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F 000	INITIAL COMMENTS From 10/21/24 through 10/22/24, on-site visits were conducted at Bangor Nursing and Rehabilitation Center for the purpose of investigating complaints #ME00049116, #ME00049036 and #ME00049032. It was determined that Bangor Nursing and Rehabilitation Center is not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F 000		
F 580 SS=D	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.	F 580		

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

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F 580	Continued From page 1 (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 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 representative was notified immediately of a significant change in the resident's medical condition for 1 of 2 residents reviewed for a change in condition [Resident #8(R8)]. This had the potential to delay decisions in medical care. Findings: During a medical record review, R8 was admitted on 12/4/23 including diagnoses Parkinsonism, Dementia, and hallucinations. The daughter/Power of Attorney (POA) for medical and financial was listed as the responsible party.	F 580		

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R8 had a Brief Interview for Mental Status score of 8, indicating moderate cognitive impairment. The care plan indicated "The resident is resistive to care, refusal of medications", and listed "May call daughter when refuses medications or care."

Nursing notes indicated the following:
On 10/2/24 at 4:18 a.m., R8 was found on the floor and an SBAR (Situation, Background, Assessment, and Recommendation) was left for the provider. The note states "request day shift to call [patient] contact in the AM".

On 10/2/24 at 12:51 p.m., "Resident wasn't feeling well this morning, somewhat disoriented and lethargic. Dark bloody urine draining into Foley catheter ...[Family Nurse Practitioner] notified." R8's Urine was previously documented as clear amber urine on 09/13/24.

On 10/3/24 at 7:31 a.m., " Nurse aware Resident refused all medications this am. Resident not talking correctly and unable to hold cup of water."

On 10/3/24 at 12:52 p.m., "[R8] was confused and had trouble speaking this morning; foley bag was full of dark red blood; foley catheter changed; 500 [milligrams] Levaquin [antibiotic] administered by mouth per order from [Nurse Practitioner (NP)]; by 1200 [R8] was breathing at 32 [respiratory rate]; oxygen 5 [liters] applied and blood oxygen remained 83 [percent]; sent for further evaluation and treatment by order from [NP]."

The record lacks evidence that the POA was notified of R8's changes in condition.

On 10/22/24 at 12:21 p.m., during an interview, a

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F 580	Continued From page 3 surveyor and the Director of Nursing (DON) reviewed the medical record. The DON stated, the Registered Nurse wanted to see if the interventions were effective before calling the resident representative. At this time the surveyor confirmed that the POA was listed as the responsible party, and that the facility failed to notify the resident representative timely in order to make medical decisions for R8.	F 580		
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 interviews and observations the facility failed to provide incontinence care timely for 4 of 7 residents interviewed during a complaint investigation [Resident # (R1), (R2), (R3), and (R4)]. Findings: 1. On 10/21/24, record review indicated R1 was admitted on 9/12/24 with Acute cystitis without hematuria (urinary tract infection that causes a bladder infection). R1's care plan indicates, "[R1] has potential for impairment to skin [related to] incontinence, impaired mobility", and lists "Keep skin clean and dry" for an intervention. R1 has a	F 684		

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Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition.

On 10/21/24 at 10:46 a.m., during an interview with a surveyor, Resident (R1) stated that call bells can go unanswered for 40 minutes and R1 was not checked for incontinence on the night shift on 10/18/24 or 10/20/24. R1 stated he/she is prone to urinary tract infections and is afraid the delay in care will lead to another one.

2. On 10/21/24, record review indicated R2 was admitted on 4/13/22 with a diagnosis of cerebral infarction (stroke). The care plan indicates "The resident has bowel and bladder incontinence[related to] Impaired Mobility, Physical limitations due to stroke", the care plan lists "Encourage resident to call for assist when toileting need occurs and assist with bedpan and hygiene" and "Prompt and frequent incontinence care monitor skin with care and report any red, open or rash areas to [Licensed Nurse]" as interventions. R2 has a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition.

