Northern Light Continuing Care – Mars Hill

Plan of Correction for Annual Survey 2024 Event ID: 645D11.

F 550 Resident Rights/Exercise of Rights (SS=D)

CFR (s): 483.10 (a) (1) (2) (b) (1) (2)

*The facility has identified that all residents could be affected by this deficient practice.

*The individual employee in this instance has received disciplinary action according to NLCC – Mars Hill policy on November 6, 2024.

*Group and individual staff trainings will be held to re-educate staff on Resident Rights and Residents exercising their rights. To prevent this deficient practice from occurring again in the future, these staff trainings will be completed by November 27, 2024, and will be reviewed upon initial hire and annually thereafter.

*All residents are provided a copy of their rights during the admission process and will have an opportunity to address infractions by bringing their concerns to the Charge Staff, Nursing Supervisor, Director of Nursing or Administrator. These rights were presented at the Resident Council meeting on November 7, 2024, at 10:00 AM by Kim Cheney, LSW/Social Services Director. This information is also provided on admission.

*A Performance Improvement Plan has been created to monitor the effectiveness of these changes and results will be presented quarterly to the Quality Assurance Committee and will be ongoing until a period of three consecutive quarters of 100% compliance must be attained before the monitoring is discontinued. The plan is to address this topic at every Resident Council Meeting to be completed by The Activities Program (Allyson McQuade, ADC and/or Vicki Jackson) and notations made on the meeting minutes as to any concerns brought forward. These concerns will be brought forward immediately to the Administrator and/or Director of Nursing.

*This facility will be in full compliance by November 27, 2024.

*See attached forms for ongoing monitoring through the PI process.

F 645 PASARR Screening for MD & ID (SS=D)

CFR(s): 483.20(k)(1)-(3)

*The facility has identified that some residents could be affected by this deficient practice.

*All preadmission screening and resident review (PASARR) forms will be reviewed for all newly admitted residents and residents with a significant change in condition to ensure all appropriate diagnoses are addressed. PASARR forms with incomplete information will be updated and resubmitted within 14 days of admission or change in condition.

*All Resident charts were reviewed to determine if other PASARR screenings needed to be done. A total of three were submitted for review (including Resident 29 identified during the survey). No Level II service needs were indicated for any of the three.

*A new screening audit tool has been developed and Performance Improvement Plan has been created to monitor that all Residents requiring a Level 2 screening receives one and results will be presented quarterly to the Quality Assurance Committee. A period of three consecutive quarters of 100% compliance must be attained before the monitoring is discontinued. Melissa Carlson, RN/DON, or Designee is responsible for monitoring this project and the reporting results to the committee.

*This facility will be in full compliance by November 01, 2024.

*See attached forms for ongoing monitoring through the PI process.

F 657 Care Plan Timing and Revision (SS=D)

CFR(s): 483.21(b)(2)(i)-(iii)

*The facility has identified that all residents could be affected by this deficient practice.

*Resident care plans will be reviewed and revised as necessary by the multidisciplinary team (MDT) at each resident's scheduled MDT meeting. Resident 19's care plan (identified during survey) was updated.

*A Performance Improvement Plan has been created to monitor that all Resident care plans are updated as necessary by the multidisciplinary team (MDT) at each resident's scheduled MDT meeting. The results will be presented quarterly to the Quality Assurance Committee. A period of three consecutive quarters of 100% compliance must be attained before the monitoring is discontinued. Melissa Carlson, RN/DON, or Designee is responsible for monitoring this project and the reporting results to the committee.

*This facility will be in full compliance by December 13, 2024.

*See attached forms for ongoing monitoring through the PI process.

F 699 Trauma Informed Care (SS=D)

CFR(s): 483.25(m)

*The facility has identified that some residents could be affected by this deficient practice.

*All Resident charts will be reviewed to determine if any have a history of trauma (including Resident 16 identified during the survey) and appropriate documentation will be added to these charts and care plan interventions for the diagnosis. This check will also be performed on all new admissions.

*All residents receive initial trauma screening by Nursing on admission. If a positive response is determined through this check for a history of trauma, then Nursing will notify Social Services for a follow-up visit.

*An audit tool was created to identify potential trauma experiences of the past. A Performance Improvement Plan has been created to monitor that all Residents will be checked for a history of trauma and appropriate action will be taken to avoid retraumatizing the Resident. Results will be presented quarterly to the Quality Assurance Committee. A period of three consecutive quarters of 100% compliance must be attained before the monitoring is discontinued. Melissa Carlson, RN/DON, or Designee is responsible for monitoring this project and the reporting results to the committee.

*This facility will be in full compliance by December 13, 2024.

*See attached forms for ongoing monitoring through the PI process.

F 761 Label/Store Drugs and Biologicals (SS=D)

CFR(s): 483.45(g)(h)(1)(2)

*The facility has identified that all residents could be affected by this deficient practice.

*All medications were labeled appropriately prior the surveyors exit interview on October 17, 2024.

*A written guideline with common drugs and their expiration dates will be placed in the medication room for reference. All nurses and med techs will have re-training on labeling drugs. All new hires will have training prior to the end of their orientation. Training will be completed by December 06, 2024.

*A Performance Improvement Plan has been created. A weekly audit of the medication carts, the treatment cart, the medication refrigerator, and the medication cabinets, will be performed to ensure all drugs and biologicals are labeled with an expiration date.

*Nursing will verify all opened drugs (insulins, inhalers, house stock, topicals, etc.) are labeled with an expiration date. Results will be presented quarterly to the Quality Assurance Committee. A period of three consecutive quarters of 100% compliance must be attained before the monitoring is discontinued. Melissa Carlson, RN/DON, or Designee is responsible for monitoring this project and the reporting results to the committee.

*This facility will be in full compliance by December 06, 2024.

*See attached forms for ongoing monitoring through the PI process.

F 812 Food Procurement, Store/Prepare/Serve – Sanitary (SS=E)

CFR(s): 483.60(i)(1)(2)

*The facility has identified that all residents could be affected by this deficient practice.

*The Food Service Supervisor has educated all cooks of quat testing and proper concentration per poster of guidelines as of November 6, 2024.

*Monitoring of the proper dispensing of the 3 bay sink sanitizers, as well as Quat test weekly, besides the daily testing that already exist. The Food Service Supervisor and Lead will be responsible for the ongoing monitoring.

*A Performance Improvement Project has been implemented, effective immediately, monitoring the the quat testing on a weekly basis. Results will be presented quarterly to the Quality Assurance Committee. A period of three consecutive quarters of 100% compliance must be attained before the monitoring is discontinued.

*A Performance Improvement Project has been implemented, effective immediately, monitoring the storage of dishware/equipment on a weekly basis. Plateware, mugs, tumblers, and any cooking equipment being stacked will be checked to ensure a safe, non-wet storage. Results will be presented quarterly to the Quality Assurance Committee. A period of three consecutive quarters of 100% compliance must be attained before the monitoring is discontinued.

* Med Cart pudding that was found outdated, has been replaced with RTS puddings. The current dishing up of souffle cups of pudding and stored in the refrigerator for nursing has discontinued. The Food Service Department will leave RTS pudding variety, as well as Sugar Free options in the med room and med nurses can go to kitchen to request more as needed. The RTS puddings have an extended shelf life, whereas the scooped pudding was only good for 5 days.

*A Performance Improvement Project has been implemented, effective immediately, monitoring the expiration dates for the pudding products on a weekly basis. Results will be presented quarterly to the Quality Assurance Committee. A period of three consecutive quarters of 100% compliance must be attained before the monitoring is discontinued. Daphne Walsh or Designee is responsible for monitoring this project and the reporting results to the committee.

*This facility will be in full compliance by November 27, 2024.

*See attached forms for ongoing monitoring through the PI process.

F 842 Resident Records – Identifiable Information (SS=D)

CFR(s): 483.20(f)(5), 483.70 (h)(1)-(5)

*The facility has identified that all residents could be affected by this deficient practice.

*All residents have the potential to be affected by this deficient practice.

*Resident 26's code status was clarified with resident and provider and updated in PCC on October 17, 2024. Resident 295's code status was clarified with resident, family and provider and updated in PCC on October 16, 2024.

*Newly admitted residents' code statuses will be reviewed by the care team during their physician admission visit and all residents will have their codes statuses reviewed during their annual, quarterly, or significant change care plan (multidisciplinary team) meeting and documented appropriately.

*All resident records will be reviewed by November 30, 2024 to ensure that their code statues correlate to their most current advance directive and any discrepancies will be clarified with the resident and/or the resident's representative and the care team and the resident's record will be updated accordingly.

*A Performance Improvement Plan has been created to monitor that all Resident's code status is updated as necessary by the multidisciplinary team (MDT) at each resident's scheduled MDT meeting. Audits on review of code status during physician admission visits and MDT meetings will be performed. The results will be presented quarterly to the Quality Assurance Committee. A period of three consecutive quarters of 100% compliance must be attained before the monitoring is discontinued. Melissa Carlson, RN/DON, or Designee is responsible for monitoring this project and the reporting results to the committee.

*This facility will be in full compliance by November 30, 2024.

*See attached forms for ongoing monitoring through the PI process.

F 880 Infection Prevention & Control (SS=F)

CFR(s): 483.80(a)(1)(2)(4)(e)(f)

(1) *The facility has identified that all residents could be affected by this deficient practice.

*Housekeeping has had duties added to their work roster to include the flushing of water in areas where water may become stagnant. These areas are flushed weekly for a minimum of two minutes per location.

*A new contract was signed on October 30, 2024 for water testing to include 4 tests yearly for Legionella. A new water management plan is being developed and the facility will be in full compliance with this by November 27, 2024.

*A Performance Improvement Project has been implemented, effective immediately, monitoring the water testing dates. Results will be presented quarterly to the Quality Assurance Committee. A period of three consecutive quarters of 100% compliance must be attained before the monitoring is discontinued. The Administrator or Designee is responsible for monitoring this project and the reporting results to the committee.

(2) *The facility has identified all residents with indwelling urinary catheters (IUCs) have the potential to be affected by this deficient practice.

Resident 4's and Resident 38's urine collection bags were repositioned off the floor by the clinical supervisor after the discussion with the state surveyor on 10/17/14.

All registered nurses, licensed practical nurses, and certified nursing assistants will receive re-training by November 27, 2024 following IUC maintenance principals 1) catheter tubing is free of kinking and secured properly to facilitate unobstructed urine flow 2) urine collection bags and tubing off the floor at all times 3) urine collection bags are kept below the level of the bladder 4) collection bags are covered for privacy/dignity.

*A Performance Improvement Plan has been created to monitor that all Residents with indwelling urinary catheters have appropriate catheter care by completing 10 weekly audits on IUC maintenance principals. Results will be tracked and presented quarterly to the Quality Assurance Committee. A period of three consecutive quarters of 100% compliance must be attained before the monitoring is discontinued. Melissa Carlson, RN/DON, or Designee is responsible for monitoring this project and the reporting results to the committee.

*See attached forms for ongoing monitoring through the PI process.

F 883 Influenza and Pneumococcal Immunizations (SS=E)

CFR(s): 483.80(d)(1)(2)

*The facility has identified that all residents could be affected by this deficient practice.

