STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205108	A. BUILDING _____ B. WING _____	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ANDRE HEALTH CARE FACILITY	407 POOL ST BIDDEFORD, ME 04005

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS From 6/9/25-6/11/25, on-site visits were conducted at St Andre Health Care to complete the annual Long Term Care Survey Process for Federal Recertification and investigating complaint #ME00051838. It was determined that St. Andre Health Care is not in compliance with 42 CFR Part 483, Subpart B-Requirements for Long Term Care Facilities.	F 000		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. 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. The facility must provide- §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. (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. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition;	F 584	No residents were affected. Repairs will be performed on all items. Facility safety audits will be performed weekly x 3 months going forward and areas of concern will be added to the audit list. Results will be reviewed in the quarterly QAPI meeting.	07/25/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Stephen Adams | TITLE: Administrator | (X6) DATE: 7/8/25

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 584	Continued From page 1 §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to maintain a safe, clean, comfortable and homelike environment on 3 of 3 units. Findings: On 6/11/25 at 1:30p.m. during a tour of the facility with the Administrator, the following were observed and confirmed: Third Floor: -Doorway next to stairwell near room 310 needs corner protector replaced. -Room 302: Stained ceiling tile near window. -Room: 304Wall gouged near bathroom door. -Room: 308- Stained ceiling tile. -Room:310- Stained ceiling tile in corner. -Room: 313- Bathroom has two holes in the wall that need repair. -Room: 318- Stained ceiling tile. -Bathing Suite: Baseboard broken in two places and tile missing. Second Floor:	F 584		

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F 584	Continued From page 2 -Common area: 2 holes in the wall behind coffee bar that need repair. -Room: 212- Stained Ceiling tile in the bathroom. -Room: 214- Bathroom door has two holes. -Room: 215- Water in sink took a long while to heat up. -Room: 222- Wall in bathroom has 5 holes that need repair. First Floor: -Sun room all the way to the left after entering has stained ceiling tiles. -Room: 101-Counter under sink needs repair - rough surface. -Room: 102- Bathroom door has 2 holes that need repair. -Room: 104- Bathroom wall has 2 holes that need repair. -Room: 117- Stained ceiling tile above toilet.	F 584		
F 695 SS=E	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 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: Based on observations, record reviews, interviews, the facility failed to maintain a sanitary environment to help prevent the development and transmission of disease and infection related to respiratory care for 2 of 3 residents reviewed for	F 695	No residents were affected. Education on appropriate use and storage of oxygen and tubing will be completed. If oxygen is D/C'd, the concentrator shall be removed from the patients room. Audits will be performed weekly x 3 months and results will be reviewed in the quarterly QAPI meeting.	07/25/25

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F 695	Continued From page 3 respiratory care. (#10, #13 and #23) Findings: 1. On 6/9/25 at 9:24 a.m. during an observation of Resident #13 and Resident #23s room. The tubing on an oxygen ("O2") concentrator next to Resident #23's bed was draped over the machine without being stored in a sanitary manner. The tubing on the concentrator next to Resident #23's bed was draped over the concentrator and the nasal cannula was directly on the floor. On 6/11/25 a surveyor reviewed Resident #13's Order Summary/Report shows the following order dated 2/26/25 "Oxygen Continuous O2 at 2 liters/minute via nasal cannula. Attempt to wean O2 to keep sat at 90% or higher. every shift" On 6/11/25 a surveyor reviewed Resident #23 Order Summary/Report shows an active order dated 5/5/25 "Oxygen at 2 LPM via nasal cannula PRN. Monitor oxygen saturation every shift as needed for hypoxia." On 6/11/25 at 11:00 a.m. a surveyor interviewed Certified Nursing Assistant and was told that oxygen tubing should be stored coiled up in a bag when not in use. They did not know why the tubing for Resident #13 and Resident #23 were not stored in a bag. On 6/11/25 at approximately 11:15 a.m., the findings were discussed with the Charge Nurse who confirmed that Resident #13 and Resident #23 were currently using oxygen and the tubing needs to be stored in a sanitary manner between use. The tubing was immediately replaced and bags provided for sanitary storage.	F 695		

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F 695	Continued From page 4 2. On 06/09/25 at 12:20 p.m., observed an oxygen concentrator at the bed side of Resident #10. The tubing was still attached to the machine. Resident #10 stated that [he/she] no longer uses O2 but machine is at [his/her] bedside. Resident #10 stated that they have not used O2 for a month. On 6/10/25 at 1:10 p.m. the surveyor confirmed in an interview with the Unit Manager that Resident #10 no longer uses the O2, and she will remove the concentrator.	F 695		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.	F 812	No residents were affected. Ceiling tiles and/or supporting structure will be replaced. An inspection has been added for cleanliness of tiles and equipment. Education will be provided to dietary staff on the process of open containers. Audits will be performed on open containers weekly x 3 months. Audit results will be reviewed in the quarterly QAPI meeting.	07/25/25

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F 812	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for the ceiling tile and support structure, and the large floor mixer, 3 of 3 days of survey. Additionally, the reach-in refrigerator was found to have a bag of cookie dough that was undated and unlabeled. Findings: On 6/9/25 at 9:15a.m. the initial tour of the kitchen was conducted with the Food Service Director ("FSD") the following was observed: -an open bag of cookie dough not labeled and not dated in the reach in refrigerator; -several stained ceiling tiles throughout the kitchen; -rust covered support struts of the ceiling; - a long cob web hanging from the ceiling containing an insect; -discolorations of ceiling tile near dish machine, upon closer examination it was determined that the area was covered with a heavy layer of dust and when touched with the tip of a broom created a heavy falling of dust and debris in the area. On 6/10/25 at 7:30 a.m., during a tour of the kitchen the following was observed: dust strings hanging from the ceiling. On 6/11/25 at 9:50 a.m., during a tour of the kitchen the following was observed: -large cobwebs in several areas of the kitchen. -dust covering a glove holder positioned over the clean bowls. - large mixer that was covered with a plastic bag, and when the bag was removed a large amount	F 812		

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F 812	Continued From page 6 of dried debris was seen around the machine. -Additionally, a small to moderate amount of dust was observed on the outside of the ice machine. The above was confirmed with the Food Service Director at that time and she stated that "We have a lot of dusting to do."	F 812		
F 814 SS=D	Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that garbage and refuse were disposed of in a manner to prevent pest infestation for 1 of 3 survey days. (6/11/25). Findings: On 6/11/25 at 9:50 a.m. - Observed through the window that 1 of 2 dumpsters were uncovered, for 1 of 3 days of the survey. This was confirmed with the Food Service Director at the time of the observation.	F 814	No residents were affected. Doors were immediately closed and dietary and plant operation employees were educated on the process. The process has been added to the employee communication board. Audits will be performed for weekly x 3 months. Results will be reviewed in the quarterly QAPI meeting.	07/25/25