

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

PRINTED: 02/16/2024  
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>205063</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____               |                                                                                                                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/09/2024</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLOVER HEALTH CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>440 MINOT AVE<br/>AUBURN, ME 04210</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 550<br>SS=D                                                 | <p>From 2/5/2024 through 2/9/2024, on-site visits were conducted at Clover Health Care to complete the annual Long Term Care Survey Process for Federal Recertification and investigating complaints #ME00045912 &amp; #ME00046316. It was determined that Clover Health Care was not in compliance with 42 CFR Part 483, Subpart B-Requirements for Long Term Care Facilities.</p> <p>Resident Rights/Exercise of Rights<br/>CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights.<br/>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.</p> <p>§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.</p> <p>§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.</p> <p>§483.10(b) Exercise of Rights.<br/>The resident has the right to exercise his or her</p> |                                                                            |  | F 550                                                                              |                                                                                                                          |                                                        |                            |

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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| F 550                                                         | <p>Continued From page 1</p> <p>rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§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.</p> <p>§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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interviews the facility failed to promote care for residents in a manner that maintains each resident's dignity and respect when staff failed to serve all residents seated at the same table at the same time for 1 of 4 meals observed (2/5/24 lunch).</p> <p>Findings:</p> <p>On 2/5/24 from 12:04 p.m. through 1:07 p.m., on the Dublin House, two surveyors observed the lunch meal pass. 4 residents were seated at the table near the television area. The first 2 residents at this table were served at 12:22 p.m. and 12:26 p.m. At 1:02 p.m., 36 minutes later, the other 2 residents were served their lunch. During these 36 minutes, surveyors observed staffing serving the additional 4 tables in their entirety, delivering meals to residents who remained in their rooms for lunch and collecting up dirty plates and clearing off tables from the residents who were finished with their lunch.</p> | F 550                                                                      |                                                                                                                          |                            |                                                        |

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| F 550                                                         | Continued From page 2<br>On 2/9/24 at 11:16 a.m., during an interview with the Director of Clinical Operations the surveyor discussed the above concerns that the residents were not all served at the same time while at the same table and these 2 residents sat watching their tablemates eat for 36 minutes before being served.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | F 550                                                                      |                                                                                                                          |                            |                                                        |
| F 558<br>SS=D                                                 | Reasonable Accommodations Needs/Preferences<br>CFR(s): 483.10(e)(3)<br><br>§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations and interviews, the facility failed to make reasonable accommodations to bed side rails and a bed extender for 1 of 1 resident (#449) reviewed for accommodations on 3 of 5 days of survey.<br><br>Findings:<br><br>Resident #449 was admitted on 1/25/24 with diagnosis of cervical and lumbar abscess resulting in quadriplegia.<br><br>On 2/6/24 at 9:07 a.m., observation of Resident #449 in bed with his/her head at the very top of the bed and feet off the end of the bed. At this time, during an interview, Resident #449 stated, "I've been complaining of it since I got here" and "I have no guard rails on this bed, I asked for them the first day I got here." | F 558                                                                      |                                                                                                                          |                            |                                                        |

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| F 558                                                         | <p>Continued From page 3</p> <p>On 2/7/24 at 10:13 a.m., observation of Resident #449 lying flat in bed with his/her head at the top of bed and feet just shy of end.</p> <p>On 2/7/24 at 10:15 a.m., during an interview with the Director of Rehabilitation, she stated Resident #449 was evaluated on 1/26/24 for bed mobility which resulted in a request for side rails sent to nursing. Both the surveyor and Rehab Director observed Resident #449 in bed and discussed his/her positioning in the bed. At this time, the Rehab Director stated, the width of the bed is appropriate, but he/she might benefit from a bed extender. Surveyor noted a bed extender behind the residents recliner. Rehab Director confirmed it was a bed extender but smaller in width than what she is used to.</p> <p>On 2/7/24 at 10:19 a.m., surveyor was provided with therapy's request for Resident #449 to have side rails however, the form was not dated. The Rehab Director confirmed the request was submitted on 1/26/24, day of the evaluation and dated the form. At this time, during an interview with the Belfast unit Registered Nurse (RN) Manager, the surveyor asked how long it takes for side rails to be instituted after therapies request. She stated, "usually 3 days at best, I sign it and review with the Director of Nursing, decide if its appropriate ... then it goes to maintenance. It depends on when maintenance puts them on" and "we very rarely refuse side rails". Surveyor discussed the request date was on 1/26/24 and asked why hasn't the request been reviewed or completed? She stated, "I probably looked at it and didn't see a date, my fault, hit the bottom of the pile".</p> <p>On 2/8/24 at 8:47 a.m., observation of Resident</p> | F 558                                                                      |                                                                                                                          |                            |                                                        |

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| F 558                                                         | Continued From page 4<br><br>#449 in bed now with bilateral side rails in place however, with his/her head was above the top of the bed with feet approx. 6 inches from the end of the bed. At this time, he/she again stated, if he/she wasn't sitting so high up in the bed his/her feet would be on the edge.<br><br>On 2/8/24 at 8:57 a.m., both the surveyor and the Belfast RN Manager observed resident #449 in bed with his/her head above the top of the bed and feet approx. 6 inches from end of bed. At this time, RN Manager confirmed if he/she wasn't up so high, she could see his/her feet would be at the bottom of the bed. She's not sure if the bed can extend but if it can't she will get another bed.                                                                                                                                                                                                   | F 558                                                                      |                                                                                                                          |                            |                                                        |
| F 582<br>SS=D                                                 | Medicaid/Medicare Coverage/Liability Notice<br>CFR(s): 483.10(g)(17)(18)(i)-(v)<br><br>§483.10(g)(17) The facility must--<br>(i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of-<br>(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;<br>(B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and<br>(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.<br><br>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services | F 582                                                                      |                                                                                                                          |                            |                                                        |

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| F 582                                                         | <p>Continued From page 5</p> <p>available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.</p> <p>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and interview, the facility failed to ensure the Notice of Medicare Provider Non-Coverage (NOMNC) form was provided at least two days prior to end of Skilled services for 2 of 4 residents whose Medicare Part A Skilled services were discontinued (Residents #66 and #450). In addition, the facility failed to</p> | F 582                                                                      |                                                                                                                          |                            |                                                        |

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| F 582                                                         | <p>Continued From page 6</p> <p>ensure the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) form 10055, which included appeal rights and liability of payment was provided at least two days prior to a resident's last covered day and with the correct date of services ending for 3 of 4 sampled residents (#91, #349 and #450) whose Medicare Part A services were discontinued.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Resident #66's NOMNC indicated that the resident's Medicare Part A services would end on 12/19/23 and was verbally consented by Power of Attorney on the same day. The resident remained living in the facility.</li> <li>2. Resident #450's NOMNC indicated that the resident's Medicare Part A services would end on 1/23/24 and was verbally consented by Power of Attorney on 1/22/24. In addition, the SNFABN notice that was provided to Resident #450's legal representative had the incorrect date of 2/4/23 for services ending.</li> <li>3. Resident #91's Medicare Part A coverage for skilled services ended on 1/29/24. The medical record contained a SNFABN notice that was provided to Resident #91's legal representative with the incorrect date of 2/4/23 for services ending. The resident remained living in the facility.</li> <li>4. Resident #349's Medicare Part A coverage for skilled services ended on 12/11/23. The medical record contained a SNFABN notice that was provided to Resident #349's legal representative with the incorrect date of 2/4/23 for services ending. The resident remained living in the</li> </ol> | F 582                                                                      |                                                                                                                          |                            |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLOVER HEALTH CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>440 MINOT AVE<br/>AUBURN, ME 04210</b>                                       |                            |                                                        |
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| F 582                                                         | Continued From page 7<br>facility.<br><br>On 2/8/24 at 2:22 p.m., during an interview, the<br>Licensed Social Worker (LSW) #1 at 12:00 p.m.,<br>confirmed the NOMNC were not provided timely<br>and was unsure why the SNFABN notices had the<br>date of 2/4/23.<br><br>On 2/8/24 at 2:40 p.m., during an interview, the<br>Regional Director of Operations confirmed the<br>SNFABN notices were a template, and the date<br>was not changed to represent when each<br>residents skilled services would end.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | F 582                                                                      |                                                                                                                          |                            |                                                        |
| F 583<br>SS=D                                                 | Personal Privacy/Confidentiality of Records<br>CFR(s): 483.10(h)(1)-(3)(i)(ii)<br><br>§483.10(h) Privacy and Confidentiality.<br>The resident has a right to personal privacy and<br>confidentiality of his or her personal and medical<br>records.<br><br>§483.10(h)(l) Personal privacy includes<br>accommodations, medical treatment, written and<br>telephone communications, personal care, visits,<br>and meetings of family and resident groups, but<br>this does not require the facility to provide a<br>private room for each resident.<br><br>§483.10(h)(2) The facility must respect the<br>residents right to personal privacy, including the<br>right to privacy in his or her oral (that is, spoken),<br>written, and electronic communications, including<br>the right to send and promptly receive unopened<br>mail and other letters, packages and other<br>materials delivered to the facility for the resident,<br>including those delivered through a means other<br>than a postal service. | F 583                                                                      |                                                                                                                          |                            |                                                        |

