STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205117	A. BUILDING _____ B. WING _____	C 05/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARIBOU REHAB AND NURSING CENTER	**10 BERNADETTE ST CARIBOU, ME 04736**

(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 On 5/7/24, an unannounced onsite visit was conducted at Caribou Rehab And Nursing Center for the purpose of investigating facility reported incident #ME00047268. It was determined that Caribou Rehab And Nursing Center was in past non-compliance with 483.25, also known as F684, within 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on facility reported incident and investigation review, record review, and interviews, the facility failed to ensure that a resident who was identified as a stand pivot transfer received assistance from two staff members during a transfer for 1 of 1 facility reported incidents reviewed (4/24/24). Finding: On 4/24/24, the facility reported an incident to the State Agency (Division of Licensing and Certification), alleging that on 4/23/24, Certified Nursing Assistant (CNA)1 transferred Resident (R)1, who was a two person assist transfer, with a	F 684	Past noncompliance: no plan of correction required.	

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 684	Continued From page 1	F 684		

non-family member visitor instead of a staff member. The facility's investigation, which was completed on 4/24/24, included an X-ray that identified that R1 had an acute (sudden) to subacute (between acute and chronic) non displaced fracture of the lower tibial shaft but the evaluation was limited due to severe osteoporosis.

On 5/7/24 at 9:59 a.m., during an interview with a surveyor, CNA1 stated that about 12:30 p.m. (on 4/23/24), R1 rang the call bell and wanted to go to bed; his teammate was at lunch and he explained to R1 that he/she needed to wait so he could get assistance. CNA1 stated R1 was a two person assist transfer. R1 was adamant that he/she wanted to go to bed so R1's roommate's family member offered to help transfer R1 to bed. CNA1 explained that about 2:00 p.m., R1 complained of pain in the right knee to right ankle area and reported this to Licensed Practical Nurse (LPN)1. CNA1 stated that he was educated after this incident to seek out another staff member and not accept assistance from non-family members.

On 5/7/24 at 10:50 a.m., during an interview with a surveyor, LPN1 stated she assessed R1 and found no bruising or swelling and was able to move R1's leg and ankle with no pain, complaining of pain after she stopped moving it. LPN1 notified the Medical Provider who ordered an X-ray for the morning. LPN1 stated R1 was a two person assist transfer at that time.

On 5/7/24 at 11:00 a.m., during an interview with a surveyor, CNA2 stated that R1 was a two person assist transfer and that she would use another staff member to assist with a transfer.

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F 684	Continued From page 2 On 5/7/24 at 11:05 a.m., during an interview with a surveyor, the Physical Therapist (PT) stated that the last time she evaluated R1 was 5/18/22 when R1 was at another facility, and R1 was a two person assist for transfers. R1 was a new admission to this facility and her admission evaluation was completed on 4/30/24, which was after the incident. R1 is now a Hoyer lift for transfers. As a result of this isolated incident, the following actions were initiated: On 4/23/24, R1 was assessed by LPN1 and an order for an X-ray was obtained after speaking to the Medical Provider. On 4/24/24, CNA1 self reported to the Director of Nursing the circumstances of R1's transfer. Education was provided to CNA1 on using other staff for two person assist transfers and not to accept offers of assistance from non -family members or non staff. (The facility has a process in place for family members who wish to assist their own family who reside in the nursing home). On 4/24/24, education was provided to the non-family member visitor to not offer to assist staff for residents that are not family. On 4/24/24, an X-ray was obtained, thereafter, pain management and an orthopedic consult obtained. Staff were to use a Hoyer lift for transfers. On 4/30/24, an admission PT evaluation was completed and R1 was now a Hoyer lift for transfers.	F 684		