*All current residents' pneumococcal vaccine history (including Resident's 14, 19, and 33) will be reviewed following facility policy on Immunization Screening for Pneumococcal, Influenza and/or COVID-19 Vaccination for Adult Patients and all residents over the age of 65 who meet the criteria for shared clinical decision-making, to receive one dose of PCV20 or PCV21 at least 5 years after the last pneumococcal vaccine dose, will be educated and offered PCV20 vaccination based on the determination made by the medical director, Robert L. McFadgen, MD, that people living in nursing homes are at an increased risk of exposure to PCV20 or PCV21 serotypes will be offered vaccination by November 30, 2024.

*All newly admitted resident's pneumococcal vaccine history will be reviewed following facility policy.

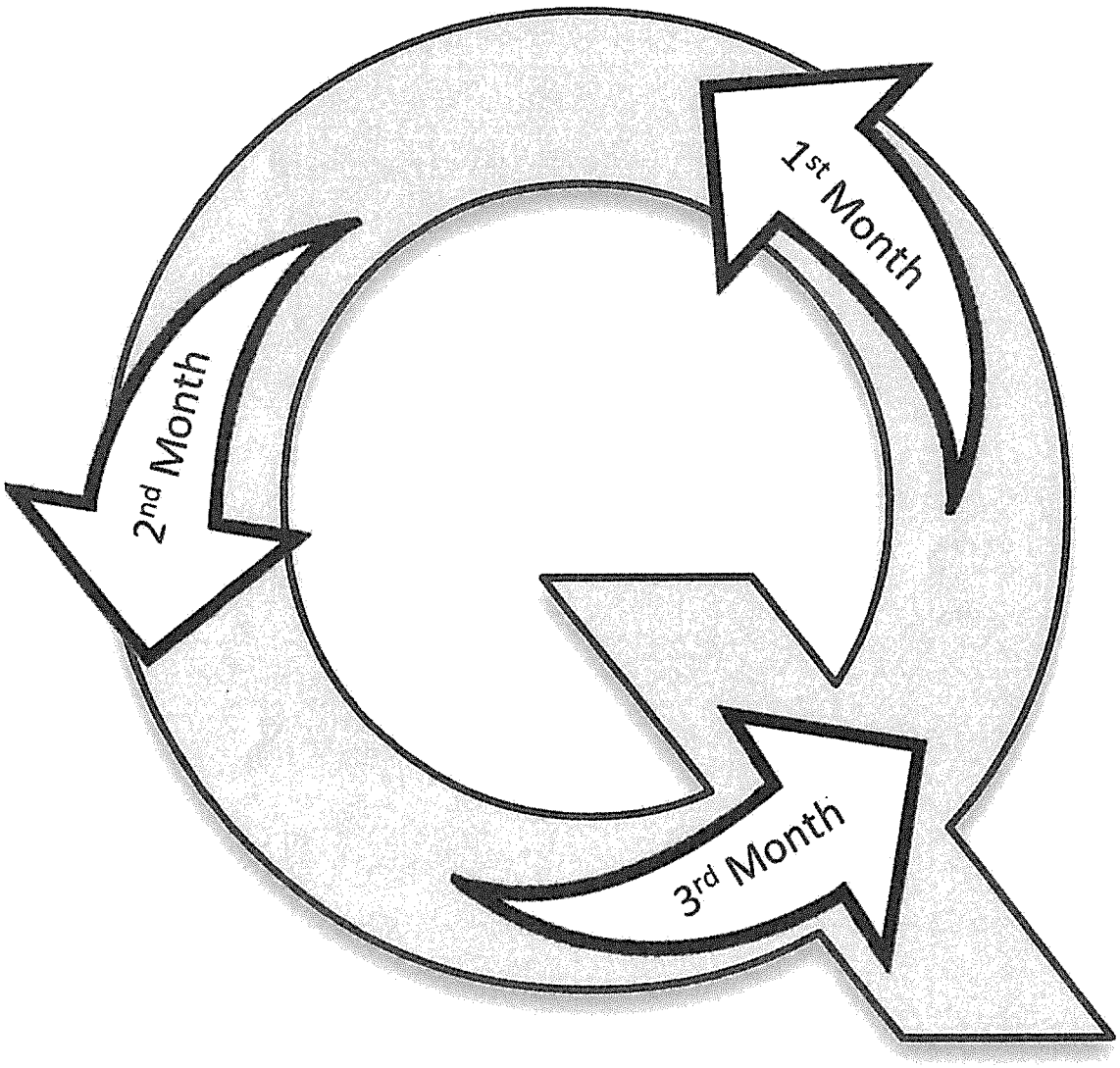
*A Performance Improvement Plan has been created to monitor that all newly admitted resident's pneumococcal vaccine history will be tracked and presented quarterly to the Quality Assurance Committee. A period of three consecutive quarters of 100% compliance must be attained before the monitoring is discontinued. Infection Preventionist or Designee is responsible for monitoring this project and the reporting results to the committee.

*This facility will be in full compliance by November 30, 2024.

*See attached forms for ongoing monitoring through the PI process.

Quality Goal

Northern Light
A.R. Gould Hospital



Department/Location

Activities

Goal Statement

Residents' rights will be addressed at every resident council meeting and these concerns will immediately be brought to the administrator and/or director of nursing.

Quarter/Year

Quarter 4, 2024

F550

PASSARR Audit Tool

Resident: _____

DOB: _____

Admission Date: _____

Sig Change Date: _____

Date on PASARR: _____

MDS reviewed: _____

Admission H&P reviewed: _____

Additional records reviewed: _____

Diagnosis discrepancies found: _____

Audit is complete if no discrepancies were found between initial PASARR and record review.

If a discrepancy was found complete the following:

Date new PASARR was submitted: _____

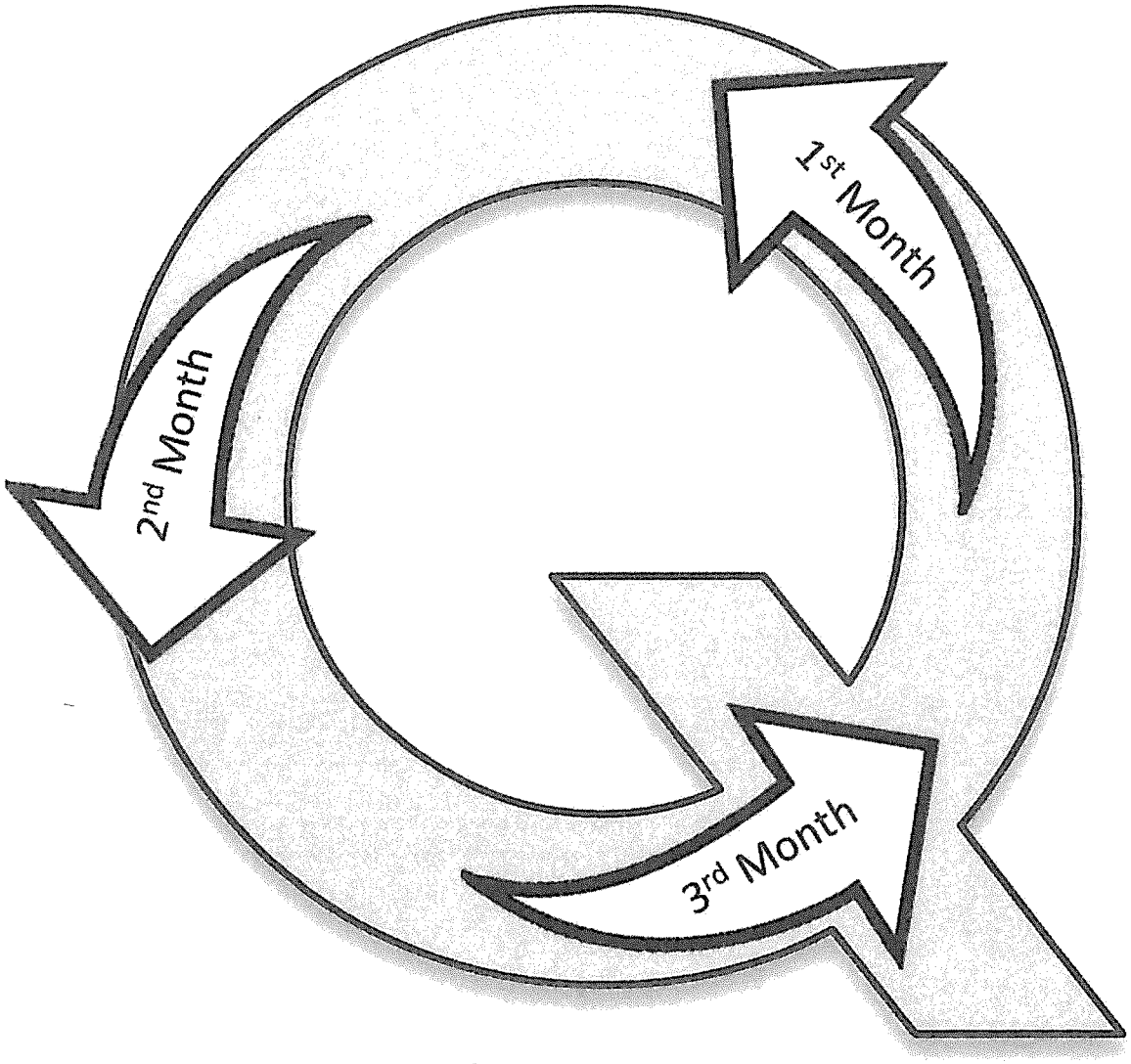
Date new PASARR outcome was received: _____

List change if applicable: _____

F645

Quality Goal

Northern Light
A.R. Gould Hospital



Department/Location

Social Services

Goal Statement

All preadmission screening and resident review (PASARR) forms will be reviewed for all newly admitted residents and residents with a significant change in condition to ensure all appropriate diagnoses are addressed. PASARR forms with incomplete information will be updated and resubmitted within 14 days of admission or change in condition.

