STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205063	A. BUILDING _____ B. WING _____	R 06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLOVER HEALTH CARE	**440 MINOT AVE AUBURN, ME 04210**

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{F 000}	INITIAL COMMENTS On 6/30/25, an unannounced on-site visit was conducted at Clover Health Care to follow up on the deficiencies cited at the annual Long Term Care Survey Process for Federal Recertification for 5/9/25. It was determined that Clover Health Care was not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	{F 000}		
{F 684} SS=E	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 facility policy, record review, and interviews, the facility failed to complete neurological assessments for 3 of 3 residents reviewed for unwitnessed falls. (Resident #75, #86, #304) Findings: Facility policy titled Neurological Review last reviewed 7/8/2021 states under procedure step 1, "The Neurological Review in Point Click Care (PCC) is indicated ... following an unwitnessed fall" ... Step 3 states "All areas must be completed entirely". Step 4 states "The review allows for the neurological parameters to be	{F 684}		

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

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{F 684}	Continued From page 1 completed every 15 minutes x2, every 30 minutes x2, every 1 hour x2, and every 4 hours x2 or as per physician order". Step 6 states "When assessing neurological status, vital signs must be included". 1. Resident #75 clinical record indicates he/she sustained an unwitnessed fall on 6/26/25 at 10:40 a.m.. Review of the residents "Neurological Checklist" lacked evidence of a neurological assessment being completed at 5:55 p.m. and at 9:55 p.m.. 2. Resident #86 clinical record indicates he/she sustained an unwitnessed fall on 6/25/25 at 11:30 p.m.. Review of the residents "Neurological Checklist" shows that his/her neurological assessments lacked evidence of vital signs being obtained on 6/26/25 at 12:17 a.m., 12:45 a.m., 1:49 a.m., 2:45 a.m., 6:54 a.m., and 10:54 a.m.. 3. Resident #304 clinical record indicates he/she sustained an unwitnessed fall on 6/13/25 at 1:20 p.m.. Review of the residents "Neurological Checklist" shows that his/her neurological assessments lacked evidence of vital signs being obtained at 2:06 p.m., 2:36 p.m., 3:36 p.m., 4:36 p.m., 8:34 p.m. and a neurological assessment being done on 6/14/25 at 12:34 a.m.. On 6/30/25 at 4:00 p.m., the above information was discussed with the Executive Director and the Interim Director of Nursing.	{F 684}		
{F 812} SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must -	{F 812}		

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{F 812}	Continued From page 2 §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and interviews the facility failed to ensure the kitchen was maintained in a clean and sanitary manner and failed to ensure foods were labeled and dated in the reach in refrigerator for 1 of 1 kitchen tour. (6/30/25) Findings: On 6/30/25 from 8:15a.m. - 8:45 a.m. an observation of the kitchen in which the following findings were observed: - The kitchen floor had trash and debris around the entire room (in front of refrigerators, prep line, stove and under counters. - The Dry storage room had a broom lying on the floor on top of a coiled up hose, a bag of oats stored on the floor, a loaf of bread on the floor, napkins and dirt/debris on the floor throughout the room. - The reach-in refrigerator had an	{F 812}		

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{F 812}	Continued From page 3 unlabeled/dated bag of shredded lettuce, a tub of coleslaw without a label and date, an opened package of hotdogs with no label or date and a tub with one hardboiled egg with a date of 2/27. On 6/30/25 at 8:40 a.m., the above was confirmed and observed by the Chef who picked up the loaf of bread off the floor and put it back onto the bread shelf. The Chef then stated the staff must have written the wrong date on the tub with the hardboiled egg and every Monday he comes into the dry goods room being a mess. On 6/30/25 at 11:25 a.m., the above was discussed with the Executive Director and the interim Director of Nursing.	{F 812}		
F 867 SS=E	QAPI/QAA Improvement Activities CFR(s): 483.75(c)(d)(e)(g)(2)(i)(ii) §483.75(c) Program feedback, data systems and monitoring. A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following: §483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement. §483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and	F 867		

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F 867	Continued From page 4	F 867		

information from all departments, including but not limited to the facility assessment required at §483.71 and including how such information will be used to develop and monitor performance indicators.

§483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.

§483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.

§483.75(d) Program systematic analysis and systemic action.

§483.75(d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.

§483.75(d)(2) The facility will develop and implement policies addressing:
(i) How they will use a systematic approach to determine underlying causes of problems impacting larger systems;
(ii) How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and
(iii) How the facility will monitor the effectiveness

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F 867	Continued From page 5	F 867		

of its performance improvement activities to ensure that improvements are sustained.

§483.75(e) Program activities.

§483.75(e)(1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care.

§483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility.

§483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.71. Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section.

§483.75(g) Quality assessment and assurance.

§483.75(g)(2) The quality assessment and assurance committee reports to the facility's

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F 867	Continued From page 6 governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; (iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility's Quality Assurance Committee failed to ensure that the Plan of Correction for identified deficiencies from the Annual Long Term Care Survey Process for Federal Recertification, dated 5/9/25, were effective. The Federal citations F684 and F812 were cited again during the re-visit for the Annual Long Term Care Recertification Survey, completed 6/30/25. Finding: During the follow-up survey on 6/30/25, it was determined that F684 and F812 would be re-cited for the same reasons: F684 for failure to adequately assess and monitor a resident after an unwitnessed fall and F812 for failure to ensure the kitchen was maintained in a clean and sanitary manner and ensure foods were labeled and dated. (see F684 and F812) On 6/30/25 at 4:55 p.m., the above was discussed during the exit conference with the Executive Director and interim Director of Nursing.	F 867		

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