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	205018	A. BUILDING _____ B. WING _____	09/21/2023

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AROOSTOOK HEALTH CENTER	**15 HIGHLAND AVE MARS HILL, ME 04758**

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F 000	INITIAL COMMENTS From 9/18/23 through 9/21/23, on-site visits were conducted at Aroostook Health Center for the purpose of completing the annual Long Term Care Survey Process. It was determined that Aroostook Health Center was not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review the facility failed to provide Resident #13 (R13) with oral care on 2 of 3 morning observations. (9/19/23 and 9/21/23) Findings: On 9/19/23 at 08:13 a.m. during dining room observations R13 was brought to the dining room for breakfast. When surveyor attempted to interview resident, it was observed that his/her mouth care had not been completed. His/her mouth was noted to be covered in a sticky substance, his/her his lips were coated with a dried substance, and he/she was having a difficult time to talk (his/her tongue and lips sticking together). As surveyor was talking with R13 a staff person asked if him/her if they were thirsty. R13 stated he/she was very thirsty, and staff provided him/her a glass of water. A surveyor confirmed with staff that R13's mouth care had	F 677		

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

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F 677	Continued From page 1 not been completed that morning prior to breakfast. The staff person then took the resident to their room to perform mouth care. When R13 came back to dining room he/she was then able to talk to surveyor with no issues. On 9/21/23 at 9:47 a.m. during morning observations R13 was observed sitting in the common area in his/her wheelchair. A surveyor observed during a conversation with R13 that his/her teeth and mouth were coated in an unknown substance. A surveyor confirmed that R13's mouth care had not been completed. R13 was then taken back to his/her room and mouth care was provided, R13 then stated, "now that feels better". At 9:50 a.m. during an interview with the certified nursing assistants that were assigned to provide care to R13, they stated they had a call out and the night shift had provided him/her with a.m. care. They were told by night shift staff that his/her care was complete and they assumed that included oral care. Review of R13s visual/bedside Kardex report (directs staff for needed care) under the topic of personal hygiene/oral care it directs staff to perform oral care with specifications of in am (morning), pc (after meals), hs (hour of sleep/bedtime) . To brush teeth and to rinse mouth with wash. That he/she has their own teeth, and they require extensive assist of 1 or 2 staff for personal hygiene and oral care.	F 677		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care	F 684		

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F 684	Continued From page 2 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 record review and interview, the facility failed to ensure that a physician order was followed for 1 of 5 residents reviewed for unnecessary medications (Resident #5 [R5]). Finding: On 9/20/23, R5's clinical record was reviewed. The most recent order entered into the electronic clinical record for Trazodone was for 50 mg which was started on 3/23/23. On 8/22/23, the Physician signed a "Pharmacist Consultant to Physician" report that directed staff to trial Trazodone (anti-depressant) at 25 milligrams (mg) from the current 50 mg by checking the box "Yes - Approve implementation of recommendation. Nursing please follow through." On 9/20/23 at 10:59 a.m., during an interview with the Minimum Data Set (MDS) Lead, the surveyor confirmed that this order was not implemented as ordered.	F 684		
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility.	F 688		

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F 688	Continued From page 3 §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the facility failed to provide services to maintain and/or improve residents highest level of mobility. The facility failed to provide Restorative services as outlined in the resident's restorative care plan and Kardex for 1 of 2 sampled residents (Resident #3[R3]). Finding: On 9/19/23 at 8:43 a.m., during a resident interview, R3 stated that he/she has asked to ambulate and is supposed to walk everyday but when he/she asked they told him/her they didn't have time. During review of R3's restorative care plan with a revision date of 8/23/23, it has a focus area which documents "I need to work with restorative nursing to help maintain strength, mobility and	F 688		

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F 688	Continued From page 4 Range of Motion" the goal is documented as "I walk with restorative nursing to maintain the ability to ambulate 5-10 feet, 1 to 6 times a week". The intervention is documented as "Ambulate with restorative nursing 5 to 20 feet with a 4 wheeled walker and follow me with a wheelchair." Review of R3's visual/bedside Kardex report under the section Mobility directs staff that he/she is to ambulate with restorative nursing for 5-20 feet using a 4 wheeled walker to follow with a wheelchair, that he/she requires extensive assist of 2 staff to get to stand. His/her level of participation varies. R3's electronic clinical record for restorative ambulation it shows documentation that reflects he/she has not received his/her restorative ambulation program since 9/8/23 11 days prior to this survey date. On 9/20/23 at 9:40 a.m. during an interview with the Minimum Data Set (MDS) lead, she stated R3 was deemed unsafe to walk with Certified Nursing Assistants (CNAs). R3 does work with the restorative aide for ambulation. The electronic clinical record was reviewed with the MDS lead and it showed the restorative program has not been followed as outlined for the 1-6 times a week. And the last entry date was on 9/8/23. During this interview it was stated that the restorative aide was on vacation and the facility did not have another staff member to take over the restorative program. On 9/2/23 at 9:40 a.m. a surveyor confirmed that R3 has not received their restorative ambulation as outlined in their care plan and Kardex.	F 688		