Quarter/Year

Quarter 4, 2024

F645

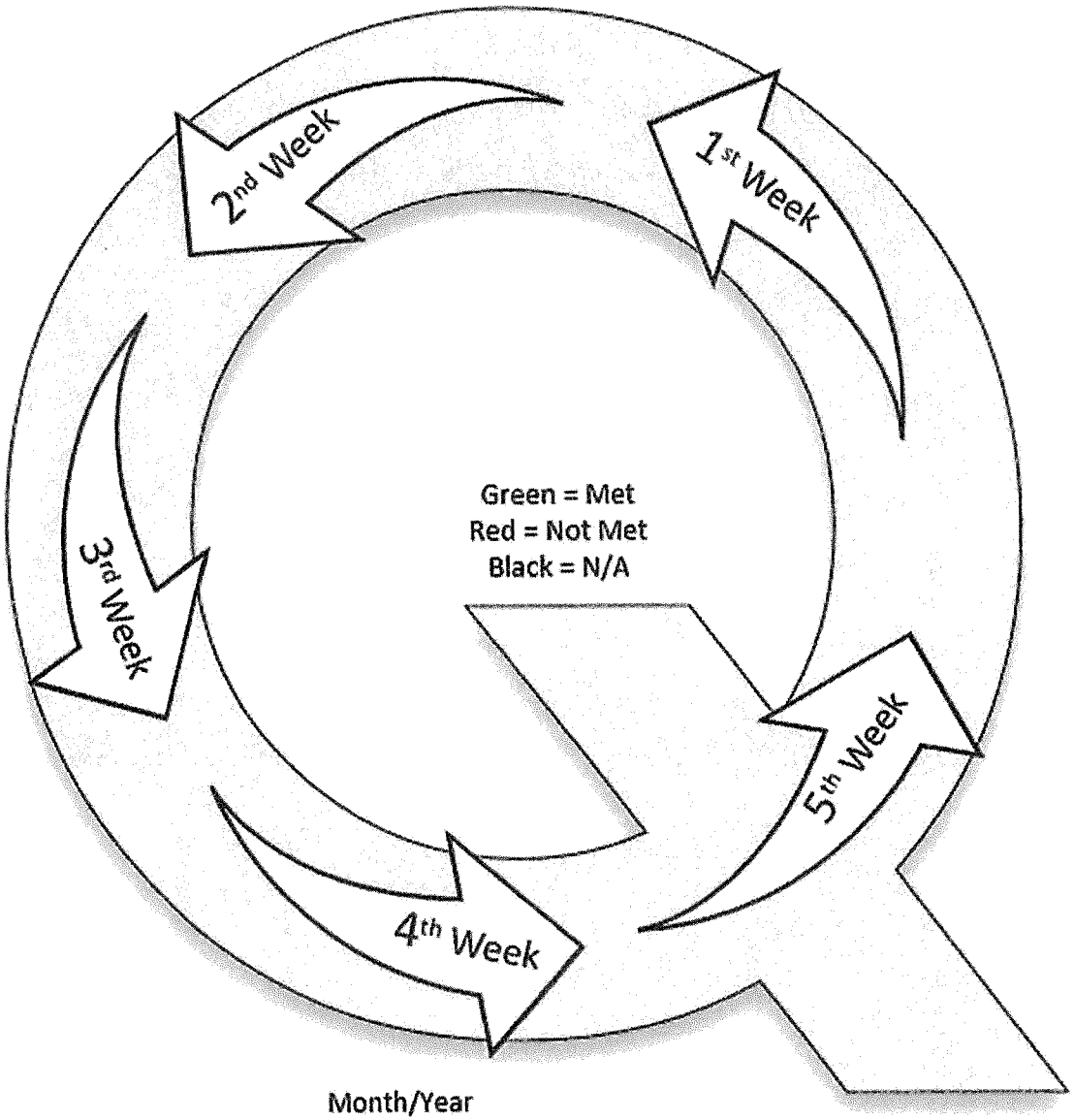
NLCC Care Plan Review Tracking Tool

Date Reviewed by MDT	Resident	RN	Social Services	Food/nutrition	Activities

F657

Quality Goal

Northern Light
A.R. Gould Hospital



Department/Location

Nursing/MDS

Goal Statement

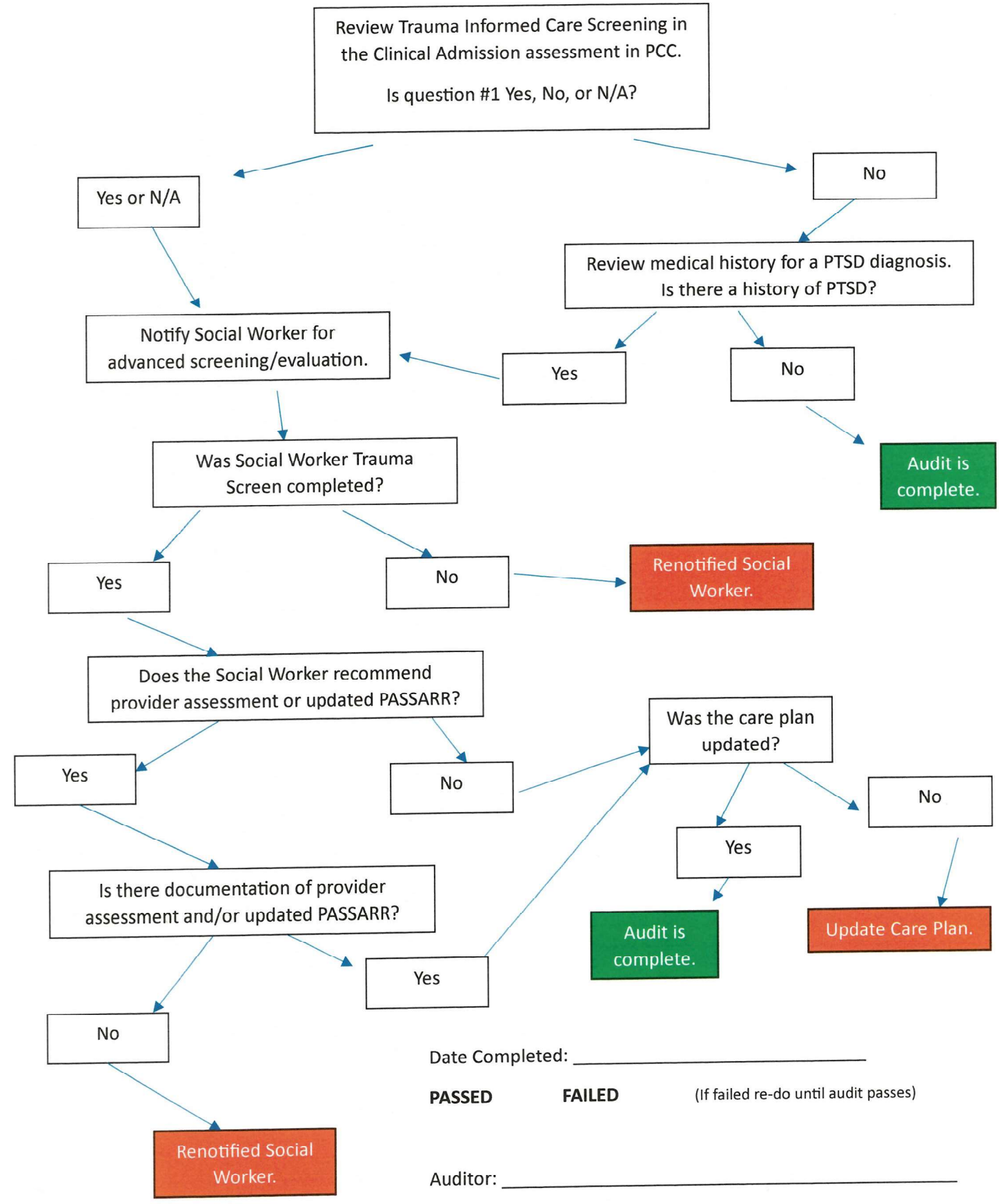
Resident care plans will be reviewed and revised as necessary by the multidisciplinary team (MDT) at each resident's scheduled MDT meeting.

Month/Year

November 2024

F657

Admit date: _____ Resident: _____



Date Completed: _____

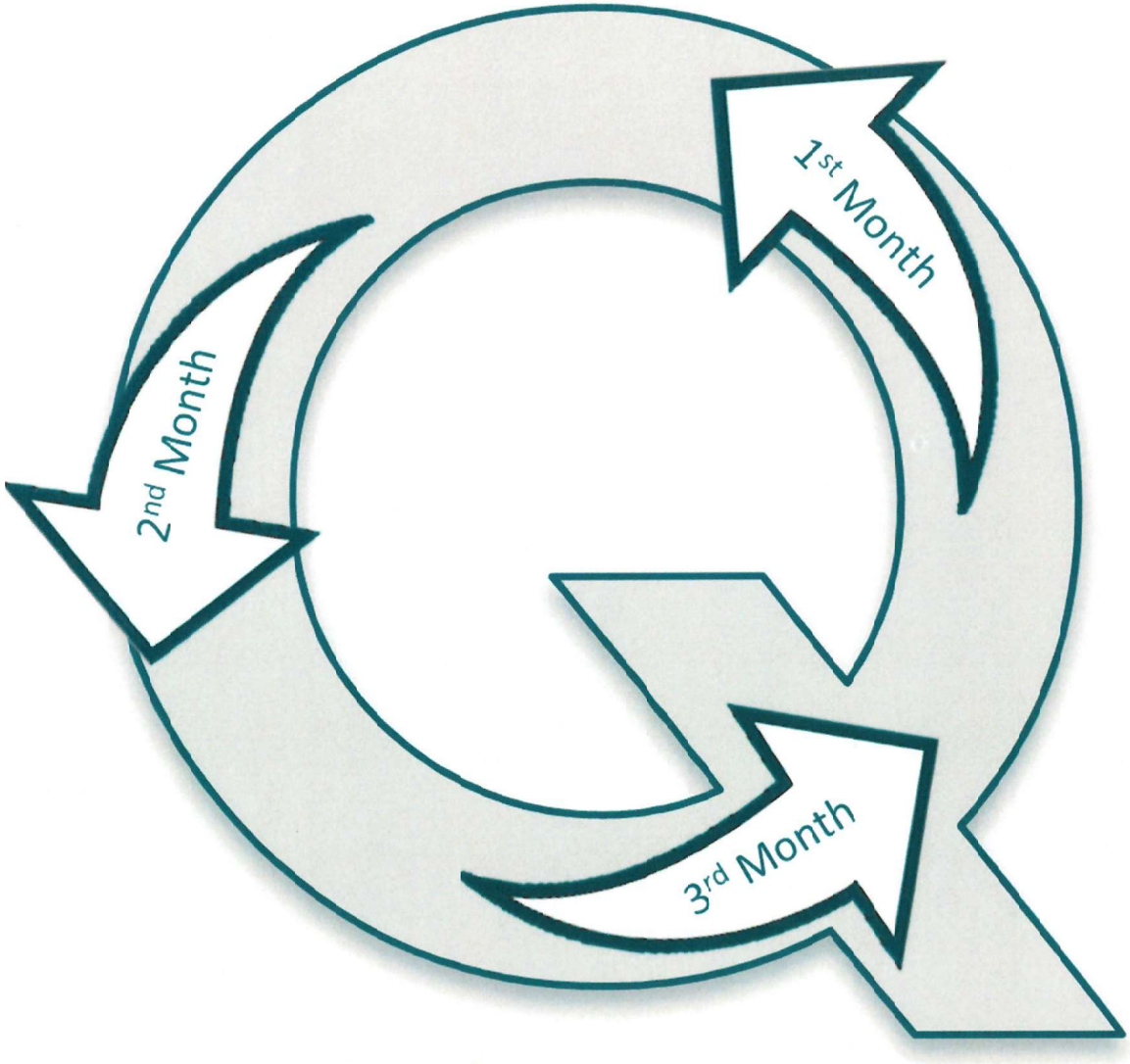
PASSED **FAILED** (If failed re-do until audit passes)

Auditor: _____

F699

Quality Goal

Northern Light
A.R. Gould Hospital



Department/Location

Social Services

Goal Statement

All newly admitted residents' trauma screening will be reviewed and those with a positive screening, or with a negative trauma screening and a history of post-traumatic stress disorder, will have follow up evaluation done by social services within 2 weeks.