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| F 583                                                         | <p>Continued From page 8</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interview, the facility failed to ensure a resident's privacy during his stay on the Clare Unit. (Resident #303).</p> <p>Finding:</p> <p>On 2/6/2024, observation of Resident #303s room found that there was no bed curtain that separated his/her bed area from the door to the room. The only curtain in the room separated the other resident in the room from him/her.</p> <p>Additionally, the resident can not get his/her wheelchair into the bathroom and the staff does not move the commode out of the bathroom and if the did there would be no way to provide privacy for the resident.</p> <p>On 2/6/2024 at 1:09 p.m. during an interview, Resident #303 stated "There is no privacy. I have been waiting 3-4 weeks to get usable commode. They make me use a bedpan, and it is depressing."</p> <p>On 2/6/2024 at 3:00p.m the Administrator and the</p> | F 583                                                                      |                                                                                                                          |                            |                                                        |

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| F 583                                                         | Continued From page 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | F 583                                                                      |                                                                                                                          |                            |                                                        |
| F 584                                                         | Director of Nursing confirmed the above finding.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | F 584                                                                      |                                                                                                                          |                            |                                                        |
| SS=E                                                          | Safe/Clean/Comfortable/Homelike Environment<br>CFR(s): 483.10(i)(1)-(7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                                                          |                            |                                                        |
|                                                               | <p>§483.10(i) Safe Environment.</p> <p>The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1,</p> |                                                                            |                                                                                                                          |                            |                                                        |

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| F 584                                                         | <p>Continued From page 10</p> <p>1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interviews, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in good repair and in a sanitary condition for 3 of 4 Units (Dublin Place, Clare Place and Galway Place) and the Laundry room.</p> <p>Findings:</p> <p>On 2/9/24, from 10:16 a.m. to 11:05 a.m., a surveyor did an environmental tour with the Maintenance Director, the Administrator, the Director of Nursing and the Regional Director of Clinical Operations in which the following findings were was observed:</p> <p>Dublin Place:</p> <ul style="list-style-type: none"> <li>&gt; There were 3 chairs near rooms #34 and #35, and 2 chairs in common area near the unit entrance door with torn/ripped cushions.</li> <li>&gt; Resident [REDACTED] - The privacy curtain was missing hooks, hanging down and in disrepair.</li> <li>Resident #82's wheelchair had a left armrest that was ripped/ torn.</li> <li>&gt; Resident [REDACTED] - The room had a strong odor of urine.</li> <li>&gt; Resident [REDACTED] - The privacy curtains were missing hooks, hanging down and in disrepair.</li> <li>The bathroom floor was dirty. There were 2 bedpans hanging on the wall that were uncovered and there were unlabeled toiletries on a shelf.</li> <li>&gt; Resident [REDACTED] - There were 2 bed pans</li> </ul> | F 584                                                                      |                                                                                                                          |                            |                                                        |

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| F 584                                                         | <p>Continued From page 11</p> <p>on the floor next to the toilet.</p> <p>&gt; Hallway by [REDACTED] - The sit-to-stand resident lift had food and dirt/debris in the foot base area and was missing a safety hook. The purple wheelchair had a missing left armrest.</p> <p>&gt; Resident [REDACTED] - The privacy curtain was missing hooks, hanging down and in disrepair. The window shade was broken. The heater was rusty. The bathroom has an uncovered bed pan hanging behind the toilet. There was a visibly soiled plunger sitting on the floor.</p> <p>&gt; Resident [REDACTED] - The privacy curtain was missing hooks, hanging down and in disrepair.</p> <p>&gt; Resident [REDACTED] - There was a visibly soiled plunger sitting on the floor.</p> <p>&gt; Resident [REDACTED] - Resident #74's wheelchair had a left armrest that was ripped/ torn. The privacy curtains were missing hooks, hanging down and in disrepair.</p> <p>&gt; Whirlpool room -- The floor transition strip to toilet area was missing. The room had a strong odor of urine and feces. There was trash on the floor and full bags of trash stored on a cart.</p> <p>&gt; Resident [REDACTED] - The privacy curtain to the bathroom had a dried brown substance on it.</p> <p>Clare Place(left side):</p> <p>&gt; Hallway outside [REDACTED] -- The wall had chipped/missing paint, exposing sheetrock, under the sanitizer dispenser creating an uncleanable surface.</p> <p>&gt; Hallway outside [REDACTED] -- The wall had chipped/missing paint, exposing sheetrock, under the sanitizer dispenser creating an uncleanable surface.</p> <p>&gt; The hallway floor, under the desk in the middle of hallway, was heavily soiled with dirt/debris.</p> <p>&gt; Resident [REDACTED] - Resident #47's wheelchair had both left and right side armrests</p> | F 584                                                                      |                                                                                                                          |                            |                                                        |

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| F 584                                                         | <p>Continued From page 12</p> <p>that were ripped/ torn.</p> <p>&gt; Resident [REDACTED] - The privacy curtains don't give privacy to resident bed 2. Both privacy curtains were missing hooks, hanging down and in disrepair. The baseboard heater was marred with black marks and had chipped/missing paint. Resident #302's wheelchair had a right side armrest that was ripped/ torn.</p> <p>&gt; The linen closet had an untreated wood board secured to the floor behind the linen cart.</p> <p>&gt; Hallway by [REDACTED] - There was an electric wheelchair that had a ripped/torn left armrest. There was a wheelchair that was heavily soiled with food and dirt. The sit-to-stand resident lift had food and dirt/debris in the foot base area.</p> <p>Clare Place(right side):</p> <p>&gt; The sit-to-stand resident lift had food and dirt/debris in the foot base area. Additionally, there was missing/chipped paint creating an uncleanable surface.</p> <p>&gt; The exit door and window frame were rusty and had chipped/missing paint creating an uncleanable surface.</p> <p>&gt; The black Invacare tracer SX5 wheelchair, by the exit door, had both left and right armrests that were ripped/torn.</p> <p>&gt; Resident [REDACTED] -- The room walls were marred and had missing/chipped paint. The privacy curtains were missing hooks, hanging down and in disrepair.</p> <p>&gt;Resident [REDACTED] -- The privacy curtains were missing hooks, hanging down and in disrepair.</p> <p>Galway Place</p> <p>&gt; Resident [REDACTED] -- The privacy curtain was missing hooks, hanging down and in disrepair.</p> <p>&gt; Resident [REDACTED] - The wardrobe bottom drawer was missing the front face and broken.</p> | F 584                                                                      |                                                                                                                          |                            |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLOVER HEALTH CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>440 MINOT AVE<br/>AUBURN, ME 04210</b>                                       |                            |                                                        |
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| F 584                                                         | Continued From page 13<br>> Resident [REDACTED] - There was a brown substance dried on the curtain to the resident's bathroom.<br>> The sit-to-stand resident lift had food and dirt/debris in the foot base area.<br>> The whirlpool tub had a large brownish stain inside the bathing area.<br>> The shower had blackish and brownish build up around the floor edges and along the transition strip.<br><br>Laundry Room:<br>> The cement floor had chipped/missing paint in the chemical room and behind 1 washing machine and behind the dryers creating uncleanable surfaces.<br>> There were 13 missing ceiling tiles and 5 ceiling tiles stained with brownish stains.<br><br>On 2/9/24 at 11:05 a.m., in an interview, the Maintenance Director, the Administrator, the Director of Nursing and the Regional Director of Clinical Operations confirmed the findings. | F 584                                                                      |                                                                                                                          |                            |                                                        |
| F 610<br>SS=D                                                 | Investigate/Prevent/Correct Alleged Violation<br>CFR(s): 483.12(c)(2)-(4)<br><br>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:<br><br>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.<br><br>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.                                                                                                                                                                                                                                                                                                                                                                                                                                                  | F 610                                                                      |                                                                                                                          |                            |                                                        |

