STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205103	A. BUILDING _____ B. WING _____	C 07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEAL ROCK HEALTH CARE	88 HARBOR DRIVE SACO, ME 04072

(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 7/12/23, an unannounced on-site visit was conducted at Seal Rock for the purpose of an investigation of complaint #ME00044093 It was determined that Seal Rock was not in substantial compliance with 42 CFR 483, Sub-part B-Requirements for Long Term Care Facilities	F 000	This plan of correction constitutes my written allegation of compliance for deficiencies cited during the recent survey on 7/12/2023 However submission of this plan of correction is not the admission that a deficiency exists or that was cited correctly. This plan of correction is submitted to meet the requirement established by State and Federal Law.	
F 677 SS=E	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 record reviews and interviews, the facility failed to provide residents a whirlpool/shower as directed by a resident's plan of care/shower schedule for 5 of 6 sampled residents (Resident #2, #3, #4, #5 & #6). Findings: 1. The Certified Nursing Assistant (CNA) Assignment sheet indicates that Resident #2's scheduled shower/whirlpool day is every Monday on the 7-3 shift. Review of Resident #2's current Care Plan, dated 2/9/23, indicates the following: "[Resident #2] requires 1 assist to help bathe and 2 assists to transfer to the shower chair. Electronic clinical records reviewed from 5/15/23 to 7/8/23 indicated Resident #2 did not receive a scheduled shower on 5/15/23, 5/22/23, 5/29/23, 6/5/23, 6/12/23, 6/19/23, 6/26/23, 7/3/23 and 7/10/23. 2. The CNA Assignment sheet indicates that	F 677	F677 ADL CARE Provided Residents #2, #3, #4, #5 & #6, were affected by this deficient practice no harm was noted from this finding. All residents who receive assistance with ADLs have the potential to be affected by this finding. All CNAs educated on bathing schedule and documentation requirements of care each shift and how to document refusal or reschedule shower if unable to complete. Date: 07-17-2023 initial training completed and ongoing Licensed nurse to monitor and direct course of care will check the completion of care by CNAs and exceptions reports to be monitor for completion. Residents bathing preferences will be reviewed and updated to promote bathing time of choice and schedule updated and documenting within residents' records.	Correction date 08-14-2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Barbara L Walker RN	Senior healthcare Operations	08-02-2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205103	A. BUILDING _____ B. WING _____	C 07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEAL ROCK HEALTH CARE	88 HARBOR DRIVE SACO, ME 04072

(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 677	Continued From page 1 Resident #3's scheduled shower/whirlpool day is every Thursday on the 3-11 shift. Review of Resident #3's current Care Plan, dated 3/6/23, indicates the following: "[Resident #3] bathes with the help of 2 people, to transfer and 1 assist for washing. "I prefer showers." Electronic clinical records reviewed from 5/15/23 to 7/8/23 indicated Resident #3 did not receive a scheduled shower on 5/18/23, 5/25/23, 6/1/23, 6/8/23 6/15/23, 6/22/23, 6/29/23 and 7/6/23. 3. On 7/12/23 at 10:24 a.m., during an interview with the surveyor, the family member of Resident #4, stated "I don't think he/she is getting his/her weekly showers." The CNA Assignment sheet indicates that Resident #4's scheduled shower/whirlpool day is every Tuesday on the 7-3 shift. Electronic clinical records reviewed from 5/15/23 to 7/8/23 indicated Resident #4 did not receive a scheduled shower on 5/16/23, 5/23/23, 5/30/23, 6/6/23, 6/13/23, 6/20/23, 6/27/23, 7/4/23 and 7/22/23. 4. The CNA Assignment sheet indicates that Resident #5's scheduled shower/whirlpool day is every Friday on the 3-11 shift. Review of Resident #5's Significant change Minimum Data Set 3.0 (MDS) dated 6/12/23 shows Section F: Preferences for Customary Routine and Activities: F0400-How important is it to you to choose between tub bath, shower, bed bath or sponge bath? SOMEWHAT IMPORTANT (Resident response). Review of Resident #5's current Care Plan dated 6/12//23 indicates the following: "[Resident #5] I bathe with the help of 1 person, to help me transfer, to help me wash. I transfer with the help of 2 people, not bearing my weight, transfer me with a full body mechanical lift. Electronic clinical records reviewed from 5/15/23	F 677	DON/ Designee to complete C.N.A documentation audits to validate completion of showers and baths and identify sustainability of compliance to with completion of bathing showers and documentation of refusals as needed. The audits will be reviewed in QAPI committee meeting and once three months of 100% compliance is achieved this will be reevaluated by QAPI Committee for ongoing monitoring time frames. Ongoing	Correction Date 08-14-2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205103	A. BUILDING _____ B. WING _____	C 07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEAL ROCK HEALTH CARE	88 HARBOR DRIVE SACO, ME 04072