Quarter/Year

Quarter 4, 2024

F699

Date: _____ Auditor: _____

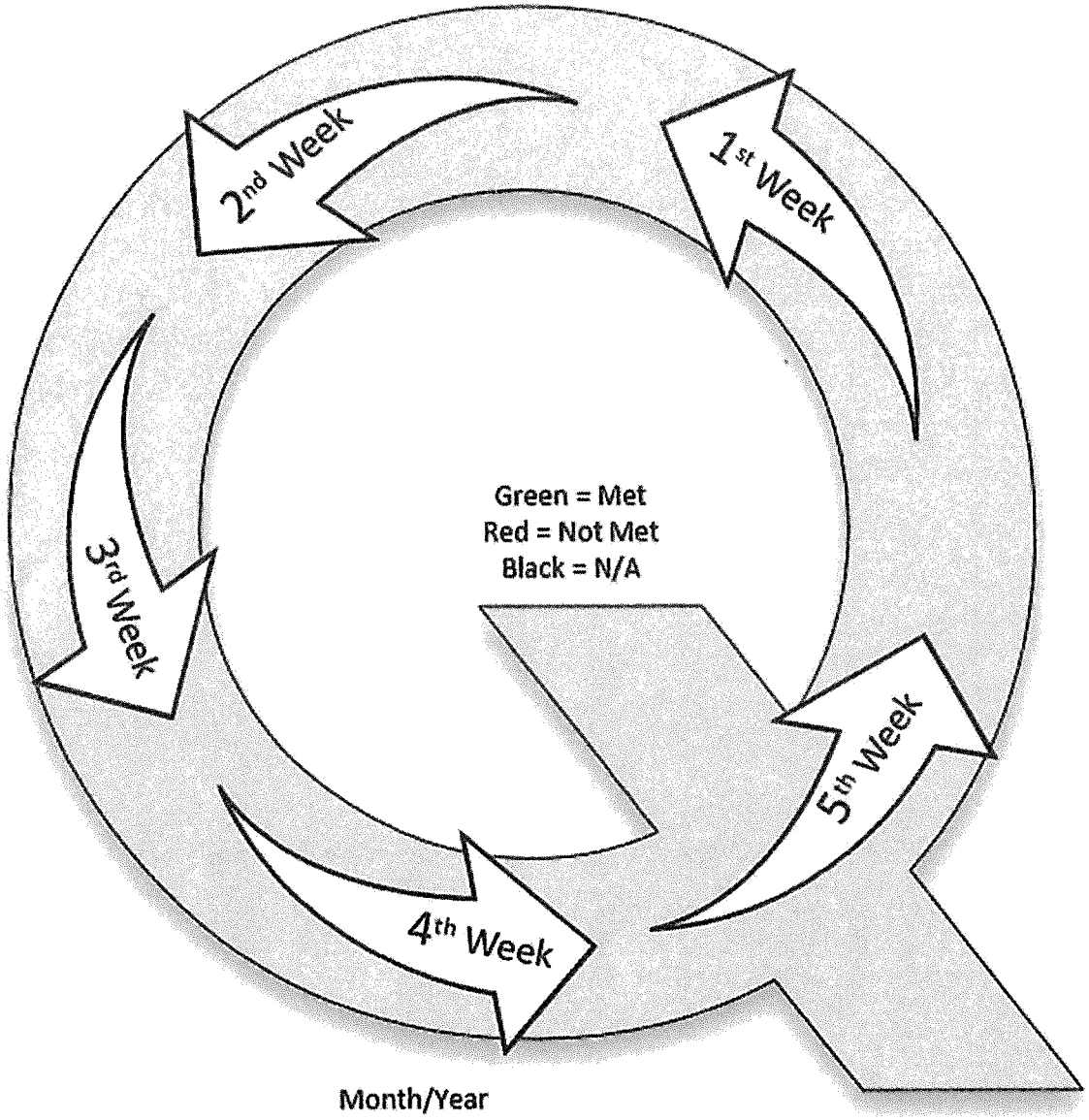
Review all areas were medications or topicals are stored and verify all opened drugs (insulins, inhalers, house stock, topicals, etc.) are labeled with an expiration date.

- ☐ North medication cart
  - ☐ All drugs labeled with expiration date.
  - ☐ Drug found without expiration date.
    - List drug name: _____
    - List correction: _____
- ☐ South medication cart
  - ☐ All drugs labeled with expiration date.
  - ☐ Drug found without expiration date.
    - List drug name: _____
    - List correction: _____
- ☐ Treatment cart
  - ☐ All drugs labeled with expiration date.
  - ☐ Drug found without expiration date.
    - List drug name: _____
    - List correction: _____
- ☐ Medication refrigerator
  - ☐ All drugs labeled with expiration date.
  - ☐ Drug found without expiration date.
    - List drug name: _____
    - List correction: _____
- ☐ Medication cabinet(s)
  - ☐ All drugs labeled with expiration date.
  - ☐ Drug found without expiration date.
    - List drug name: _____
    - List correction: _____
- ☐ All carts are stocked with appropriate labeling supplies.

F761

Quality Goal

Northern Light
A.R. Gould Hospital



Department/Location

Nursing

Goal Statement

A weekly audit of the medication carts, the treatment cart, the medication refrigerator, and the medication cabinets, will be performed to ensure all drugs and biologicals are labeled with an expiration date.

Month/Year

November 2024

F761

11/06/24

Cooks only
Education of Sanitizing Sink-

1. [illegible]
2. Ashley Sutton
3. Wendy d Shaw
4. Sherri Johnston
5. Jen Charette
6. whitney macintosh

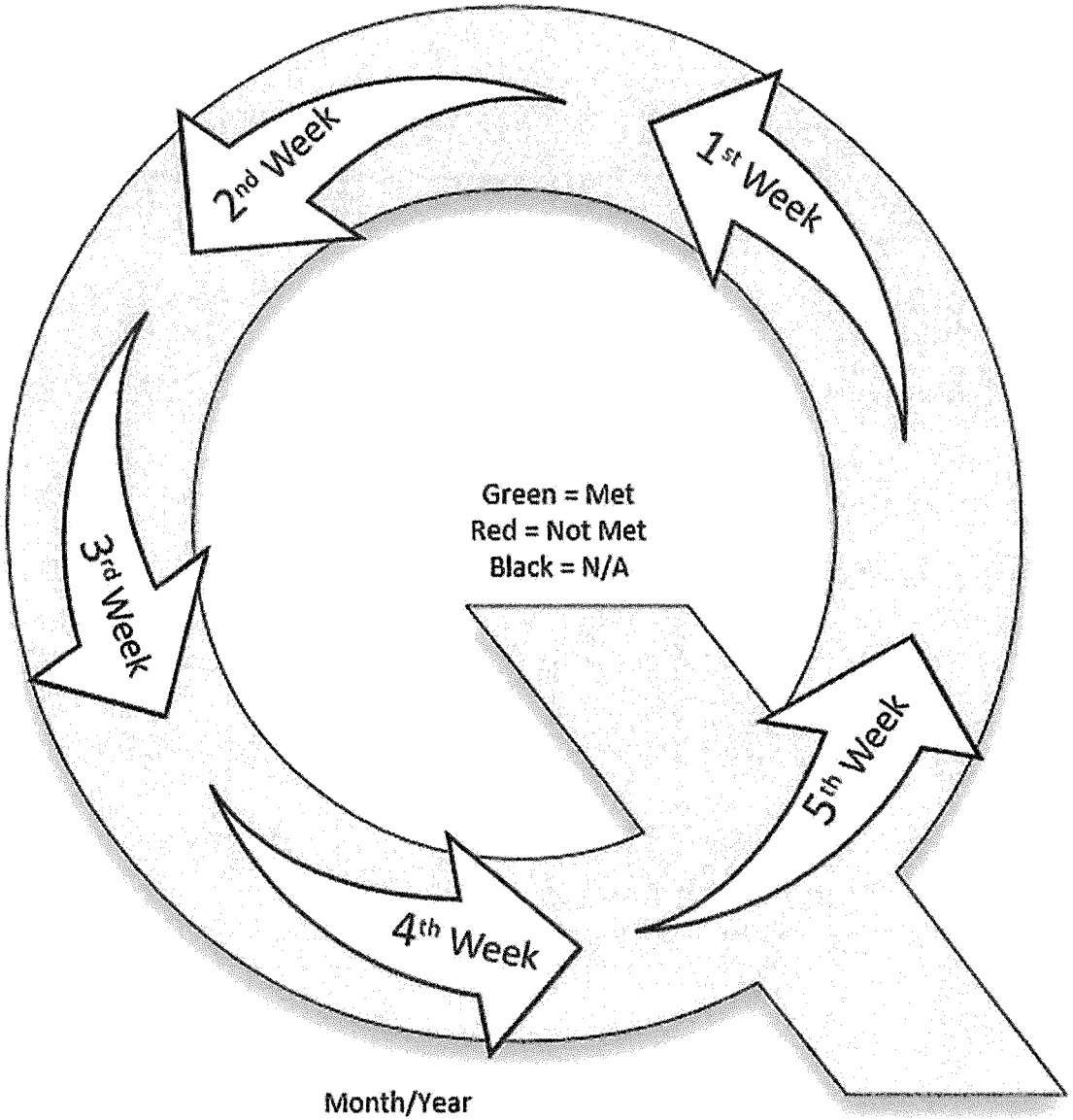
Education of Wet Stacking
Every employee must sign please.
Wet Stacking-

1. [illegible]
2. Cindi Fox
3. Makayla Keen
4. Ashley Sutton
5. Wendy d Shaw
6. Sherri Johnston
7. Riley Crawford
8. Enrique Almanzar
9. Jen Charette
10. whitney macintosh
11. Elaine Kingsbury

F 812

Quality Goal

Northern Light
A.R. Gould Hospital



Department/Location

NLCC Food Service – Mars Hill

Goal Statement

Store, prepare, distribute and serve food in accordance with professional standards for food service safety

