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		
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		

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

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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		

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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		

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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		

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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		