On 10/21/24 at 11:08 a.m., a surveyor observed R2's call light was activated. During an interview with a surveyor, R2 stated the call bell was activated at 10:45 a.m., to request incontinence care. From 11:30 a.m. to 12:00 p.m., 2 CNAs entered the room and provided incontinence care to R2 (45 minutes after initiating the call bell). During this time a surveyor observed R2's bottom to be red with white ridges and appeared to be pruned, and the skin in the right inguinal fold was red and raw.

3. On 10/21/24, record review indicated R3 was

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F 684	Continued From page 5 admitted on 8/8/2019 with a diagnosis of Multiple Sclerosis (MS). The care plan identifies "[R3] has potential for impairment to skin integrity [related to] mobility deficits" and "[R3] has bowel/bladder incontinence [related to] Activity Intolerance, Impaired Mobility, advanced MS." Interventions direct staff to assist the resident with incontinence care including brief use, and "Clean peri-area with each incontinence episode." R3 has a Brief Interview for Mental Status (BIMS) score of 12, indicating moderate impairment of cognition. On 10/21/24 at 11:16 a.m., during an interview with a surveyor, R3 stated he/she requested assistance with incontinence care around 5 a.m. and was told by staff they would come back with help but never returned. At 11:20 a.m., a surveyor observed as R2 informed staff that R3 needed assistance. From 12:06 p.m. to 12:24 p.m., a surveyor observed 2 CNAs provided incontinence care to R3. At this time the surveyor observed the brief to be heavily saturated as well as the bedding material below R3. 4. On 10/21/24 at 12:25 p.m., in an interview with a surveyor, R4 stated, "I had my bell ringing for an hour and a half yesterday and no one comes to help". R4 stated the desire to refuse the "water pill" to prevent incontinence since staff are unable to respond timely. R4 also stated they soiled the bed this weekend as staff had not emptied the urinal timely. On 10/22/24 at 9:15 a.m., in an interview with the Administrator and the Director of Nursing a surveyor confirmed the above findings.	F 684		
F 725 SS=E	Sufficient Nursing Staff	F 725		

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F 725	Continued From page 6 CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on interviews, and observation, the facility failed to ensure sufficient staff were scheduled and on duty to meet the needs of residents [Resident #1 (R1), R2, R3, and R4]. This has the potential to effect all residents. Findings:	F 725		

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During the week of 10/21/24-10/25/24 interviews were conducted with anonymous staff [Anonymous Staff #1 (A1) and (A2)].
A1 stated the facility is not staffing to acuity and had recently cared for a resident immediately on entering the facility as they were heard screaming for help related to incontinence. A1 stated "we have a lot of patients who are alert and oriented enough to know when someone comes but not enough to know to use the bathroom ... so a lot of them are sitting in it."
A2 stated the facility could use more staff as call bells go on for about 40 minutes, but staff are busy.

1. On 10/21/24 at 10:46 a.m., during an interview with a surveyor, Resident (R1) stated that call bells can go unanswered for 40 minutes and R1 was not checked for incontinence on the night shift on 10/18/24 or 10/20/24. R1 stated he/she is prone to urinary tract infections and is afraid the delay in care will lead to another one. Record review of R1's clinical record revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition.

2. On 10/21/24 at 11:08 a.m., a surveyor observed R2's call light was activated. During an interview with a surveyor, R2 stated the call bell was activated at 10:45 a.m., to request incontinence care. R2 stated his/her roommate (R3) also needed assistance as they had not been washed up for the day or provided incontinence care since 9:00 p.m. the night before. R2 stated he/she had requested to be up to his/her chair in the morning as R2 anticipated visitors arriving around lunch time. R2 stated the Certified Nursing Assistant (CNA) responded, "I'm not your CNA today and we are really busy, we

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might not be able to get you up." R2 stated "It's not just once, it's all the time." Review of R2's clinical record revealed a BIMS score of 15, indicating intact cognition.
At 11:20 a.m., a staff member answered R2's call bell (35 minutes after activation). R2 informed them of the need for incontinence care for R2 and R3. The staff member stated they would need to get more staff to assist the resident and left.
From 11:30 a.m. to 12:00 p.m., 2 CNAs entered the room and provided incontinence care to R2 (45 minutes after initiating the call bell).