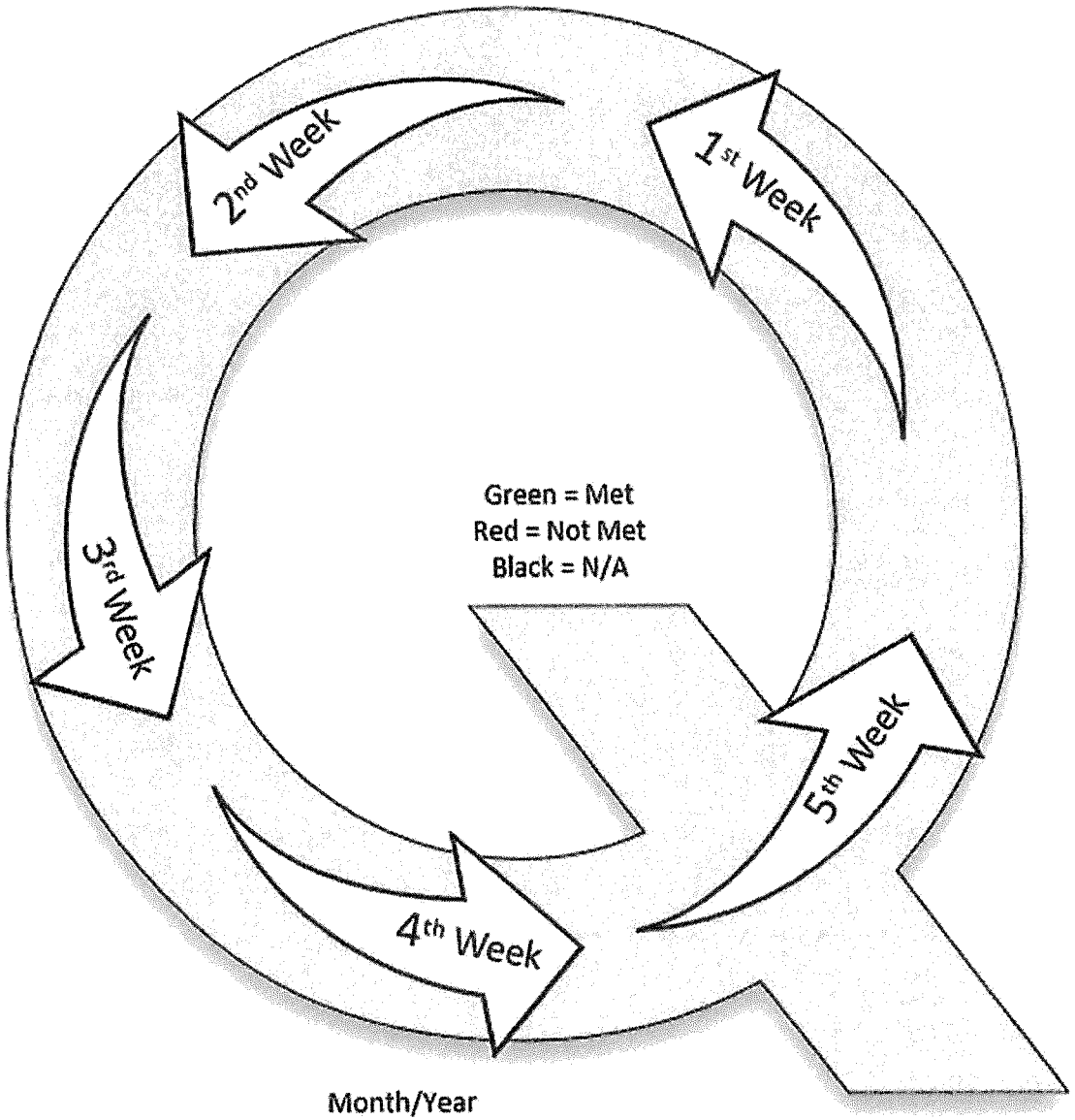
Month/Year

November 2024

F8/2

Quality Goal

Northern Light
A.R. Gould Hospital



Department/Location

NLCC Food Service – Mars Hill

Goal Statement

Store, prepare, distribute and serve food in accordance with professional standards for food service safety

Month/Year

November 2024

F 812

FOCUS AREA: Meal Quality

DEPARTMENT: NLCC Food Services – POC Store/Prepare/Distribute/Serve **December** **QUARTER 4 - 2024**

	Discovery *-What's already working?*	*Dream* *-Overall Vision*	*Design* *-Options to make vision happen*	*Delivery* *-Action Planning, steps to get to vision*
AI Change Process – Week 1	Store, prepare, distribute and serve food in accordance with professional standards for food service safety. •	• Proper storage of dishware & cooking equipment at all times	• Ensure proper dispensing of sanitizing unit in 3 bay sink through quat testing daily • Ensure proper wash and sanitizing of dishware – 2x daily reporting of wash/rinse temperature • Once dishware/cooking equipment has gone through wash/sanitize process, allow proper time for any piece of dishware to stand and dry before stacking. • All dishware/cooking equipment must be thoroughly dry at time of stacking. • Receipt of monthly Quality Control reports from Ecolab • Weekly review of all stored/stacked dishware and cooking equipment	• All staff educated on proper storage of all dishware/cooking equipment • Evaluate dishware/cooking equipment weekly • Follow up with staff and educate as needed immediately if found out of compliance. • Report findings to the Variance tracker • Findings shared with the staff at monthly staff meeting • Monthly Ecolab Quality Reports of sanitizing sink filed and shared with PI reporting
AI Change Process – Week 2	• Ongoing	• Ongoing	• Ongoing	• Ongoing
AI Change Process – Week 3	• Ongoing	• Ongoing	• Ongoing	• Ongoing
AI Change Process – Week 4	• Ongoing	• Ongoing	• Ongoing	• Ongoing

F812

AI Change Process – Week 15	•	•	•	•

FOCUS AREA: Meal Quality
DEPARTMENT: NLCC Food Services

	Discovery *-What's already working?*	*Dream* *-Overall Vision*	*Design* *-Options to make vision happen*	*Delivery* *-Action Planning, steps to get to vision*
AI Change Process – Week 11	•	•	•	•
AI Change Process – Week 12	•	•	•	•
AI Change Process – Week 13	•	•	•	•
AI Change Process – Week 14	•	•	•	•

F8/2

Weekly Tracking of F Tag 812, 483.60

Month: _____ __ Year: _____

Store, Prepare, distribute and Serve food in accordance with professional standards for food service safety **DATE:**	Week 1	Week 2	Week 3	Week 4	Week 5
• Weekly check of the solution in the sanitizing sink – temp, & quat					
• Observe proper wash, rinse, sanitize in 3-bay sink					
• Record temperature: Quat Test:					
• Observe proper placement of equipment on the sink or sideboard for effective drying					
• Observe proper wash/rinse temperatures of Dish Washer					
• Record Wash temp: Rinse temp:					
• Observe proper placement of dishware in going into dishwasher for effective drying					
• Observe stacked bowls, colander, etc. for proper dryness					
• Observe stacked plates, bouillon cups, dishes for proper dryness					
• Observe stacked tumblers and mugs for proper dryness					
• Observe stacked cooking pots for proper dryness					
• Observe any other stacked cooking equipment/dishware for proper dryness					
• Observe foods in coolers and freezers for any outdated items					
• Observe food in diet kitchenettes for any outdated items.					

Report areas in this space where monitoring fails, note specifics:

F812

Northern Light
A.R. Gould Hospital

Department: NLCC Food Services **Quarter: 4-2024**
POC: Store/Prepare/Distribute

VARIANCE TRACKING & TRENDING LOG

Provide a variance description in column 1, then track total occurrence of each variance by placing a date in the columns to the right.

Variance Reason																									
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25

F812

F842 MDT Code Status Audit Tool

Resident: _____

MDT date: _____

MDT Nurse: _____
(list name above)

The resident's code status is: _____

- ☐ Code status review is documented in MDT note.
- ☐ Code status is unchanged from previous. (Audit is complete. Return this sheet to DON)
- ☐ Code status has changed.
  - o Updated order in PCC. (When order is updated pass this sheet to the unit secretary.)

Unit Secretary: _____
(list name above)

Please update each of the following with the above code status-

- ☐ Spine of physical cart
- ☐ Print code status order if there is no POLST or DNR on file for accessibility during emergent situations
- ☐ Daily census sheet
- ☐ Nurse report sheet
- ☐ CNA report sheet

When the above is complete, please return this sheet to the director of nursing for tracking. Thank you.

Reviewed on: _____

Reviewed by: _____

Code status was reviewed and is documented appropriately: Yes No

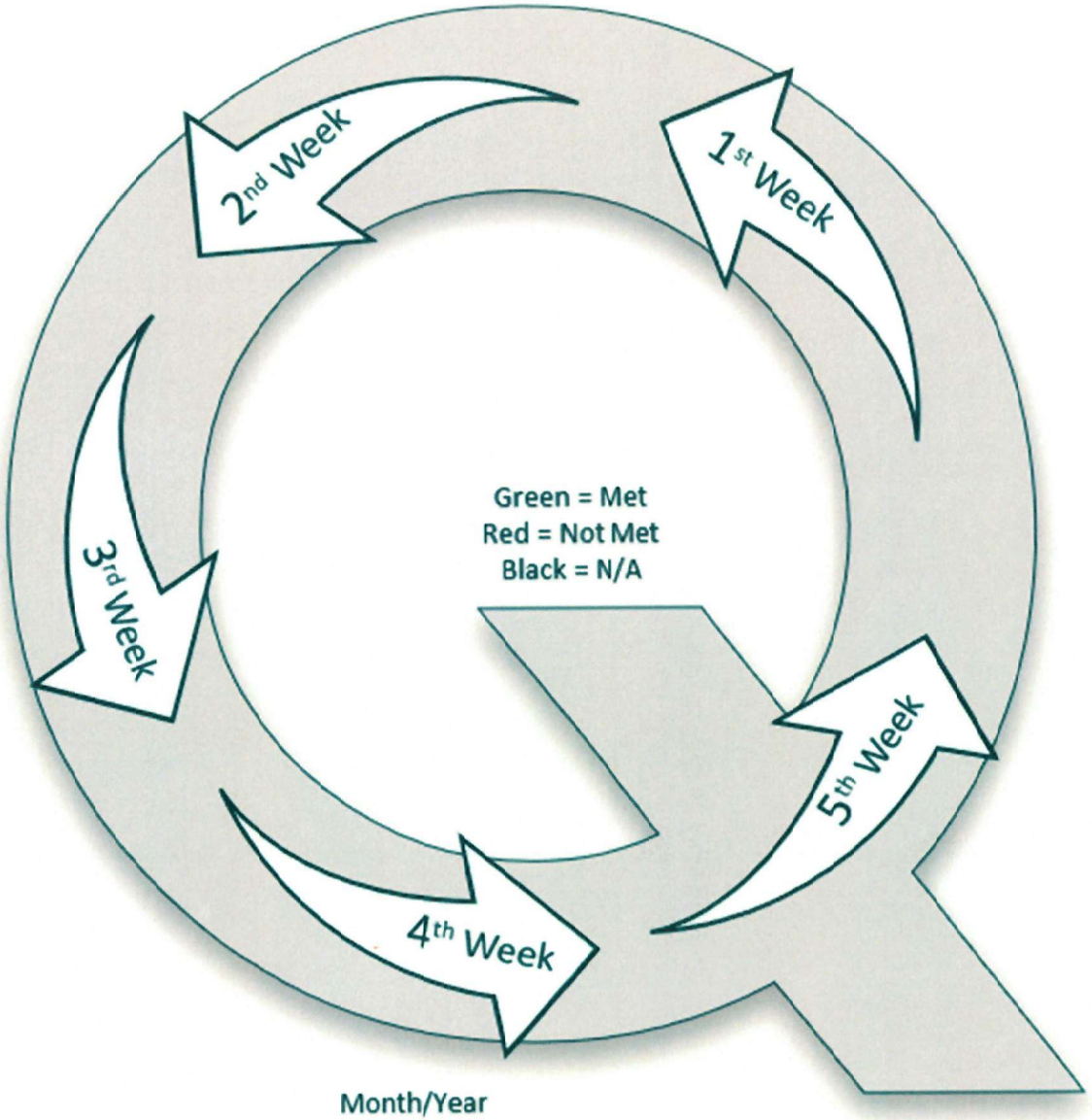
If no, list details or correction: _____

This is an internal audit sheet only and not part of the medical record.

F842

Quality Goal

Northern Light
A.R. Gould Hospital



Month/Year

November 2024

Department/Location

Nursing

Goal Statement

Newly admitted resident's code statuses will be reviewed by the care team during their physician admission visit and all residents will have their codes statuses reviewed during their annual, quarterly, or significant change care plan (multidisciplinary team) meeting and documented appropriately.