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| F 610                                                         | <p>Continued From page 14</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based in interviews, record review and facility policy review, the facility failed to thoroughly investigate an allegation of medication diversion for 1 of 1 misappropriation of medication allegation investigated.</p> <p>Findings:</p> <p>A review of the facility's "Management of Controlled Substances Policy revision" effective date: 3/3/23, under Policy states, The facility will manage controlled substances in a manner to prevent drug diversion and maintain safety.</p> <p>Section:</p> <p>5.11 states, "The facility Administrator or Director of Nursing Services shall be notified by the designated supervisor immediately upon suspicion of drug diversion. Division of Licensing and Regulatory Services (DLRS) and the Attorney General's office will be notified within 72 hours ... An internal investigation will be conducted. Staff interviews will be conducted ... A written report will be submitted to DLS within five business days.</p> <p>On 2/1/24 the Division of Licensing &amp; Certification received a faxed Reportable Incident Form, dated 2/1/24 from Clover Health Care indicating that on 1/24/24, two Gabapentin (Schedule V controlled medication) 400 milligram (mg) capsules were missing from the controlled medication count.</p> | F 610                                                                      |                                                                                                                          |                            |                                                        |

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| F 610                                                         | Continued From page 15<br><br>During the facility's recertification survey and this investigation, the facility provided the following as the completed investigation: On 1/29/24 the facility reported to the Attorneys Generals office, local police department, reviewed the controlled substance medication card for Resident #14 and requested the Licensed Practical Nurse to be removed from agency contract. The investigation lacked evidence of staff interviews and reporting in 72 hours.<br><br>On 2/8/24 at 11:36 a.m., during an interview, the Director of Nursing (DON) confirmed she did not thoroughly investigate the alleged misappropriation of medication by failing to document whether staff interviews were completed. DON stated, initially she did not believe that there was a discrepancy and did not discover there was until 1/27/24, stating, "It was absolutely me, I'm going to own this". | F 610                                                                      |                                                                                                                          |                            |                                                        |
| F 625<br>SS=D                                                 | Notice of Bed Hold Policy Before/Upon Trnsfr<br>CFR(s): 483.15(d)(1)(2)<br><br>§483.15(d) Notice of bed-hold policy and return-<br><br>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-<br>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;<br>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;                                                                                                                                                                                                                                                              | F 625                                                                      |                                                                                                                          |                            |                                                        |

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| F 625                                                         | <p>Continued From page 16</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to issue a bed hold notice which included the daily bed hold cost, to a resident, known family member or legal representative for 1 of 4 sampled residents who had been transferred to the hospital (#55).</p> <p>Finding:</p> <p>1. Resident #55's clinical record revealed the resident was transferred to an acute care hospital on 1/24/24. The clinical record contained an incomplete bed-hold notice for the transfer, which did not include the daily bed hold cost.</p> <p>On 2/8/24 at 2:32 p.m., during an interview, the Regional Director of Operations the above was confirmed the facility's current forms do not meet the requirements of the regulation for bed hold notices, including information for daily bed hold costs.</p> | F 625                                                                      |                                                                                                                          |                            |                                                        |
| F 656<br>SS=E                                                 | Develop/Implement Comprehensive Care Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | F 656                                                                      |                                                                                                                          |                            |                                                        |

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| F 656                                                         | <p>Continued From page 17<br/>CFR(s): 483.21(b)(1)(3)</p> <p>§483.21(b) Comprehensive Care Plans<br/>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> | F 656                                                                      |                                                                                                                          |                            |                                                        |

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| F 656                                                         | <p>Continued From page 18</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and interviews, the facility failed to ensure documentation of Enhanced Barrier Precautions (EBP) in the clinical record for 3 of 3 residents sampled from a list of residents on EBP. (Resident #36, Resident #56 and Resident #62)</p> <p>Findings:</p> <p>On 2/8/24 at 1:40 p.m. a surveyor reviewed the clinical records of Resident #36, Resident #56 and Resident #62. No documentation was found in the clinical record to support or rationalize usage of EBP for any of the sampled Residents. Review of CDC definition of Enhance Barrier Precautions states:</p> <p>"Enhanced Barrier Precautions are an infection Control intervention designed to reduce transmission of multidrug resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices)." Enhanced Barrier Precautions are not used instead of Standard or Transmission based precautions but in conjunction with Standard and Transmission based precautions.</p> | F 656                                                                      |                                                                                                                          |                            |                                                        |

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| F 656                                                         | Continued From page 19<br><br>On 2/8/24 at 3:48 p.m. during an interview with the Infection Preventionist, a surveyor confirmed that EBP usage was not documented in the clinical records including the care plans for any of the Residents on EBP and it should be part of the clinical record.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F 656                                                                      |                                                                                                                          |                            |                                                        |
| F 657<br>SS=D                                                 | Care Plan Timing and Revision<br>CFR(s): 483.21(b)(2)(i)-(iii)<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(2) A comprehensive care plan must be-<br>(i) Developed within 7 days after completion of the comprehensive assessment.<br>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--<br>(A) The attending physician.<br>(B) A registered nurse with responsibility for the resident.<br>(C) A nurse aide with responsibility for the resident.<br>(D) A member of food and nutrition services staff.<br>(E) To the extent practicable, the participation of the resident and the resident's representative(s).<br>An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.<br>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.<br>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.<br>This REQUIREMENT is not met as evidenced | F 657                                                                      |                                                                                                                          |                            |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLOVER HEALTH CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>440 MINOT AVE<br/>AUBURN, ME 04210</b>                                       |                            |                                                        |
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| F 657                                                         | <p>Continued From page 20</p> <p>by:<br/>Based on interviews and record review, the facility failed to review and revise the care plan by an interdisciplinary team (IDT), that included, to the extent possible, participation of the resident and/or his/her representative, Resident #67) and the facility failed to ensure a care plan was updated in the areas of Activities of Daily Living for Resident (#10) to increase independent activity/mobility for 2 of 36 sampled residents.</p> <p>Findings:</p> <p>1. On 2/5/24 at 12:28 p.m., during an interview with resident #67 he/she stated, "I don't recall" when asked if he/she had been invited and/or attended IDT meetings. Upon review, the resident's medical record lacked documentation of the resident's participation in the last four IDT meetings dated, 4/27/23, 7/27/23, 11/15/23, and 1/26/24. Further review indicated that resident #67's family representative was invited but did not attend the IDT dated 11/15/23.</p> <p>On 2/8/24 at 11:02 a.m., during an interview the Licensed Social Worker (LSCW) #1 stated, the facility remains unable to produce any documentation that the resident or the family was invited to the above IDT meetings and the facility does not have a system to document the invite and that they typically inform the family via phone.</p> <p>2. On 2/7/2024 at 1:00p.m. during a review of the resident's clinical record, the Activities Care Plan states:</p> | F 657                                                                      |                                                                                                                          |                            |                                                        |