(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 677	Continued From page 2 to 7/8/23 indicated Resident #5 did not receive a scheduled shower on 5/19/23, 5/26/23, 6/2/23, 6/9/23, 6/16/23, 6/23/23, 6/30/23 and 7/7/23. 5. The CNA Assignment sheet indicates that Resident #6's scheduled shower/whirlpool day is every Monday on the 7-3 shift. Review of Resident #6's Annual MDS 3.0, dated 5/18/23, shows Section F: Preferences for Customary Routine and Activities: F0400-How important is it to you to choose between tub bath, shower, bed bath or sponge bath? SOMEWHAT IMPORTANT (Resident response). Review of Resident #6's current Care Plan, dated 5/23/23, indicates the following: "[Resident #6] I bathe with the help of 1 person doing 100% of the effort. Electronic clinical records reviewed from 5/15/23 to 7/8/23 indicated Resident #6 received a shower on 6/5/23 and did not receive a scheduled shower/whirlpool on 5/15/23, 5/22/23, 5/29/23, 6/12/23, 6/19/23, 6/26/23, 7/3/23 and 7/10/23. On 7/12/23 at 2:00 p.m., a surveyor discussed the above findings in an interview with the Administrator.	F 677		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals	F 761	F761 Label/store of Drug and Biologicals No residents were directly affected by this deficient practice. All residents who medications/ treatments stored in medication/ treatment carts have the potential to be affected by this deficient practice. All medication carts/fridges and storage areas were checked to assure that they were secured at time of the finding.	Correction date 08-14-2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205103	A. BUILDING _____ B. WING _____	C 07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEAL ROCK HEALTH CARE	88 HARBOR DRIVE SACO, ME 04072

(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 761	Continued From page 3 §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure a treatment cart containing multiple medicated creams, powders, ointments, syringes, insulin and inhalation treatment medications was locked on 1 of 7 units. Finding: On 7/12/23 at 12:15 p.m., a surveyor noted an unattended, unlocked treatment cart outside the Bluff Stratton nurses station containing multiple medicated creams, powders, ointments, syringes, insulin and inhalation treatment medications in corridors where residents and unauthorized personnel cross through. A surveyor confirmed the above finding, at the time of observation, with the Administrator and Director of Nursing (DON).	F 761	All staff who handle medications/ treatment cart keys were re-educated on policy and procedure securing medications/treatments at all times when not at the medication/treatment carts or drug storage areas. Training date: Initial reeducation 07-31-2023 and ongoing DONs/designee are to complete random audits of drug storage areas and medication/ treatment carts to assure compliance is achieved and maintained per policy and procedure any variance will be identified and process revised to assure compliance is maintained and sustainable. DON/designee will report findings of medication storage audits within the QAPI meeting and address needs for re-education and revisions. All audits will be reported to the committee by DON/designee and reviewed in QAPI meeting for compliance until 100% compliance is Achieved for 3 for 3 consecutive months. Ongoing	Correction date 08-14-2023