STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205072	A. BUILDING _____ B. WING _____	C 08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARSHWOOD CENTER	33 ROGER STREET LEWISTON, ME 04240

(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 8/20/24, an unannounced on-site visit was conducted at Marshwood Center to investigate complaint #ME00048387. It was determined that Marshwood Center is not in compliance with 42 CFR 483, Sub-part B-Requirements for Long Term Care Facilities.	F 000	Marshwood Center provides this plan of correction without admitting or denying the validity or existence of alleged deficiencies. The Plan of Correction is prepared and executed solely because it is required by federal and state law.	
F 584 SS=E	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; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);	F 584	The facility promptly addressed and will continue to address the cited alleged deficient practices as follows: 1.The following have been completed: a. The wall heater in Gilbert 702 has been repaired and repainted to ensure a cleanable surface can be maintained. Marred or marked walls in the bedroom and in the bathroom have been repainted. b. The bathroom walls in Gilbert 703 have been repainted c. The wall heater in Gilbert 705 has been repaired and repainted to ensure a cleanable surface can be maintained. Marred or marked walls in the bedroom have been repainted. d. The privacy curtains in resident room Gilbert 706 has been replaced on 8/20/2024. The marred or marked walls in the bedroom have been repainted. 2. The following have been completed a. The door frames at the room entrance of Hamilton 802 have been repainted to ensure a cleanable surface can be maintained.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 8/29/2024

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)(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 adequately provide housekeeping and maintenance services necessary to maintain the building in a sanitary, orderly, and comfortable environment on 3 of 6 units (Gilbert, Hamilton and Carter) for 1 of 1 days of survey.(8/20/24) Findings: 1. On 8/20/24 from 8:55 a.m., to 9:25 a.m., during tour of the Gilber Unit by a surveyor, the following findings were observed: > Resident Room 702 - The wall heater unit has chipped/missing paint and had rust on it creating an uncleanable surface. The walls around the room and in the bathroom were marred/marked. > Resident Room 703 - The bathroom walls were marred/marked. > Resident Room 705 - The room wall heating unit has chipped/missing paint and had rust on it creating an uncleanable surface. Additionally the walls were marred/marked around the entire room. > Resident Room 706 - The privacy curtain, between the two resident beds, had large dirty and stained areas in multiple places. The walls	F 584	b. The door frames at the room entrance and at the bathroom of Hamilton 804 have been repainted to ensure a cleanable surface can be maintained. c. The door frames at the room entrance and at the bathroom of Hamilton 805 have been repainted to ensure a cleanable surface can be maintained. d. The door frames at the room entrance of Hamilton 807 have been repainted to ensure a cleanable surface can be maintained. e. The door frames at the bathroom of Hamilton 808 have been repainted to ensure a cleanable surface can be maintained. f. The wall heater in the Hamilton Dining Room has been repaired and repainted to ensure a cleanable surface can be maintained. 3. The following have been completed a. The door frames at the bathroom of Carter 301 have been repainted to ensure a cleanable surface can be maintained. The floor around the base of the toilet has been cleaned. b. The door frames at the bathroom of Carter 302 have been repainted to ensure a cleanable surface can be maintained. c. The door frames at the bathroom of Carter 303 have been repainted to ensure a cleanable surface can be maintained.	

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F 584	Continued From page 2 around the entire room were marred/marked. On 8/20/24 at 9:30 a.m., in an interview, the Director of Nursing confirmed the above findings. 2. On 8/20/24 from 9:35 a.m., to 10:15 a.m., during tour of the Hamilton Unit and Carter Unit by a surveyor, the following findings were observed: Hamilton Unit: > Resident Room 2 - The entrance door frame and door had chipped missing paint. > Resident Room 4 - The entrance door frame and bathroom door frame had chipped missing paint. > Resident Room 5 - The entrance door frame and bathroom door frame had chipped missing paint. > Resident Room 7 - The entrance door frame and door had chipped missing paint. > Resident Room 8 - The bathroom door frame had chipped/missing paint. > The dining room heater had chipped/missing paint creating an uncleanable surface. Carter Unit: > Resident Room 1 - The bathroom door frame had chipped/missing paint. The floor was dirty around the base of the toilet. > Resident Room 2 - The bathroom door frame had chipped/missing paint. > Resident Room 3 - The bathroom door frame had chipped/missing paint. > Resident Room 5 - The entrance door frame and bathroom door frame had chipped missing paint. > Resident Room 13 - The base board heater had chipped/missing paint creating an uncleanable surface.	F 584	d. The door frames at the room entrance and at the bathroom of Carter 305 have been repainted to ensure a cleanable surface can be maintained. e. The base board heater in the Carter 313 has been repaired and repainted to ensure a cleanable surface can be maintained. All other resident rooms and resident living areas have been audited for same or similar environmental concerns and corrections have been made. The facility Administrator/ designee and Maintenance will conduct weekly audits of the facility common areas. Additionally, each resident room will be inspected at least quarterly. Work orders will be submitted for needed cleaning and repairs. Follow up inspections to ensure the completion of the work orders will be completed to ensure environmental issues have been fully addressed. The outcome of these audits will be submitted to the facility sÖ QAPI Committee at its monthly meeting x 3 months.weekly audits of the facility common areas. Responsible: Administrator	9/17/2024

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F 584	Continued From page 3 On 8/20/24 at 10:15 a.m. the surveyor discussed the findings with the Director of Nursing.	F 584		
F 689 SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the resident's environment was free of accident hazards relating to a base board heater, a wooden resident room door and a resident toilet for 1 of 1 day of survey. (8/20/24) Findings: 1. On 8/20/24 at 8:55 a.m., a surveyor observed the following on the Gilbert Unit: > Resident Room 6 - The bath room toilet was loose and not secured to the floor. Additionally, the bathroom door had chipped/gouged and splintered wood which was sharp. 2. On 8/20/24 from 9:35 a.m. and 10:15 a.m., a surveyor observed the following on the Carter Unit: > Resident room 5 - The base board heater was broken apart creating sharp metal. > Resident Room 11 - The entrance door had chipped/gouged and splintered wood which was	F 689	The facility promptly addressed and will continue to address the cited alleged deficient practices as follows: 1. The bathroom toilet in resident room Gilbert 706 was repaired and properly secured to the floor on 8/20/2024. The bathroom door was also repaired on 8/20/2024. 2.a.The base board heater in Carter 305 was repaired on 8/20/2024 b. The entrance door to resident room Carter 311 was repaired on 8/20/2024 All other resident rooms and resident living areas have been audited for same or similar safety concerns and corrections have been made. The facility Administrator/ designee and Maintenance will conduct weekly audits of the facility common areas. Additionally, each resident room will be inspected at least quarterly. Work orders will be submitted for needed safety repairs. Follow up inspections to ensure the completion of the work orders will be completed to ensure safety issues have been fully addressed. The outcome of these audits will be submitted to the facility sQAPI Committee at its monthly meeting x 3 months. Responsible: Administrator	9/17/2024

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F 689	Continued From page 4 sharp. On 8/20/24 at 10:15 a.m., in an interview, the surveyor discussed the findings with the Director of Nursing.	F 689		