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| F 657                                                         | <p>Continued From page 21</p> <p>"Resident has an ADL self-care performance deficit r/t weakness, chronic pain in right shoulder, deconditioning, acute pain to abdomen. Resident will improve current level of function in all ADLs through the review date.<br/>TRANSFER: Resident requires stand and pivot transferring by (2) staff to move between surfaces as necessary. Resident uses a walker to maximize independence with transferring."</p> <p>In the next line the Activities Care Plan states:<br/>"Resident has limited physical mobility r/t acute and chronic pain, weakness, deconditioning Resident will demonstrate the appropriate use of walker and wheelchair to increase mobility through the review date. "</p> <p>The resident's Nursing Care Plan states:<br/>Resident has an ADL self-care performance deficit r/t weakness, chronic pain in right shoulder, deconditioning, acute pain to abdomen. Resident will improve current level of function in all ADLs through the review date.<br/>TRANSFER: Resident requires stand and pivot transferring by (2) staff to move between surfaces as necessary. Resident uses a walker to maximize independence with transferring.</p> <p>In the next line the Nursing Care Plan States:<br/>Resident has limited physical mobility r/t acute and chronic pain, weakness, deconditioning Resident will demonstrate the appropriate use of walker and wheelchair to increase mobility through the review date.</p> <p>On 2/7/2024 at 3:00p.m. the Director of Nursing was informed, and she confirmed the contradiction in both the Activities and Nursing</p> | F 657                                                                      |                                                                                                                          |                            |                                                        |

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| F 657                                                         | Continued From page 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |  | F 657                                                                              |                                                                                                                          |                                                        |                            |
| F 695<br>SS=E                                                 | <p>Care Plans.</p> <p>Respiratory/Tracheostomy Care and Suctioning<br/>CFR(s): 483.25(i)</p> <p>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews, and interviews, the facility failed to maintain respiratory equipment consistent with the facility's Respiratory Therapy instructions for 3 of 3 residents reviewed that were receiving respiratory services (#22, #21, #26).</p> <p>Findings:</p> <p>Review for the facilities Policy and Procedure for "Respiratory Therapy", revised November 2011, states:</p> <p>"Steps in the procedure, Infection control considerations related to Oxygen Administration."</p> <p>7. Change Oxygen cannula and tubing every seven (7) days, or as needed.</p> <p>8. Keep Oxygen cannula and tubing used PRN in a plastic bag when not in use.</p> <p>9. Wash filters from Oxygen concentrators every seven days with soap and water. Rinse and Squeeze dry.</p> <p>1. On 2/5/24 at 11:23 a.m., observation of</p> |                                                                            |  | F 695                                                                              |                                                                                                                          |                                                        |                            |

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| F 695                                                         | <p>Continued From page 23</p> <p>resident #22's oxygen concentrator with an unlabeled nasal cannula lying on the floor. At this time in a brief interview, Resident #22 stated, "I use it sometimes at night if I need it." Additional observation on 2/6/24 at 11:04 a.m., of resident #22's oxygen tubing with an unlabeled nasal cannula lying on the floor. On 2/6/24 review of resident #22's medical record states he/she was admitted on 12/14/24 with diagnosis of Hypoxemia requiring Oxygen while sleeping. The medical lacked evidence of oxygen tubing change weekly.</p> <p>2. On 2/7/24 at 10:07 a.m., observation for resident #21's oxygen nasal cannula tubing wrapped around the side rail of the bed. On 2/7/24 at 3:50 p.m., during an interview resident #21 stated, he/she puts the oxygen on when he/she gets into bed just in case he/she falls asleep because he/she stops breathing when he/she is sleeping. An additional observation on 2/8/24 at 8:09 a.m., of Resident #21's oxygen nasal tubing wrapped up and stored under the oxygen concentrator handle.</p> <p>3. On 2/8/24 at 8:10 a.m., observation of Resident #26 oxygen nasal cannula stored on bed side table.</p> <p>On 2/8/24 at 10:35 a.m., the Surveyor, Assistant Director of Nursing and Director of Clinical Operations observed Resident #21 and #26's Oxygen nasal cannula tubing stored as above and both oxygen concentrator filters coated with a layer of dust and discussed Resident #22's observations of the nasal cannula resting on the floor.</p> | F 695                                                                      |                                                                                                                          |                            |                                                        |
| F 732<br>SS=B                                                 | Posted Nurse Staffing Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | F 732                                                                      |                                                                                                                          |                            |                                                        |

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| F 732                                                         | <p>Continued From page 24<br/>CFR(s): 483.35(g)(1)-(4)</p> <p>§483.35(g) Nurse Staffing Information.<br/>§483.35(g)(1) Data requirements. The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>(i) Facility name.</li> <li>(ii) The current date.</li> <li>(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> <li>(A) Registered nurses.</li> <li>(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>(C) Certified nurse aides.</li> </ul> </li> <li>(iv) Resident census.</li> </ul> <p>§483.35(g)(2) Posting requirements.<br/>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.<br/>(ii) Data must be posted as follows: <ul style="list-style-type: none"> <li>(A) Clear and readable format.</li> <li>(B) In a prominent place readily accessible to residents and visitors.</li> </ul> </p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> | F 732                                                                      |                                                                                                                          |                            |                                                        |

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| F 732                                                         | Continued From page 25<br>This REQUIREMENT is not met as evidenced<br>by:<br>Based on observations and interview, the facility<br>failed to post the nurse staffing information in a<br>prominent place readily accessible and visible to<br>all residents and all visitors for 5 of 5 days of<br>survey.<br><br>Finding:<br><br>On 2/5/24 through 2/9/23, the surveyor observed<br>that the nurse staffing information was not posted<br>in an prominent place readily accessible and<br>visible to residents and visitors.<br><br>On 2/9/24 at 12:30 p.m., in an interview with the<br>surveyor, the Area Director of Clinical Operations<br>and the Area Manager of Clinical Reimbursement<br>confirmed that the nurse staffing information was<br>not posted in an area that was readily accessible<br>and visible to all residents and all visitors. | F 732                                                                      |                                                                                                                          |                            |                                                        |
| F 755<br>SS=D                                                 | Pharmacy Srvcs/Procedures/Pharmacist/Records<br>CFR(s): 483.45(a)(b)(1)-(3)<br><br>§483.45 Pharmacy Services<br>The facility must provide routine and emergency<br>drugs and biologicals to its residents, or obtain<br>them under an agreement described in<br>§483.70(g). The facility may permit unlicensed<br>personnel to administer drugs if State law<br>permits, but only under the general supervision of<br>a licensed nurse.<br><br>§483.45(a) Procedures. A facility must provide<br>pharmaceutical services (including procedures<br>that assure the accurate acquiring, receiving,<br>dispensing, and administering of all drugs and<br>biologicals) to meet the needs of each resident.                                                                                                                                                    | F 755                                                                      |                                                                                                                          |                            |                                                        |

