STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205124	A. BUILDING _____ B. WING _____	R 12/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNOX CENTER FOR LONG TERM CARE	6 WHITE STREET ROCKLAND, ME 04841

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{F 000}	INITIAL COMMENTS On 12/7/23, an unannounced on-site visit was conducted at Breakwater Commons to follow up on the deficiencies cited during the Annual Long Term Care Survey Process of 11/1/23. It was determined that Breakwater Commons was not in compliance with 42 CFR Part 483, Subpart 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	{F 584}		

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

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{F 584}	Continued From page 1 resident room, as specified in §483.90 (e)(2)(iv); §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, interviews and record review, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in good repair and in a sanitary condition for 3 of 3 units(East Wing-100s, South Wing-200s and West Wing-300s) for 1 of 1 environmental tour. Additionally, the facility lacked documentation to show audits were completed and that the information was shared with the Quality Assurance committee by the stated date in the accepted Plan of Correction. Findings: 1. On 12/7/23 at 9:00 a.m., in an interview, a surveyor asked for the documentation to show education was given to staff, audits were completed and that the information was shared with the Quality Assurancecommittee by the stated date of compliance in the accepted Plan of Correction. The facility was unable to provide the surveyors with the documentation requested. 2. On 12/7/23 from 9:20 a.m. to 10:10 a.m.,	{F 584}		

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{F 584}	Continued From page 2	{F 584}		

during a tour of the facility/resident rooms, the surveyor and a Licensed Practical Nurse(LPN) observed the following findings:

East Wing-100s
> Resident Room 102 - There was a bedpan on the floor in the bathroom.
> Resident Room 106 - There were two (2) commode buckets on the floor in the bathroom.
> Resident Room 108 - There was a commode bucket on the floor in the bathroom.
> The manual sit-to-stand patient lift, in the hallway, had debris and dirt in the foot base area and the arm pads and frame were dusty/dirty.
> The electric sit-to-stand patient lift, in resident room #106, had debris and dirt in the foot base area and the base legs had chipped/missing paint and were rusty.
> Resident Room 113 - There was a commode bucket on the floor in the bathroom.
> Resident Room 114 - There was a commode bucket on the floor in the bathroom.
> Resident Room 125 - There was a commode bucket on the floor in the bathroom.
> Resident Room 127 - There was a bedpan and a commode bucket on the floor in the bathroom.

On 12/7/23 at 9:30 a.m., in an interview, the LPN confirmed the above findings.

South Wing-200s
> Resident Room 206 - There was a wash basin on the floor in the bathroom.
> Resident Room 209 - The floor was dirty around the base of the toilet.
> Resident Room 212 - There were two(2) wash basins and a commode bucket on the floor in the bathroom.
> Resident Room 221 - There were two(2) wash

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{F 584}	Continued From page 3 basins and a commode bucket on the floor in the bathroom. > Resident Room 222 - There was a wash basin on the floor in the bathroom. > Resident Room 226 - There was a commode bucket on the floor in the bathroom. > Resident Room 228 - There was a commode bucket on the floor in the bathroom. On 12/7/23 at 9:43 a.m., in an interview, Certified Nursing Assistant (CNA) confirmed the above findings. West Wing-300s(Memory Care) > The electric sit-to-stand patient lift, in the hallway, had debris and dirt in the foot base area and the base legs had chipped/missing paint and were rusty. On 12/7/23 at 10:10 a.m., in an interview, the surveyor discussed all the findings with the Director of Nursing, the Environmental Services Director and the Maintenance Assistant.	{F 584}		
F 867 SS=D	QAPI/QAA Improvement Activities CFR(s): 483.75(c)(d)(e)(g)(2)(i)(ii) §483.75(c) Program feedback, data systems and monitoring. A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following: §483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and	F 867		

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F 867	Continued From page 4	F 867		

resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement.

§483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators.

§483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.

§483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.

§483.75(d) Program systematic analysis and systemic action.

§483.75(d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.

§483.75(d)(2) The facility will develop and implement policies addressing:
(i) How they will use a systematic approach to

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F 867	Continued From page 5	F 867		

determine underlying causes of problems impacting larger systems;
(ii) How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and
(iii) How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained.

§483.75(e) Program activities.

§483.75(e)(1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care.

§483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility.

§483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e).
Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data

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F 867	Continued From page 6 collection and analysis described in paragraphs (c) and (d) of this section. §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; (iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility's Quality Assurance Committee failed to ensure that the plan of correction for an identified deficiency from the Annual Long Term Care Recertification survey dated 11/1/23 was followed and effective. The Federal citation F584 was cited again during the re-visit to the annual Long Term Care Recertification Survey, dated 12/7/23. Findings: During the annual Long Term Care Recertification survey, dated 10/30/23 through 11/1/23, a deficiency was cited at F584 for the failure to adequately provide housekeeping and maintenance services necessary to maintain the building in good repair and in a sanitary condition.	F 867		

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F 867	Continued From page 7 The facility's POC, dated 11/18/23, indicated that the facility would be cleaned and repairs made to ensure that the building and equipment would be in good repair and in a sanitary condition, with plan of POC completion date of 12/1/23. On 12/7/23 at 11:55 a.m., in an exit interview with the Director of Nursing, she confirmed that the environment had not been brought into compliance as stated in the facility's Plan of Correction.	F 867		