3. On 10/21/24 at 11:16 a.m., during an interview with a surveyor, R3 stated he/she requested assistance with incontinence care around 5 a.m. and was told by staff they would come back with help but never returned. Review of R3'c clinical record indicated a BIMS score of 12 indicating moderate impairment.
At 11:20 a.m., a surveyor observed as R2 informed staff that R3 needed assistance.
At 11:30 a.m., a surveyor observed as R2 informed staff that R3 had not been cared for yet.
From 12:06 p.m. to 12:24 p.m., 2 CNAs provided incontinence care to R3. At this time the surveyor observed the brief to be heavily saturated as well as the bedding material below R3.

4. On 10/21/24 at 12:25 p.m., in an interview with a surveyor, R4 stated "I had my bell ringing for an hour and a half yesterday and no one comes to help ... if I had fallen, I would have been left to die." R4 stated the desire to refuse the water pill to prevent incontinence since staff are unable to respond timely. R4 also stated they soiled the bed this weekend as staff had not emptied the urinal timely. Review of nurse notes indicated on 10/19/24 at 11:08 a.m., R4 wanted to be out of

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F 725	Continued From page 9 bed before breakfast, staff's response was R4 would not be helped to get up until after breakfast. On 10/21/24 at 12:45 p.m., in an interview with a surveyor, the Physical Therapist stated that she does end up getting residents out of bed a lot as nursing staff is busy. She noted residents that require use of a Hoyer Lift requires more staff. On 10/22/24 at 9:15 a.m., in an interview with the Administrator and the Director of Nursing a surveyor confirmed the above findings.	F 725		
F 940 SS=D	Training Requirements CFR(s): 483.95 §483.95 Training Requirements A facility must develop, implement, and maintain an effective training program for all new and existing staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles. A facility must determine the amount and types of training necessary based on a facility assessment as specified at § 483.71. Training topics must include but are not limited to- This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the facility failed to implement and maintain an effective training program for nursing staff contracted through the Clipboard Application (App) in the areas of dementia care, resident rights, and abuse, neglect and exploitation training by failing to ensure contracted Clipboard Professionals (Users) completed trainings prior to independently providing services to residents.	F 940		

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F 940	Continued From page 10 Findings: Review of the Clipboard app "Terms of Service Agreement" last updated on "October 9, 2023" states, "Clipboard operates an online, marketplace, accessed through the Site, that allows third-party clients (each, a "Client") to post open shifts at facilities (each, a "Facility"), and allows independent contractor professionals (each, a "Professional") to view and sign up to work such shifts if they so choose." Under the subheading "2.1 CLIPBOARD'S ROLE AS A MARKETPLACE" states, "Clipboard merely makes the Site and Services available to enable Professionals and Clients to find and transact directly with each other ... Users alone are responsible for evaluating and determining the suitability of any shift, Client or Professional." On 10/21/24 at 1:08 p.m., during an interview with a surveyor, the Scheduler stated if there is a call out or a no show for a shift the Scheduler or the Director of Nursing (DON) will be notified. The shift will be posted on the Clipboard App. A Clipboard User will accept the shift and an email from Clipboard will be sent to the Scheduler and the DON notifying them the shift has been filled. If the User cancels the shift, the shift will automatically repost. Users who don't show up for their shift are automatically blocked. During this interview the Clipboard app was reviewed, the Scheduler was unable to find evidence of dementia care, resident rights, or abuse, neglect and exploitation training. She stated she does not normally look for this, but the DON also receives an email and may track this information. On 10/21/24 at 1:49 p.m., in an interview with a	F 940		

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F 940	Continued From page 11 surveyor, CNA1 stated she has worked in the facility through the Clipboard App for several months. The Clipboard App requires your license, a background check, and proof of required vaccinations. CNA1 stated dementia care, resident rights, and abuse, neglect and exploitation training were not required to pick up shifts on the Clipboard App. On 10/22/24 at 12:21 p.m., during an interview, a surveyor and the DON reviewed the Clipboard App. The DON was unable to provide evidence that dementia care, resident rights, and abuse, neglect and exploitation trainings were completed prior to contracted Clipboard User providing direct care to residents. At this time the surveyor confirmed the above findings.	F 940		