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| F 755                                                         | <p>Continued From page 26</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:<br/>Based on record review, observations and interviews the facility failed to establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation, failed to determine that drug records are in order and that an account of all controlled drugs is maintained, failed to ensure that two people who are authorized to administer medications signed the Shift Count page indicating that they counted all controlled substances at the change of shift for multiple shifts between 1/15/24 through 2/6/24 and failed to ensure that the nurse receiving a pharmacy delivery of controlled substance had two signatures confirming entry to bound book for 1 of 1 deliveries reviewed on 1 of 4 units (Clare Place).</p> <p>Findings:</p> |                                                                            |  | F 755                                                                              |                                                                                                                          |                                                        |                            |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLOVER HEALTH CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>440 MINOT AVE<br/>AUBURN, ME 04210</b>                                       |                            |                                                        |
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| F 755                                                         | <p>Continued From page 27</p> <p>A review of the facility's "Management of Controlled Substances Policy revision" effective date: 3/3/23, under Policy states, The facility will manage controlled substances in a manner to prevent drug diversion and maintain safety.</p> <p>Section:</p> <p>5.3.1 states, "when a schedule II-V drug is delivered to the facility, a facility licensed nurse will review the pharmacy delivery sheets, count the medication, date and sign the delivery sheet verifying accuracy of the delivery. The controlled substance must be entered into the bound book after receipt by two staff members. One of the two must be the licensed nurse who received the controlled substance and signed the delivery sheet."</p> <p>5.3.3 states, "Receipt of Schedule II-V drugs will be entered into a bound book from which no pages will be removed. Receipt of the medication will be entered on the index page and the specific bound book page ...The date received will be entered on the first line of the bound book page along with the quantity received and two signatures including the person who received the drug and the person confirming entry into the bound book, one of whom must be a licensed nurse."</p> <p>5.4.1 states, "A count of all schedule II-V drugs will be done at the change of each shift by two people who are authorized to administer medications, one of whom must be a licensed nurse, utilizing the bound book from which no pages are removed and referencing the index page. Accuracy of the count will be acknowledged with the two signatures of the staff members who performed the count on the shift count page."</p> <p>5.8.2 states, "All narcotic keys must be kept on the staff member administering medications during that shift ... Keys cannot be given to</p> | F 755                                                                      |                                                                                                                          |                            |                                                        |

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| F 755                                                         | <p>Continued From page 28</p> <p>anyone else to use unless reconciliation of the controlled medications is performed before and after. Once a staff member has signed that the oncoming shift count is correct, that person is responsible for the medications in that cart until they complete the outgoing shift count &amp; that it is correct.</p> <p>1. On 2/6/24 at 1:29 p.m., during the medication administration observation on Clare Place, 2 surveyors observed the Licensed Practical Nurse (LPN) #2 requesting Gabapentin from the locked medication cart. The Nurse Manager stated, the Registered Nurse (RN) #2 (RN who counted the narcotic draw and obtained the keys for the shift) was currently at break but she does have the key for the narcotic drawer. Nurse Manager opened the narcotic draw and provided the LPN with the needed Gabapentin and documented the removal in the Controlled Substances Book (bound book). Surveyors noted the index which requires the patient's name, drug, page number and signature of person responsible for removing drug from count. The index lacked the following: 13 entries with only a page number (79, 85, 86, 88, 89, 90, 91, 92, 93, 98, 99, 100, 101). On page's #73, 104, 105, 106, 107 was documentation of residents drug delivery and use however, these pages were not indicated on the index. Surveyor asked why the index was lacking the needed information for reconciliation. The Nurse Manager stated, "I don't know, I honestly didn't realize these weren't filled out, it should be." At this time, RN #2 returned from her break. Surveyors asked how shift change count is preformed. RN# 2 stated, 2 staff would count, the, oncoming staff would stand at cart and the outgoing would stand with the bound book. She then showed the process of looking at the individual narcotic cards, with the page</p> | F 755                                                                      |                                                                                                                          |                            |                                                        |

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| F 755                                                         | <p>Continued From page 29</p> <p>number of the narcotic book written on the top of the card, stating, she would say the page number , the other staff would turn to that page and verify the number of medications are correct. Surveyor asked if she would follow the index during this process. She was taught to count using the card and page numbers on the card. She was unaware to use the index. On 2/7/24 at 12:57 p.m., during an interview with the Nurse Manager, she confirmed the controlled substance count was not completed for reconciliation prior to her taking the keys on 2/6/24 while RN #2 went on break.</p> <p>2. On 2/8/24, during review of the Pharmacy delivery sheets on 1/20/24, the Clare Place unit received 90 capsules of Gabapentin 400mg tabs for Resident #14, the pharmacy delivery sheet was signed and dated by a nurse. Review of the controlled substance bound book, pg 70 for Resident #14 indicated on 1/20/24, the amount 90 capsules was received and added to the 7 remaining capsules, this was signed by 1 nurse.</p> <p>3. Upon review of the Controlled Substances Book and Shift Count pages 273 and 274 from 1/15/24 through 2/6/24. The surveyor observed that the facility counts at the change of each shift, approx. 3 times a day. The licensed nursing staff coming on duty and the licensed nursing staff nurse going off duty both failed to sign the Shift Count page of the Controlled Substances Book that indicated the controlled substances count was done on the following dates: 1/25/24, 1/30/24 and 2/2/24. The licensed nursing staff nurse coming on duty failed to sign the Shift Count page of the Controlled Substances Book that indicated the controlled substances count was done, twice on 2/5/24 and the licensed nursing staff nurse</p> | F 755                                                                      |                                                                                                                          |                            |                                                        |

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| F 755                                                         | Continued From page 30<br>going off duty failed to sign the Shift Count page<br>of the Controlled Substances Book that indicated<br>the controlled substances count was done on the<br>following dates: 1/24/24, 1/25/24, 1/26/24,<br>1/30/24, 2/2/24 and 2/4/24.<br><br>On 2/8/24 at 11:36 a.m., during an interview, the<br>Director of Nursing (DON) the above concerns<br>where discussed, the facilities policy and<br>procedure for management of Controlled<br>Substances and pages of the bound book were<br>reviewed. The DON confirmed she was unaware<br>of the lack of reconciliation and documentation in<br>the bound book.                                                                                                                                                                                                                                                                                                                  | F 755                                                                      |                                                                                                                          |  |                                                        |
| F 761<br>SS=E                                                 | Label/Store Drugs and Biologicals<br>CFR(s): 483.45(g)(h)(1)(2)<br><br>§483.45(g) Labeling of Drugs and Biologicals<br>Drugs and biologicals used in the facility must be<br>labeled in accordance with currently accepted<br>professional principles, and include the<br>appropriate accessory and cautionary<br>instructions, and the expiration date when<br>applicable.<br><br>§483.45(h) Storage of Drugs and Biologicals<br><br>§483.45(h)(1) In accordance with State and<br>Federal laws, the facility must store all drugs and<br>biologicals in locked compartments under proper<br>temperature controls, and permit only authorized<br>personnel to have access to the keys.<br><br>§483.45(h)(2) The facility must provide separately<br>locked, permanently affixed compartments for<br>storage of controlled drugs listed in Schedule II of<br>the Comprehensive Drug Abuse Prevention and<br>Control Act of 1976 and other drugs subject to | F 761                                                                      |                                                                                                                          |  |                                                        |

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| F 761                                                         | <p>Continued From page 31</p> <p>abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observations and interviews, facility failed to adequately date and properly dispose of open medications according to manufacturer specifications and failed to ensure expired medications were removed from the supply available for use on 3 of 4 units observed (Belfast Place, Clare Place and Dublin Place).</p> <p>Findings:</p> <p>Facilities Policy and Procedure: Storage of Medications, revised November 2020 states: #4 Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed.</p> <p>1. On 2/5/24 at 9:31 a.m., observation of Belfast Place medication room and Treatment cart with the Registered Nurse (RN) Manager the following was observed: the medication room contained one box of Earwax Removal drops with expiration date of 1/24. The treatment cart contained an opened and unlabeled Basaglar insulin pen and a Humalog Insulin pen both with manufacturer's directions to use within 28 days after initial use.</p> <p>2. On 2/5/24 at 9:42 a.m., observation of Clare Place medication cart with the Certified Medication Technician (CNA-M) #2, the following was observed: one box of Earwax Removal Drops with an expiration date of 1/24, an opened bottle of Ferrous sulfate 325mg with expiration</p> | F 761                                                                      |                                                                                                                          |                            |                                                        |