WALTON TECHNOLOGIES LLC

Your Fuel and Water Treatment Specialists

November 6, 2024

LONG TERM CARE/SKILLED CARE UNIT
MARS HILL, ME

Attention: **Jeremy Raymond**

Subject: **Legionella Testing**

Attached are legionella test results for the Long Term Care and Skilled Care facility in Mars Hill.. There were no positive results for Legionella pneumophilia serogroup 1 (Lp1) which is considered the most prevalent and considered to be the most pathological. Based on the test results, the Mars Hill facility would be considered a very low risk situation. I have attached a guideline for your reference. There is a positive result for legionella sero groups 2 – 12 for the Skilled Unit Kitchette Hot Water. Flushing and retesting after two weeks may want to be done, however, since no serogroup 1 is reported this makes the risk very low.

Please contact me if there are any questions or if I can be of further assistance.

Best regards,

Casey Walton

Casey G. Walton, B. ChE., CWT
Owner/Manager
Walton Technologies, LLC

WALTON TECHNOLOGIES LLC* 10 Ouellette Lane* P. O. Box 59* Monmouth, ME 04259-0059
Phone (207) 933-6999* Fax (207) 933-6999
E-mail waltech@fairpoint.net * Web www.waltonwatertech.com

F880

SanAir Technologies Laboratory

The Identification Specialists

Analysis Report prepared for Walton Technologies, LLC

Report Date: 11/5/2024

Project Name:

SanAir ID#: 24061033

10501 Trade Court, North Chesterfield, Virginia 23236
888.895.1177 | 804.897.1177 | fax: 804.897.0070 | LabReports@SanAir.com | SanAir.com

F880

SanAir Technologies Laboratory

SanAir ID Number
24061033
FINAL REPORT
11/5/2024 10:29:18 AM

Name: Walton Technologies, LLC
Address: PO Box 59
Monmouth, ME 04259-0059
Phone: 207-933-6999

Project Number:
P.O. Number: Casey Walton
Project Name:
Collected Date: 10/23/2024
Received Date: 10/24/2024 10:25:00 AM

Dear Gary Walton,

We at SanAir would like to thank you for the work you recently submitted. The 4 sample(s) were received on Thursday, October 24, 2024 via UPS. The final report(s) is enclosed for the following sample(s): 1, 2, 3, 4.

These results only pertain to this job and should not be used in the interpretation of any other job. This report is only complete in its entirety. Refer to the listing below of the pages included in a complete final report.

Sincerely,

L. Claire Macdonald

L. Claire Macdonald
Microbiology Laboratory Manager
SanAir Technologies Laboratory

Final Report Includes:
- Cover Letter
- Legionella Analysis
- Disclaimers and Additional Information

Sample conditions:
- 4 samples in Good condition.

SanAir Technologies Laboratory

SanAir ID Number
24061033
FINAL REPORT
11/5/2024 10:29:18 AM

Name: Walton Technologies, LLC
Address: PO Box 59
Monmouth, ME 04259-0059
Phone: 207-933-6999

Project Number:
P.O. Number: Casey Walton
Project Name:
Collected Date: 10/23/2024
Received Date: 10/24/2024 10:25:00 AM

Analyst: Tucker, Crystal

Legionella Analysis

SanAir ID: 24061033-001 Sample #:1 Long Team Unit Room 331 Hot Water

L1 - Legionella Analysis on Water using STL 127

Legionella Culture

Volume Filtered: 100 Milliliter
Analytical Sensitivity: 1 CFU/Milliilter
Reporting Units: 1 Milliliter
Reporting Limit: < 1 CFU/Milliilter

Bacteria	Raw Count	CFUs/Milliliter
No Legionella Detected		< 1

SanAir ID: 24061033-002 Sample #:2 Long Team Unit Room 331 Cold Water

L1 - Legionella Analysis on Water using STL 127

Legionella Culture

Volume Filtered: 100 Milliliter
Analytical Sensitivity: 1 CFU/Milliilter
Reporting Units: 1 Milliliter
Reporting Limit: < 1 CFU/Milliilter

Bacteria	Raw Count	CFUs/Milliliter
No Legionella Detected		< 1

SanAir ID: 24061033-003 Sample #:3 Skilled Unit Kitchenette Cold Water

L1 - Legionella Analysis on Water using STL 127

Legionella Culture

Volume Filtered: 100 Milliliter
Analytical Sensitivity: 1 CFU/Milliilter
Reporting Units: 1 Milliliter
Reporting Limit: < 1 CFU/Milliilter

Bacteria	Serogroup	Raw Count	CFUs/Milliliter
Legionella pneumophila	2-14	2	2

CFU = Colony Forming Units

Signature: Crystal Tucker
Date: 11/4/2024

Reviewed: L. Claire Macdonald
Date: 11/5/2024

F880

SanAir Technologies Laboratory

SanAir ID Number
24061033
FINAL REPORT
11/5/2024 10:29:18 AM

Name: Walton Technologies, LLC
Address: PO Box 59
Monmouth, ME 04259-0059
Phone: 207-933-6999

Project Number:
P.O. Number: Casey Walton
Project Name:
Collected Date: 10/23/2024
Received Date: 10/24/2024 10:25:00 AM

Analyst: Tucker, Crystal

Legionella Analysis

SanAir ID: 24061033-004 Sample #:4 Skilled Unit Kitchenette Hot Water

L1 - Legionella Analysis on Water using STL 127

Legionella Culture

Volume Filtered: 100 Milliliter
Analytical Sensitivity: 1 CFU/Millilter
Reporting Units: 1 Milliliter
Reporting Limit: < 1 CFU/Millilter

Bacteria	Serogroup	Raw Count	CFUs/Milliliter
Legionella pneumophila	2-14	2	2

CFU = Colony Forming Units

Signature: Crystal Tucker
Date: 11/4/2024

Reviewed: L. Claire Macdonald
Date: 11/5/2024

SanAir Technologies Laboratory

SanAir ID Number
24061033
FINAL REPORT
11/5/2024 10:29:18 AM

Name: Walton Technologies, LLC
Address: PO Box 59
Monmouth, ME 04259-0059
Phone: 207-933-6999

Project Number:
P.O. Number: Casey Walton
Project Name:
Collected Date: 10/23/2024
Received Date: 10/24/2024 10:25:00 AM

Organism Descriptions

The descriptions of the organisms presented are derived from various reference materials. The laboratory report is based on the data derived from the samples submitted and no interpretation of the data, as to potential, or actual, health effects resulting from exposure to the numbers of organisms found, can be made by laboratory personnel. Any interpretation of the potential health effects of the presence of this organism must be made by qualified professional personnel with first hand knowledge of the sample site, and the problems associated with that site.

Legionella pneumophila - L. pneumophila is the etiologic agent of Legionnaire's Disease, a type of pneumonia that was first widely recognized in 1976 following an outbreak in Philadelphia. Legionella pneumophila is a free-living, gram-negative bacilli that is generally motile, possessing from one to three polar flagella. It is ubiquitous in aquatic environments, but can be found outside of lakes and streams. Additionly, the bacteria can be found in cooling towers, air conditioners, spa equipment, fountains, humidifiers, and potable water systems. They grow in a range of temperatures from 5 to 63 degrees Celsius, with optimal growth in the range of 25 to 40 degrees. Legionella often forms a parasitic relationship with amoebae in its environment. The bacteria is able to resist destruction by the protozoan, and so is provided protection from a variety of biocidal treatments and other harsh environmental conditions. As the bacteria multiplies, it eventually kills the host cells and moves back into the environment. Humans become accidental hosts when contaminated water is inhaled, be it through exhaust from a cooling tower or the mist in a shower.There are at least 14 known serological groups of L. pneumophila, but serogroup 1 is the most prevalent and is considered to be the most pathological.

Additional Information

Legionella Analyses

SanAir adopts the Legionella analysis protocol from International Standard Method-ISO 11731 and Centers for Disease Control and Prevention (CDC) Legionella analysis procedure. SanAir is participating in the CDC program Environmental Legionella Isolation Techniques Evaluation (CDC ELITE program) to be accredited for Legionella analysis.

SanAir participates in the NYSDOH ELAP program. Our laboratory ID number is 11983.

Our analysis protocols use a variety of selective media to facilitate and isolate detectable levels of Legionella bacteria in water or swab samples. It should be noted that Legionella colonies may be overgrown by fast growing competitive bacteria and may never grow on media to a detectable level.

Per Annex B of ISO 19458:2006(E), the maximum storage time including transport is 24 hours (recommended) and 48 hours (acceptable) for Legionella species. Samples must be received at the laboratory within 48 hours of collection, but optimally within 24 hours. If the acceptable time is exceeded, the lab is to qualify results for not meeting the holding time on the report.

The recommended storage water temperature is 5 +/- 3 C; the acceptable storage temperature is ambient. The sample temperature at the time of receipt is noted on the Chain of Custody. The signed Chain of Custody is included with the final report.

Refer to the Chain of Custody for the time of sampling.

If the final report states "No Legionella pneumophila detected", this indicates that other species of Legionella were detected in the sample(s).

Disclaimer

This report is the sole property of the client named on the SanAir Technologies Laboratory chain-of-custody (COC). Results in the report are confidential information intended only for the use by the customer listed on the chain of custody. Neither results nor reports will be discussed with or released to any third party without our client's written permission. Final reports cannot be reproduced, except in full, without written authorization from SanAir. This report and any information contained within shall not be edited, altered, or modified in any way by any persons or agencies receiving, viewing, distributing, or otherwise possessing a copy of this final report. The laboratory reserves the right to perform amendments to any finalized report, of which shall supersede and make obsolete any previous editions. Such changes, modifications, additions, or deletions shall be effective immediately upon notice thereof, which may be given by means including but not limited to posting on the SanAir client portal website, electronic or conventional mail, or by any other means. The information provided in this report applies only to the samples submitted and is relevant only for the date, time and exact location of sampling. SanAir assumes no responsibility for the method of sample procurement. SanAir assumes no responsibility for information provided by the client on the COC such as project number, project name, sample collection dates or times, po number, special instructions, samples collected by technician name, sample numbers, sample identifications, sample type, water system, selected analysis type, total volume or area, sample temperatures, free halogen, biocides, or inactivating agents information that may affect the validity of the results in this report. Evaluation reports are based solely on the sample(s) in the condition in which they arrived at the laboratory and on the information provided by the client on the COC. Sample(s) were received in good condition unless otherwise noted on the report. SanAir assumes no responsibility or liability for the manner in which the results are used or interpreted. ***SanAir will not provide any opinion on the safety of a building as visual inspection and knowledge of water damage, past remediation and weather conditions during sampling, among other elements, is essential in this decision.*** *All samples are disposed of after 90 days unless otherwise requested by the client. This report does not constitute nor shall be used by the client to claim product, process, system, or person certification, approval, or endorsement by AIHA LAP, LLC, NIST, NELAC, NVLAP and/or any other U.S. governmental agencies; and may not be certified by every local, state and federal regulatory agencies.*

OSHA Guideline

Action 1: Prompt cleaning and/or biocide treatment of the system.
Action 2: Immediate cleaning and/or biocide treatment. Take prompt steps to prevent employee exposure.

