right dial thermometer.</p> <p>Additionally, facility water temperature logs were reviewed and there were not temperatures noted</p> | F 689                                                                      |                                                                                                                          |                            |                                                                    |

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| F 689                                                   | Continued From page 3<br>to be outside of acceptable conditions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | F 689                                                                      |                                                                                                                          |  |                                                                    |
| F 908<br>SS=D                                           | <p>On 4/2/24 at 2:15 p.m. the Surveyor discussed the above finding with the Administrator and the Director of Nursing.</p> <p>Essential Equipment, Safe Operating Condition<br/>CFR(s): 483.90(d)(2)</p> <p>§483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interviews and record review, the facility failed to ensure that the residents' whirlpool was maintained, according to the manufacture's recommendations, and in good repair to provide a safe, functional, and comfortable environment for residents to bathe in for residents who receive whirlpool baths on 1 of 2 resident care units (Marions Way Hand Wing).</p> <p>Finding:</p> <p>On 4/2/24 between 11:20 a.m. and 12:00 p.m. during a observation with the Maintenance Director. A surveyor observed a whirlpool tub on Marions Way Hand Wing with a digital thermometer near the knobs for hot/cold water. As the hot water was running, the surveyor and Maintenance Director observed that the digital thermometer was not functional.</p> <p>A review of the Integrity Bath Safety Instructions on page 1 under Warnings: hot water above 110°F 43°C can scald people. Some individuals using the integrity bath may not be able to communicate to the attendant the existence of</p> | F 908                                                                      |                                                                                                                          |  |                                                                    |

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| F 908                                                   | <p>Continued From page 4</p> <p>painful and uncomfortable conditions. Water temperatures entering the bathing system must be constantly monitored using the built-in thermometers to assure that the water is at the recommended safe bathing level of 100° to 105. Check the temperature of the water in the reservoir by monitoring the bath temperature gauge located at the top right of the console. The desired temperature for bathing is normally somewhere between 100° to 105°. Warning: if the temperature of the bathwater stored in the reservoir exceeds 110° do not use the system. Remove the resident and report the problem to maintenance. Do not use until the mixing valve is serviced to correct the problem. Failure to heed this warning could result in a scalding injury to the patient. Rotate the tub fill lever slowly clockwise while holding your hand under the bath fill spigot to test the water temperature to make sure it is safe and comfortable for the patient be sure to monitor the temperature of the incoming water reflected in the lower right dial thermometer.</p> <p>On 4/2/24 at 2:15 p.m. the Surveyor discussed the above finding in an interview with the Administrator and the Director of Nursing.</p> |                                                                            |  | F 908                                                                                  |                                                                                                                          |                                                                    |                            |