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| F 761                                                         | Continued From page 32<br>date of 1/24 and an open bottle of Centrum Silver<br>multivitamin with an expiration date of 1/24.<br><br>3. On 2/5/24 at 9:57 a.m., observation of Dublin<br>Place medication storage room with RN #1 the<br>following was observed: 2 unopened bottles of<br>Loratadine 10 milligram tablets with expiration<br>date of 1/24 available for use.<br><br>4. On 2/5/24 at approx. 10:00 a.m., observation of<br>Dublin Place treatment cart with CNA-M #1, the<br>following was observed: one opened bottle of<br>allergy relief 10 milligram tabs with an expiration<br>date of 1/24 and 2 boxes of Earwax Removal<br>drops, one with expiration date of 12/23 and the<br>other with a date of 1/24.<br><br>On 2/9/24 at approx. 1:00 p.m., the above<br>concerns were discussed during the exit<br>conference with the Administrator and Director of<br>Nursing | F 761                                                                      |                                                                                                                          |                            |                                                        |
| F 790<br>SS=D                                                 | Routine/Emergency Dental Srvcs in SNFs<br>CFR(s): 483.55(a)(1)-(5)<br><br>§483.55 Dental services.<br>The facility must assist residents in obtaining<br>routine and 24-hour emergency dental care.<br><br>§483.55(a) Skilled Nursing Facilities<br>A facility-<br><br>§483.55(a)(1) Must provide or obtain from an<br>outside resource, in accordance with with<br>§483.70(g) of this part, routine and emergency<br>dental services to meet the needs of each<br>resident;<br><br>§483.55(a)(2) May charge a Medicare resident an                                                                                                                                                                                                                                                                                                                                                        | F 790                                                                      |                                                                                                                          |                            |                                                        |

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| F 790                                                         | <p>Continued From page 33</p> <p>additional amount for routine and emergency dental services;</p> <p>§483.55(a)(3) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility;</p> <p>§483.55(a)(4) Must if necessary or if requested, assist the resident;</p> <p>(i) In making appointments; and</p> <p>(ii) By arranging for transportation to and from the dental services location; and</p> <p>§483.55(a)(5) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observations, and interviews, the facility failed to assist the resident in obtaining routine and emergency dental care within 3 days, after lost of dentures for 1 of 1 resident reviewed for dental (#3).</p> <p>Findings:</p> <p>Facility policy and procedure for "Dental Services", revised 2016 states:</p> <p>6. Direct care staff will assist residents with denture care, including removing, cleaning and storing dentures.</p> | F 790                                                                      |                                                                                                                          |                            |                                                        |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>205063</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/09/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLOVER HEALTH CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>440 MINOT AVE<br/>AUBURN, ME 04210</b>                                       |                            |                                                        |
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| F 790                                                         | <p>Continued From page 34</p> <p>7. Dentures will be protected from loss or damage, to the extent practicable, while being stored.</p> <p>8. Lost or damaged dentures will be replaced at the resident's expense unless an employee or contractor of the facility is responsible for accidentally or intentionally damaging the dentures.</p> <p>9. If dentures are damaged or lost, residents will be referred for dental services within 3 days. If the referral is not made within 3 days, documentation will be provided regarding what is being done to ensure that the resident is able to eat and drink adequately while awaiting the dental services; and the reason for the delay.</p> <p>10. All dental services provided are recorded in the resident's medical record</p> <p>On 2/5/24 at 2:11 p.m., during the interview with Resident #3, it was observed he/she had no dentures in place. At this time, he/she stated that they were accidentally throw away by staff and he/she has been unable to get new ones but would like to have teeth again.</p> <p>On 2/7/24 at 1:02 p.m., during an interview with the Licensed Practical Nurse (#3), he was asked about Resident #3's dentures. He stated that resident did at one time have dentures, last seen "months ago" which he/she would frequently refuse to wear. The LPN #3 stated this caused the dentures to be ill fitting, but the resident did not get them replaced.</p> <p>On 2/7/24 at approx. 1:10 p.m., In an additional interview with Resident #3, he/she reiterated that the dentures were thrown away by staff but he/she is able to eat without dentures due to a puree diet.</p> | F 790                                                                      |                                                                                                                          |                            |                                                        |

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| F 790                                                         | Continued From page 35<br><br>Resident #3's medical record, lacked evidence regarding dentures, dental services, replacement and/or refusal of dental care.<br><br>On 2/7/24 at 1:46 p.m., during an interview with the Director of Nursing (DON) and Administrator, both confirmed that they were aware he/she did have dentures but are unaware of how and when they went missing.<br><br>On 2/7/24 at 3:11 p.m., During interview with Licensed Social Worker #1, she confirmed that the facility has no record of the dentures or where they are but that the resident has not had them for some time, in addition there is no record of if the resident has been offered dental services.                                     | F 790                                                                      |                                                                                                                          |  |                                                        |
| F 800<br>SS=D                                                 | Provided Diet Meets Needs of Each Resident CFR(s): 483.60<br><br>§483.60 Food and nutrition services.<br>The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.<br>This REQUIREMENT is not met as evidenced by:<br>Based on Medical Record review, menu review and interviews Resident (#303), Assistant Dietary Manager, and Charge Nurse on Belfast Unity, the facility diet ordered for Resident 303 with increased protein requirement.<br><br>Findings:<br><br>On 2/6/2024 at 1:09p.m. during an interview with Resident #303, He/She stated that, "I am not | F 800                                                                      |                                                                                                                          |  |                                                        |

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| F 800                                                         | Continued From page 36<br>getting the protein I need."<br><br>A review of Resident #303's Clinical Record<br>under Physician's Orders it states that the<br>Resident will have a diet of Increased Protein<br>portions for all meals.<br><br>A review of the Dietitian's Plan for Resident #303<br>indicates that Resident #303 will have increased<br>protein portions for all meals.<br><br>Observation of Resident #303 meal ticket for<br>2/7/2024 Lunch, it states that the diet is Regular<br>and does not mention any increased protein<br>requirement.<br><br>On 2/7/2024 at 2:00p.m. in an interview with the<br>Assistant Dietary Manager, he stated that the<br>computer program that the facility had been using<br>has been changed to a different program and that<br>information must not have been transferred.<br><br>The above findings were confirmed with the<br>Assistant Dietary Manager at that time and with<br>the Administrator and the Director of Nursing On<br>2/7/2024 at 3:00p.m. | F 800                                                                      |                                                                                                                          |                            |                                                        |
| F 812<br>SS=E                                                 | Food Procurement,Store/Prepare/Serve-Sanitary<br>CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br>The facility must -<br><br>§483.60(i)(1) - Procure food from sources<br>approved or considered satisfactory by federal,<br>state or local authorities.<br>(i) This may include food items obtained directly<br>from local producers, subject to applicable State<br>and local laws or regulations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | F 812                                                                      |                                                                                                                          |                            |                                                        |

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| F 812                                                         | <p>Continued From page 37</p> <p>(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.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interview, the facility failed to serve and store food in a sanitary manner on 3 of 5 survey days. Also the facility failed to keep accurate and complete temperature logs in the main kitchen and unit kitchens.</p> <p>Findings:</p> <p>1. On 2/5/2024 at 7:56a.m. during the initial observation of the kitchen with the Assist Dietary Manager, it was observed that 2 of the 6 kitchen staff were not wearing hair coverings.</p> <p>-Observation of the reach-in-prep-fridge found two large containers of fruit and undated and unlabeled. Also, a pan of hotdogs that were unlabeled and undated.</p> <p>-When asked to see the temp logs for the breakfast cooking the cook provided a Hot/cold food log showing breakfast lunch and dinner. There was no recording for the dinner column for any of the days on the sheet.</p> <p>-The survey team entered on 2/5/2024 and the temperature in the breakfast column were already filled in thru 2/7/2024.</p> <p>-When asked if there was a cleaning schedule,</p> | F 812                                                                      |                                                                                                                          |                            |                                                        |