Table III:7-1. COLONY FORMING UNITS (CFU) OF *LEGIONELLA* PER MILLILITER

Action	Cooling Tower	Domestic Water	Humidifier
1	100	10	1
2	1,000	100	10

https://www.osha.gov/dts/osta/otm/otm_iii/otm_iii_7.html#5

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SanAir Technologies Laboratory
1551 Oakbridge Dr. STE B
Powhatan, VA 23139
804.897.1177 / 888.895.1177
Fax 804.897.0070
sanair.com

Legionella Chain of Custody

Form #69, Revision 5, 2/09/2018

SanAir ID Number: 24061033

Company: Walton Technologies / Mars Hill Continuous Care		Project Number:		Phone #: 207-807-0719	
Address: 15 Highland Ave		Project Name:		Phone #:	
City, State, Zip: Mars Hill, ME 04758		Date Collected:		Fax #:	
Account #:		P.O. Number: Casey Walton		Email: CWalton@Maine.RR.Com	
Samples Collected By: Bob Murphy		State Sample Taken In:		Email: GWalton@Fairpoint.net	

Sample #	Sample Site	Sample Location	Sample Type*	Water System**	Biocides Present?	Sample Volume	Sample Temp.	Sampling Time	Sampling Date	Free Halogen
1	Long Term Unit	Room 331 hot water	(W) / SL / SW	CT / CL / OL / PR / E / (S) / T / F	Yes / (No)					
2	Long Term Unit	Room 331 cold water	(W) / SL / SW	CT / CL / OL / PR / E / (S) / T / F	Yes / (No)					
3	Skilled Unit	cold water kitchenette	(W) / SL / SW	CT / CL / OL / PR / E / (S) / T / F	Yes / (No)					
4	Skilled Unit	hot water kitchenette	(W) / SL / SW	CT / CL / OL / PR / E / (S) / T / F	Yes / (No)					
			W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
			W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
			W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
			W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
			W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
			W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
			W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					

*Sample Type: W = Water, SL = Slime, SW = Swab

**Water System: CT = Cooling Tower, CL = Closed Loop, OL = Open Loop, PR = Process Water, EW = Equipment Water, S = Sink, T = Tub, F = Fountain

If biocides are present, please list names: ____ Inactivating Agent Used: Yes / No

Samples Relinquished by: ____ Date: ____ Shipment Time: ____ Page ___ of ___

If no technician is provided, then the primary contact for your account will be selected.

For Office Use, Only
Samples Received by: 12Z Date: 10-24-24 Receiving Time: 10:25 AM

Sample Temp. At Receipt: 22.3 °C Samples Were Subjected To ISO/OSHA Criteria and Were ☐ Accepted ☐ Rejected (Tech. Initials:)

Resident	Audit Date	Catheter tubing is free of kinking and secured properly to facilitate unobstructed urine flow		Urine collection bag and tubing are off the floor		Urine collection bag is below the level of the bladder		Collection bag is covered for privacy/dignity		List corrections made
EC		Yes	No	Yes	No	Yes	No	Yes	No	
SM		Yes	No	Yes	No	Yes	No	Yes	No	
NS		Yes	No	Yes	No	Yes	No	Yes	No	
LM		Yes	No	Yes	No	Yes	No	Yes	No	

Resident	Audit Date	Catheter tubing is free of kinking and secured properly to facilitate unobstructed urine flow		Urine collection bag and tubing are off the floor		Urine collection bag is below the level of the bladder		Collection bag is covered for privacy/dignity		List corrections made
EC		Yes	No	Yes	No	Yes	No	Yes	No	
SM		Yes	No	Yes	No	Yes	No	Yes	No	
NS		Yes	No	Yes	No	Yes	No	Yes	No	
LM		Yes	No	Yes	No	Yes	No	Yes	No	

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Resident	Audit Date	Catheter tubing is free of kinking and secured properly to facilitate unobstructed urine flow		Urine collection bag and tubing are off the floor		Urine collection bag is below the level of the bladder		Collection bag is covered for privacy/dignity		List corrections made
EC		Yes	No	Yes	No	Yes	No	Yes	No	
SM		Yes	No	Yes	No	Yes	No	Yes	No	
NS		Yes	No	Yes	No	Yes	No	Yes	No	
LM		Yes	No	Yes	No	Yes	No	Yes	No	

Resident	Audit Date	Catheter tubing is free of kinking and secured properly to facilitate unobstructed urine flow		Urine collection bag and tubing are off the floor		Urine collection bag is below the level of the bladder		Collection bag is covered for privacy/dignity		List corrections made
EC		Yes	No	Yes	No	Yes	No	Yes	No	
SM		Yes	No	Yes	No	Yes	No	Yes	No	
NS		Yes	No	Yes	No	Yes	No	Yes	No	
LM		Yes	No	Yes	No	Yes	No	Yes	No	

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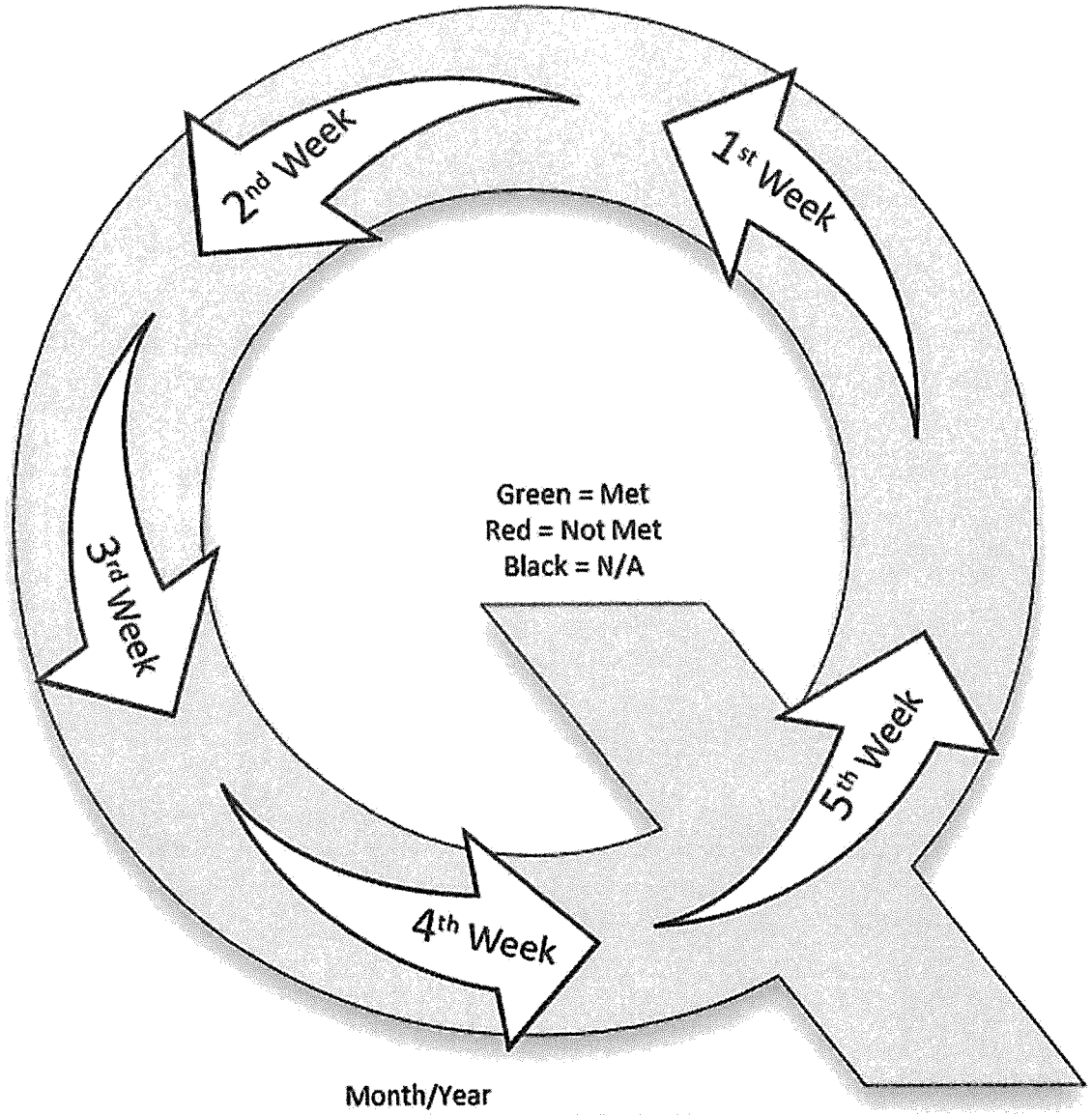
Quality Goal

Northern Light
A.R. Gould Hospital



Month/Year

November 2024

Department/Location

Nursing

Goal Statement

Perform 10 audits each week on the following indwelling urinary catheter maintenance principals 1) catheter tubing is free of kinking and secured properly to facilitate unobstructed urine flow 2) urine collection bags and tubing are off the floor 3) urine collection bags are below the level of the bladder 4) collection bags are covered for privacy/dignity.

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WALTON TECHNOLOGIES LLC

Your Fuel and Water Treatment Specialists

Water Treatment Services Contract

2024 and 2025 Contract Terms

WALTON TECHNOLOGIES LLC AGREES TO SUPPLY THE FOLLOWING

TO: Northern Light A.R. Gould Hospital, Presque Isle, ME

Water Treatment Products and Services:

- *One service call per month*
  - *On site water testing.*
  - *Review of test log sheets.*
  - *Track chemical and test reagent inventory.*
  - *Onsite training as needed.*
  - *Recommendations for adjustments to the chemical program as needed.*
  - *Leave computer generated service report detailing results of service visit.*
- *Will be available for annual equipment inspections of the water sides and D/A.*
- *Available for emergency calls*
- *Review of the program as needed.*
- *Available for consulting on problems related to pre-treatment and/or chemicals.*
- *Perform 23 legionella tests per year on water systems per Water Management Program.*
  - *15 tests planned for Presque Facility*
    - *Quarterly domestic Hot and Cold-water testing for the following wings:*
      - *AR Gould*
      - *Day Surgery*
      - *East Annex*
      - *Millennium*
      - *Surgery Center and Specialty Clinics*
      - *Pinkham*
  - *4 Legionella tests for cooling tower.*
  - *4 tests for Mars Hill Facility*
    - *Quarterly domestic Hot and Cold-water testing for the following wings:*
      - *Skilled Nursing Care*
      - *Senior Long Term Care*
- *Perform two tower sanitizations – 1 at start-up and 1 just prior to shut down*
- *On-line Access to Water Management Plan (WMP) for Mars Will and Presque Isle*

WALTON TECHNOLOGIES LLC 10 Ouellette Lane* P. O. Box 59* Monmouth, ME 04259-0059*
Phone (207) 933-6999 Fax (207) 933-6999*
*E-mail waltech@fairpoint.net * Web www.waltonwatertech.com*

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WALTON TECHNOLOGIES LLC

Your Fuel and Water Treatment Specialists

- *WALTON TECHNOLOGIES LLC will furnish the following annual treatment chemicals.*
  - *WBT-390: Oxygen Scavenger — Up to 921#s*
  - *WBT-625: Condensate Treatment — Up to 369#s*
  - *WBT-5446: Scale Inhibitor — Up to 313#s*
  - *WBT-200 Alkalinity Adjuster — Up to 386#s*
  - *WCT-250: Inhibitor-tower — Up to 1144#s*
  - *Bromaxx 7.1: Biocide-Tower — Up to 340#s*
  - *WCS-360: Closed loop inhibitor — Up to 266#s*
  - *WCS-320: Chilled loop inhibitor — Up to 44#s*
  - *Test kits and reagents*

Contract will run from Noevember 1, 2024 Through October 31, 2025. Costs are divided between the Mars Hill and Presque Isle facility.