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F 756	Continued From page 5	F 756		
F 756 SS=E	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take	F 756		

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F 756	Continued From page 6 when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure the pharmacist identified an irregularity for a psychotropic medication for 1 of 5 residents reviewed for unnecessary medications (Resident [R] 5). Finding: On 9/20/23, R5's clinical record was reviewed and it was noted that the resident was on an anti-psychotic medication, Olanzapine, with the last increase 9/26/20. R5's current care plan contained an intervention that was last revised on 8/27/19, to complete Abnormal Involuntary Movement Scale (AIMS) testing per facility policy. The last AIMS test completed for R5 was done on 12/28/19. On 9/20/23 at 12:23 p.m., during an interview with a surveyor, the Director of Nursing (DON) stated that she spoke with pharmacy and the reason the pharmacist did not pick up the missing AIMS assessment was because the pharmacist was not checking for it. The DON stated that the AIMS test is supposed to be done every 6 months.	F 756		
F 758 SS=E	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:	F 758		

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F 758	Continued From page 7 (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or	F 758		

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F 758	Continued From page 8 prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure an Abnormal Involuntary Movement Scale (AIMS), used to monitor for potentially irreversible side effects of anti-psychotic medications, was completed every 6 months for 1 of 5 sampled residents reviewed for unnecessary medications (Resident [R] 5). Finding: On 9/20/23, R5's clinical record was reviewed and it was noted that the resident was on an anti-psychotic medication, Olanzapine, with the last increase 9/26/20. R5's current care plan contained an intervention that was last revised on 8/27/19, to complete AIMS testing per facility policy. The last AIMS test completed for R5 was done on 12/28/19. On 9/20/23 at 11:16 a.m., during an interview with a surveyor, the Minimum Data Set (MDS) Lead stated that there is no policy for the AIMS testing but that it should be done every 3 to 6 months. The surveyor confirmed that the AIMS test was not completed for R5.	F 758		
F 811 SS=E	Feeding Asst/Training/Supervision/Resident CFR(s): 483.60(h)(1)-(3) §483.60(h) Paid feeding assistants- §483.60(h)(1) State approved training course. A facility may use a paid feeding assistant, as defined in § 488.301 of this chapter, if- (i) The feeding assistant has successfully completed a State-approved training course that	F 811		

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F 811	Continued From page 9 meets the requirements of §483.160 before feeding residents; and (ii) The use of feeding assistants is consistent with State law. §483.60(h)(2) Supervision. (i) A feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN). (ii) In an emergency, a feeding assistant must call a supervisory nurse for help. §483.60(h)(3) Resident selection criteria. (i) A facility must ensure that a feeding assistant provides dining assistance only for residents who have no complicated feeding problems. (ii) Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings. (iii) The facility must base resident selection on the interdisciplinary team's assessment and the resident's latest assessment and plan of care. Appropriateness for this program should be reflected in the comprehensive care plan. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure paid feeding assistants are assisting only those residents without complicated feeding problems and who have been selected as eligible to receive these services from a paid feeding assistant for 2 of 3 breakfast meal observations (9/19/23 and 9/20/23). Finding: During entrance conference on the evening of 9/18/23 that was completed with the	F 811		

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F 811	Continued From page 10	F 811		

Administrator/Director of Nursing, a surveyor requested information on paid Feeding Assistants (FA) and a list of residents the FA could assist.

On 9/19/23, this information was provided by the Administrator and reviewed by a surveyor. The surveyor also reviewed Resident (R) #23's clinical record which included diagnoses of Dysphagia, unspecified and Dysphagia following Cerebral Infarction (stroke) and observed that R23 had a Dysphagia (difficulty swallowing) evaluation completed 6/1/23 due to worsening symptoms.

On 9/19/23 at approximately 8:50 a.m., a surveyor observed a staff member assisting R23 with eating while in the resident's room. On 9/19/23 at 9:40 a.m., during an interview with a surveyor, Certified Nursing Assistant (CNA) #2 stated that Activities Specialist (AS) fed R23 breakfast this morning. The surveyor reviewed the feeding assistant list and list of residents that could be assisted by a feeding assistant and discovered that AS was qualified as a FA but R23 was not qualified to be assisted by a FA due to a swallowing condition.

On 9/20/23 at 8:45 a.m., a surveyor observed R23 in bed in his/her room, with AS assisting R23 with eating. The meal tray was in front of FA. During an interview with a surveyor, AS stated that R23 asked for assistance today and yesterday also so she was helping him/her.

On 9/20/23 at 8:57 a.m., during an interview with a surveyor, the Administrator that residents were added to the feeding assistant list per discussion. The surveyor explained the two observations of R23 being assisted by AS. The Administrator stated that AS should not be feeding R23.

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