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| F 812                                                         | Continued From page 38<br>he said that there is one on the wall, but there are<br>no dates and no documentation anywhere that<br>the tasks are ever done.<br><br>The above findings were confirmed with the<br>Assistant Dietary Manager at that time, and with<br>the Administrator at 3:00p.m.<br><br>2. On 2/7/2024 at 11:00a.m. this surveyor<br>observed the Temp Log for the Unit Fridge - Clare<br>Unit. It lacked documentation for 2/4/2024 and<br>2/5/2024.<br><br>3. On 2/8/2024 at 8:40a.m. - Belfast Unit Fridge<br>Temp Log lacked documentation for 2/3/2024.<br><br>4. On 2/8/2024 at 2:30p.m. this surveyor<br>observed the Temp Log for the Recreation Room,<br>and it lacked documentation for the month of<br>February 2024. The Activities Coordinator was<br>asked if he/she ever used that fridge and he/she<br>stated that they did whenever the needed to store<br>drinks, food, or ice cream for the residents during<br>activities.<br><br>On 2/9/2024 at 12:45p.m. all of the kitchen finding<br>were confirmed with the Administrator. | F 812                                                                      |                                                                                                                          |                            |                                                        |
| F 842<br>SS=D                                                 | Resident Records - Identifiable Information<br>CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)<br><br>§483.20(f)(5) Resident-identifiable information.<br>(i) A facility may not release information that is<br>resident-identifiable to the public.<br>(ii) The facility may release information that is<br>resident-identifiable to an agent only in<br>accordance with a contract under which the agent<br>agrees not to use or disclose the information<br>except to the extent the facility itself is permitted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | F 842                                                                      |                                                                                                                          |                            |                                                        |

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| F 842                                                         | <p>Continued From page 39<br/>to do so.</p> <p>§483.70(i) Medical records.<br/>§483.70(i)(1) In accordance with accepted<br/>professional standards and practices, the facility<br/>must maintain medical records on each resident<br/>that are-</p> <ul style="list-style-type: none"> <li>(i) Complete;</li> <li>(ii) Accurately documented;</li> <li>(iii) Readily accessible; and</li> <li>(iv) Systematically organized</li> </ul> <p>§483.70(i)(2) The facility must keep confidential<br/>all information contained in the resident's records,<br/>regardless of the form or storage method of the<br/>records, except when release is-</p> <ul style="list-style-type: none"> <li>(i) To the individual, or their resident<br/>representative where permitted by applicable law;</li> <li>(ii) Required by Law;</li> <li>(iii) For treatment, payment, or health care<br/>operations, as permitted by and in compliance<br/>with 45 CFR 164.506;</li> <li>(iv) For public health activities, reporting of abuse,<br/>neglect, or domestic violence, health oversight<br/>activities, judicial and administrative proceedings,<br/>law enforcement purposes, organ donation<br/>purposes, research purposes, or to coroners,<br/>medical examiners, funeral directors, and to avert<br/>a serious threat to health or safety as permitted<br/>by and in compliance with 45 CFR 164.512. <p>§483.70(i)(3) The facility must safeguard medical<br/>record information against loss, destruction, or<br/>unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained<br/>for-</p> <ul style="list-style-type: none"> <li>(i) The period of time required by State law; or</li> </ul> </li></ul> | F 842                                                                      |                                                                                                                          |                            |                                                        |

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| F 842                                                         | <p>Continued From page 40</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and interviews, the facility failed to ensure documentation for Enhanced Barrier Precautions (EBP) in the clinical record for 3 of 3 residents sampled from a list of residents on EBP. (Resident #36, Resident #56 and Resident #62)</p> <p>Finding:</p> <p>On 2/8/24 at 1:40 p.m. a surveyor reviewed the clinical records of Resident #36, Resident #56 and Resident #62 following observation of EBP signage at their doors. No documentation was found in the clinical record to support or explain usage of EBP for any of the sampled residents.</p> <p>Review of CDC definition of Enhance Barrier Precautions states:</p> <p>"Enhanced Barrier Precautions are an infection Control intervention designed to reduce transmission of multidrug resistant organisms</p> | F 842                                                                      |                                                                                                                          |                            |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLOVER HEALTH CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>440 MINOT AVE<br/>AUBURN, ME 04210</b>                                       |                            |                                                        |
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| F 842                                                         | Continued From page 41<br>(MDROs) in nursing homes. Enhanced Barrier<br>Precautions involve gown and glove use during<br>high contact resident care activities for residents<br>known to be colonized or infected with a MDRO<br>as well as those at increased risk of MDRO<br>acquisition (e.g., residents with wounds or<br>indwelling medical devices)." Enhanced Barrier<br>Precautions are not used instead of Standard or<br>Transmission based precautions but in<br>conjunction with Standard and Transmission<br>based precautions.<br><br>On 2/8/24 at 3:48 p.m. during an interview with<br>the Infection Preventionist, a surveyor confirmed<br>that EBP usage was not documented in the<br>clinical records, including the care plan, for any<br>of the residents on EBP and it should be part of<br>the clinical record. | F 842                                                                      |                                                                                                                          |                            |                                                        |
| F 880<br>SS=E                                                 | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>The facility must establish and maintain an<br>infection prevention and control program<br>designed to provide a safe, sanitary and<br>comfortable environment and to help prevent the<br>development and transmission of communicable<br>diseases and infections.<br><br>§483.80(a) Infection prevention and control<br>program.<br>The facility must establish an infection prevention<br>and control program (IPCP) that must include, at<br>a minimum, the following elements:<br><br>§483.80(a)(1) A system for preventing, identifying,<br>reporting, investigating, and controlling infections<br>and communicable diseases for all residents,                                                                           | F 880                                                                      |                                                                                                                          |                            |                                                        |

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| F 880                                                         | <p>Continued From page 42</p> <p>staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |

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| F 880                                                         | <p>Continued From page 43</p> <p>§483.80(e) Linens.<br/>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.<br/>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:<br/>Based on observations, interviews and record reviews the facility failed to maintain an Infection Control Program designed to help prevent cross contamination and/or development of infection by maintaining a safe and sanitary environment related to personal toileting items, Transmission Based Precautions (TBP) and linen handling for 3 of 5 days of survey on 3 of 4 units. (Clare Place, Dublin Place and Galway Place)</p> <p>Finding:</p> <p>Review for the facilities Policy and Procedure for Infection Prevention and Control Program, revised May 2023 states: An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>1. Dublin Place:</p> <p>On 2/5/24 at 11:34 a.m. and 2/6/24 at 8:06 a.m., observations of [REDACTED] shared bathroom with 2 unlabeled and uncovered bed pans and a pair of salad tongs hanging on the wall behind the toilet on hooks, a shelf with multiple personal care items not labeled and a plunger next to toilet not</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |

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| F 880                                                         | <p>Continued From page 44<br/>bagged.</p> <p>On 2/5/24 at 11:52 a.m., 2/6/24 at 8:08 a.m., and 2/7/24 at 10:02 a.m., observations of [REDACTED]'s bathroom with a commode bucket on the floor next to toilet and a towel taped to the back rail of the over toilet commode seat.</p> <p>On 2/5/24 at 11:53 a.m., and 2/6/24 at 8:09 a.m., observation of [REDACTED]'s bathroom with an unlabeled urinal stored on handrail.</p> <p>On 2/5/24 at 3:07 p.m. and 2/6/24 at 8:10 a.m., observation of [REDACTED]'s shared bathroom with a seat cushion on the floor underneath the paper towel dispenser.</p> <p>On 2/5/24 at 3:12 p.m. and 2/6/24 at 8:11 a.m., observation of [REDACTED]'s bathroom to have 2 bed pans and a brief on the floor behind the toilet and unbagged plunger.</p> <p>On 2/6/24 at 8:04 a.m., observation of [REDACTED] [REDACTED] shared bathroom with 2 unlabeled and unbagged bed pans hanging on wall behind toilet.</p> <p>Clare Place:</p> <p>On 2/7/24 at 11:20 a.m., 2 surveyors observed [REDACTED]'s bathroom with 2 bed pans labeled, unbagged and stacked together, an unlabeled/unbagged foley drainage bag (urinary collection device) hanging from the shelf and an unlabeled urinal on the shelf. On 2/7/24 at 11:42 a.m., this was confirmed with the Administrator and the Director of Nursing who observed the above.</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |

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| F 880                                                         | <p>Continued From page 45</p> <p>On 2/7/24 at 3:52 p.m., additional observation of room 19's bathroom to again have the an unlabeled/unbagged foley drainage bag hanging from the shelf.</p> <p>Galway Place:</p> <p>On 2/5/24 at 12:00 p.m., observations of room 50-51 shared bathroom with an unlabeled / uncovered bed pan hanging by a screw on the wall.</p> <p>On 2/9/24 from 10:16 a.m. - 11:05 a.m., during the environmental tour, a surveyor discussed and confirmed the above infection control concerns with the Administrator.</p> <p>2. On 2/7/24 at 11:21 a.m., observation of laundry aide #3 delivering clean linens to resident room # 19 and the linen was not covered on the cart. A this time, the laundry aide confirmed the clean linen was not covered.</p> <p>On 2/7/24 at 11:21 a.m., a surveyor observed laundry aide #3 delivering clean linens to resident's rooms and the linen was not covered on the cart.</p> <p>On 2/7/24 at 11:21 a.m., in an interview, laundry aide #3 confirmed she was delivering clean linens to resident's rooms and the linen was not covered on the cart.</p> <p>3. On 2/5/24 at 9:29 a.m. a surveyor observed a</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |

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| F 880                                                         | <p>Continued From page 46</p> <p>dietary server perform the following steps without changing gloves or performing hand hygiene between clean and dirty tasks.</p> <ul style="list-style-type: none"> <li>-transferred and arranged bacon and toast on a resident plate using a gloved hand</li> <li>-handled a dirty plate</li> <li>-reached into a bucket and retrieved a wet towel</li> <li>-wiped down the counter</li> <li>-transferred and arranged bacon and toast on a second resident plate using a gloved hand</li> </ul> <p>At this point, a surveyor approached the dietary aide, shared observation, and questioned when they would normally change their gloves and/or perform hand hygiene during food service. I was told they usually use tongs.</p> <p>4. On 2/5/24 at 10:55 a.m. a surveyor observed a private room (Resident #6) with an open door and "Airborne precautions" signage at the door.</p> <p>Review of facility policy titled "Isolation - Categories of Transmission-Based Precautions" version 2.1 under "Airborne Precautions" states "Preventing the spread of airborne pathogens requires a room with special air handling and ventilation called an airborne infection isolation room (AIIR)."</p> <p>On 2/5/24 at 11:10 a.m. a surveyor during an interview with the Dublin Unit Manager confirmed that Resident #6 was positive for SARS-COV-2 and was not in an AIIR but it was his/her understanding that Airborne Precautions were the correct Transmission Based Precaution to use for SARS-COV-2.</p> <p>A review of facility policy titled "Residents with Confirmed SARS-COV-2 Infection" revised September 2022 states; "Staff who enter the</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |

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| F 880                                                         | <p>Continued From page 47</p> <p>room of a resident with suspected or confirmed SARS-COV-2 infection will adhere to standard precautions and use a NIOSH-approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection.</p> <p>On 2/6/24 at 2:06 p.m. during an interview with facility Infection preventionist a surveyor confirmed that Airborne Precautions were not being utilized for Resident #6 and the signage did not communicate the precautions to be used for SARS-COV-2 per facility policy.</p> <p>5. On 2/5/24 at 11:05 a.m. a surveyor toured the whirlpool room on Dublin with LPN#3 and observed the following:</p> <ul style="list-style-type: none"> <li>- A strong odor of urine and feces upon entering the room</li> <li>- An open wagon filled with full, tied, plastic, trash bags</li> <li>- Flattened cardboard boxes stacked on the floor</li> <li>- A toilet brush uncovered on the floor near the toilet</li> <li>- Missing threshold tile between toilet and room creating a tripping hazard and an uncleanable surface.</li> <li>- Gallon size soap containers with a pump on the floor next to the tub.</li> <li>- A container of used personal care products on the back of the shared toilet with no labels.</li> <li>- 4 white plastic drawer units creating a cluttered environment difficult to clean. 1 was broken and leaning over with the drawer hanging out.</li> <li>- Unzipped rolling laundry carts that were visibly soiled with a dried tan substance on the inside base of the protective cover.</li> <li>- Confirmed with LPN #3 that this room is</li> </ul> | F 880                                                                      |                                                                                                                          |                            |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLOVER HEALTH CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>440 MINOT AVE<br/>AUBURN, ME 04210</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 880                                                         | Continued From page 48<br>being used for resident bathing.<br><br>On 2/5/24 at 11:20 a.m. a surveyor toured the Galway unit whirlpool room and observed the following:<br>- Tub faucet with continuous leak creating a rust-colored stain on the inside surface of tub from the top to the drain.<br>- Smell of feces and urine prominent upon entering room<br>- Full, tied, plastic, trash bags in an open cart.<br>- Gallon size soap container with pump on the floor<br>- Pair of resident slippers on the floor<br><br>On 2/8/24 at 10:52 a.m. during a tour of the Dublin Whirlpool room with the Administrator and LPN #3, a surveyor confirmed that the administrator would not bathe in this room, the smell was unacceptable and while this was a known issue "on the list", it was still being utilized for resident care. | F 880                                                                      |                                                                                                                          |                            |                                                        |
| F 947<br>SS=D                                                 | Required In-Service Training for Nurse Aides<br>CFR(s): 483.95(g)(1)-(4)<br><br>§483.95(g) Required in-service training for nurse aides.<br>In-service training must-<br><br>§483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.<br><br>§483.95(g)(2) Include dementia management training and resident abuse prevention training.<br><br>§483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews                                                                                                                                                                                                                                                                                                                            | F 947                                                                      |                                                                                                                          |                            |                                                        |

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

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>205063</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/09/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLOVER HEALTH CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>440 MINOT AVE<br/>AUBURN, ME 04210</b>                                       |                            |                                                        |
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| F 947                                                         | <p>Continued From page 49</p> <p>and facility assessment at § 483.70(e) and may address the special needs of residents as determined by the facility staff.</p> <p>§483.95(g)(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to implement and maintain an effective training program which includes, at a minimum, training on abuse, resident rights and dementia management by failing to ensure that 5 of 5 Certified Nursing Assistant's (CNA) employed, completed the required annual training (CNA #1, CNA #2, CNA #3, CNA #4 and CNA #5).</p> <p>Findings:</p> <p>On 2/9/24, during a review of employee personnel records, the following was noted:</p> <ol style="list-style-type: none"> <li>1. CNA #1's employee personnel record lacks evidence of mandatory abuse, resident rights and dementia training within the last twelve months.</li> <li>2. CNA #2's employee personnel record lacks evidence of mandatory abuse, resident rights and dementia training within the last twelve months.</li> <li>3. CNA #3's employee personnel record lacks evidence of mandatory abuse training within the last twelve months.</li> <li>4. CNA #4's employee personnel record lacks evidence of mandatory abuse, resident rights and dementia training within the last twelve months.</li> </ol> | F 947                                                                      |                                                                                                                          |                            |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLOVER HEALTH CARE</b> |                                                                                                                                                                                                                                                                                                        |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>440 MINOT AVE<br/>AUBURN, ME 04210</b>                                       |  |                                                        |
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| F 947                                                         | Continued From page 50<br><br>5. CNA #5's employee personnel record lacks evidence of mandatory abuse, resident rights and dementia training within the last twelve months.<br><br>On 2/9/24 at 11:50 a.m., during an interview with a surveyor, the Director of Nursing confirmed the above findings. | F 947                                                                      |                                                                                                                          |  |                                                        |