Presque Isle: $20, 520.00/yr - $1710.00/month

Mars Hill: $2,508/yr - $209.00/month

Contract can be canceled by either party on 30 day's written notice.

WALTON TECHNOLOGIES LLC Authorized Signature: Casey Walton *Date: October 30, 2024*

Northern Light AR Gould authorized Signature: M G *Date:* 10/30/2024

WALTON TECHNOLOGIES LLC 10 Ouellette Lane* P. O. Box 59* Monmouth, ME 04259-0059*
Phone (207) 933-6999 Fax (207) 933-6999*
*E-mail waltech@fairpoint.net * Web www.waltonwatertech.com*

F880

AHC Daily Assignment Sheet
Skilled Unit - Position A

Daily Assignments	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Date:							
Post Bed Signs, If No Janitor							
Big Therapy Room							
OT Kitchen							
Water Run - 2 Minutes - wkly							
Out Patient Therapy							
Mail Room							
Room Check							
Staff Lounge							
Room check							
Staff Locker Room							
Coordinator Office							
Restroom 1							
Toilet flush/Water Run-2 min/wkly							
Restroom 2							
Toilet flush/Water Run-2 min/wkly							
Restroom - SNF main corridor							
Toilet flush/Water Run-2 min/wkly							
SNF Diet Kitchen							
Water Run - 2 Minutes - wkly							
SNF Med Closet							
SNF Supply Room							
SpeechTherapy							
Nursing Station							
Soiled Utility Room							
Water Run - 2 Minutes - wkly							
SNF Linen Closet							
SNF Dining Room							
Room 401							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 402							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 403							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 405							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 506							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 507							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 508							
Room Check - WC - HL - Purell							

Toilet flush/Water Run-2 min/wkly							
Room 509							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 510							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 511							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 512							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Hall Purells							
Beauty Parlor							
Water Run-2 min/wkly							

Skilled Unit - Position A

Daily Assignments	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date:							
Scheduled Bed Wash							
Equipment							
A Cart							
Unit - Room #							
Equipment							
Wheelchairs & Recliners as scheduled							
Collect All Recyclable / Shredding							
Revisit of all Bathrooms end of day							
Check & Wipe all Purell dispensers							
Check All Trash Cans for Liners							
Check All Paper Towels/Toilet Pap.							
Ceiling Vents - All rooms/offices							
Weekly -Complete Cleaning							
All Public Bathrooms - Monday							
Diet Kitchen - Monday							
Soiled Room - Monday							
Linen Closet - Tuesday							
Staff Lounge - Tuesday							
Nursing Station - Wednesday							
SNF Dining Room - Wednesday							
Beauty Parlor - Thursday							
Nursing Manager Office-Th/Fri							
Charting Room - Th/Fri							
SNF Coordinator Office - Th/Fri							
Social Service Office - Th/Fri							
Assist Others as Needed							
Cart and equipment cleaned at end of day							

Notes:

****Please indicate date for the toilet and water runs weekly as well as initialed by EVS Tech****

THE AROOSTOOK MEDICAL CENTER
Policies and Procedures

AHC Daily Assignment Sheet
Nursing Home - Position B

Assignments	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Date:							
Nursing Home:							
Post Bed Signs, if no Janitor							
Bath by Employee Entry							
Toilet flush/Water Run-2 min/wkly							
Bath by Laundry							
Water Run - 2 Minutes - wkly							
Nurse Charting Room							
Soiled Utility Room							
Toilet flush/Water Run-2 min/wkly							
Grant Room Restroom							
Toilet flush/Water Run-2 min/wkly							
Basement Restroom & Trash							
Shower Room terminal-end of day							
Toilet flush/Water Run-2 min/wkly							
Room 320							
Room Check-WC-HL-Purell							
Toilet flush/Water Run-2 min/wkly							
Room 321							
Room Check-WC-HL-Purell							
Toilet flush/Water Run-2 min/wkly							
Room 322							
Room Check-WC-HL-Purell							
toilet flush/Water Run-2 min/wkly							
Room 323							
Room Check-WC-HL-Purell							
Toilet flush/Water Run-2 min/wkly							
Room 324							
Room Check-WC-HL-Purell							
Toilet flush/Water Run-2 min/wkly							
Room 325							
Room Check-WC-HL-Purell							
Toilet flush/Water Run-2 min/wkly							
Room 326							
Room Check-WC-HL-Purell							
Toilet flush/Water Run-2 min/wkly							
Room 327							
Room Check-WC-HL-Purell							
Toilet flush/Water Run-2 min/wkly							

DW/cm:pce1407hsk/Laundry

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Room 328							
Room Check-WC-HL-Purell							
Toilet flush/Water Run-2 min/wkly							
Room 329							
Room Check-WC-HL-Purell							
Toilet flush/Water Run-2 min/wkly							
Room 330							
Room Check-WC-HL-Purell							
Toilet flush/Water Run-2 min/wkly							
Room 331							
Room Check-WC-HL-Purell							
Toilet flush/Water Run-2 min/wkly							
Check All Trash Cans for Liners							
Check All Paper Towels/Toilet Tissue							
Ceiling Vents-All Rooms/Offices							
Tidy up rooms as you go							
Walls - spot clean as needed							

AHC Daily Assignment Sheet
Nursing Home - Position B

Assignments	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Date:							
Scheduled Bed Wash							
Equipment							
B Cart							
Unit - Room #							
Wheelchairs/Recliners As Scheduled							
Touch Up All Bathrooms End of Day							
Weekly-Thorough Cleaning							
Soiled Room - Monday							
Nurse Charting Room - Tuesday							
Shower Room - Tuesday							
Diet Office - Thursday/Friday							
Restroom by Laundry - Thur/Fri							
Restroom by Kitchen - Thur/Fri							
Restroom in Grant Room - Wed							
Basement Offices-weekly							
Front Entrance area - daily							
Billing Office							
Admin Secretary area							
Administrator/Director							

Medical Records							
Clinical Administrator							
Medical Records-file room							
Restroom - daily							
kitchenette - daily							
Corridors into and throughout - 2x weekly							
Assist with Other Section Offices							
Assist others as needed							
clean your equipment and cart daily							

****Please indicate date for the toilet and water runs weekly as well as initialed by E**

Notes:

THE AROOSTOOK MEDICAL CENTER
Policies and Procedures

AHC Daily Assignment Sheet
Skilled Unit - Position A

Daily Assignments	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Date:							
Post Bed Signs, If No Janitor							
Big Therapy Room							
OT Kitchen							
Water Run - 2 Minutes - wkly							
Out Patient Therapy							
Mail Room							
Room Check							
Staff Lounge							
Room check							
Staff Locker Room							
Coordinator Office							
Restroom 1							
Toilet flush/Water Run-2 min/wkly							
Restroom 2							
Toilet flush/Water Run-2 min/wkly							
Restroom - SNF main corridor							
Toilet flush/Water Run-2 min/wkly							
SNF Diet Kitchen							
Water Run - 2 Minutes - wkly							
SNF Med Closet							
SNF Supply Room							
SpeechTherapy							
Nursing Station							
Soiled Utility Room							
Water Run - 2 Minutes - wkly							
SNF Linen Closet							
SNF Dining Room							
Room 401							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 402							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 403							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 405							
Room Check - WC - HL - Purell							

DW/cm:pce1406Hks/Laundry

F880

Toilet flush/Water Run-2 min/wkly							
Room 506							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 507							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 508							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 509							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 510							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 511							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 512							
Room Check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Hall Purells							
Beauty Parlor							
Water Run-2 min/wkly							

\

Skilled Unit - Position A

Daily Assignments	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date:							
Scheduled Bed Wash							
Equipment							
A Cart							
Unit - Room #							
Equipment							
Wheelchairs & Recliners as scheduled							
Collect All Recyclable / Shredding							
Revisit of all Bathrooms end of day							
Check & Wipe all Purell dispensers							
Check All Trash Cans for Liners							
Check All Paper Towels/Toilet Pap.							
Ceiling Vents - All rooms/offices							

Weekly -Complete Cleaning							
All Public Bathrooms - Monday							
Diet Kitchen - Monday							
Soiled Room - Monday							
Linen Closet - Tuesday							
Staff Lounge - Tuesday							
Nursing Station - Wednesday							
SNF Dining Room - Wednesday							
Beauty Parlor - Thursday							
Nursing Manager Office-Th/Fri							
Charting Room - Th/Fri							
SNF Coordinator Office - Th/Fri							
Social Service Office - Th/Fri							
Assist Others as Needed							
Cart and equipment cleaned at end of day							

Notes:

****Please indicate date for the toilet and water runs weekly as well as initialed by E**

THE AROOSTOOK MEDICAL CENTER
Policies and Procedures

AHC Daily Assignment Sheet
Nursing Home - Position C

Assignments	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Daily Assignments							
Post Bed Signs, if no Janitor							
Dining Room AM/PM(**if no Janitor**)							
Day Room AM/PM (**if no Janitor**)							
Housekeeping Storeroom							
Nursing Station							
Med Room							
Diet Kitchen							
Water Run - 2 Minutes - wkly							
Front Sitting Area - daily/Weeky							
Sun Room - daily/Weekly							
charting room **- daily/week**							
Whirpool Room-end of day-terminal							
Water Run - 2 Minutes - wkly							
Room Check -WC- Table-Purell							
Room 301							
Room Check -WC- HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 302							
Room check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 303							
Room check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 304							
Room check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 305							
Room check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 306							
Room check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 307							
Room check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 308							
Room check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							

DW/cm:pce1408hsk/laundry

F880

Room 309							
Room check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 310							
Room check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 311							
Room check - WC - HL - Purell							
Room 314							
Room check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Room 315							
Room check - WC - HL - Purell							
Toilet flush/Water Run-2 min/wkly							
Tidy up rooms as needed							
Ceiling Vents all rooms/offices							
Check All Trash Cans For Liners							
Check All Paper Towels/Toilet Tissue							

AHC Daily Assignment Sheet
Nursing Home - Position C

Assignments	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Collect Trash End of Day							
Wheelchairs/Recliners As Scheduled							
Beds as Scheduled							
Equipment cleaning							
C Cart							
Dining Room, if no janitor after lunch							
Weekly - Thorough Cleaning							
Housekeeping Breakroom - Mon							
Diet Kitchen - Monday							
Med Room-Tuesday							
Nurse Station - Tuesday							
Whirlpool Room - Wednesday							
Sun Room - Wednesday							
Front Sitting Room - Wednesday							
Activity Office - Thurs/Fri							
Assist Others As Needed (Offices)							
Corridor Pictures, door frames, rails							

Walls - spot cleaning, as needed							
Cart and equipment daily							
Notes:							

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