STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205163	A. BUILDING _____ B. WING _____	C 01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MID COAST SENIOR HEALTH CENTER	58 BARIBEAU DRIVE BRUNSWICK, ME 04011

(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 1/30/2024, an unannounced on-site visit was conducted at Mid Coast Senior Health Center for the purpose of an investigation of complaints #ME00045700 and #ME00046173. It was determined that Mid Coast Senior Health Center was not in substantial compliance with 42 CFR 483, Sub-part B-Requirements for Long Term Care Facilities.	F 000		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, and document review, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for the wall mounted fan over the dish area, standing fan just outside the dish area, and	F 812		

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

K Watt, Administrator | 3/13/2024

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 812	Continued From page 1 ceiling. Additionally, the walk-in freezer floor was not maintained in clean and sanitary manner, and the reach-in refrigerator had uncovered, undated, and unlabeled food; the reach-in freezer had open bags of food; and all temperature logs were lacking complete documentation of temperature tracking, all of which has the ability to affect all residents in the facility. Findings: On 1/30/2024 at 8:05a.m. during a tour of the kitchen with morning cook the following was observed: 1. Two fans, one above the dish area and the other outside the dish area heavily soiled with dirt and debris. 2. Uncovered, unlabeled, and undated food in the reach-in refrigerator. 3. Open bag of frozen food in the reach-in freezer. 4. Moderate to heavy amounts of dirt and hanging from ceiling above clean dish area. 5. All current temperature logs lacking documentation for the last two days. On 1/30/2024, at 8:25a.m. observation of the Mere Point Unit kitchen, it was found to be lacking documentation of monitoring the unit refrigerator and freezer for 6 of 30 days. On 1/30/2024, during review of past temperature monitoring logs, the following was found: September 2023 -Sandwich Unit, Main Kitchen (ID#15) lacking documentation for 17 of 30 days.	F 812	1. Areas of concern were cleaned the day of the inspection. Maintenance scrubbed floors and fixed any damages. Ceiling fans were removed from the kitchen. AllClean was contacted for a deep clean. 2. All satellite kitchens, dining rooms, and other areas under the food and nutrition department will be inspected weekly by the Food and Nutrition Manager. 3. A checklist Audit procedure will be put into place to ensure the cleanliness of the kitchen, **these will be** completed/checked daily by the lead cook. This will also include an audit of food labels, improperly stored foods, and other issues if found. Deep cleaning will be scheduled quarterly with All Clean. 4. All logs will be signed off on and reviewed by the manager. Any missed logs will be noted, and coaching will be completed 5. Completion date 4/1/2024.	

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F 812	Continued From page 2 -Walk-in Freezer, Main Kitchen (ID#1) lacking documentation for 17 of 30 days. -Walk-in Refrigerator, Main Kitchen (ID#2) lacking documentation for 18 of 30 days. -2-Door Refrigerator, Main Kitchen (ID#3) lacking documentation for 18 of 30 days. -Single Door Refrigerator, Main Kitchen (ID#5) lacking documentation for 17 of 30 days. -2-Door Refrigerator, Main Kitchen (ID#6) lacking documentation for 17 of 30 days. -2-Door Freezer, Main Kitchen (ID#7) lacking documentation for 17 of 30 days. October 2023 -Sandwich Unit, Main Kitchen (ID#15) page missing (31 of 31 days) -Single Door Refrigerator, Main Kitchen (ID#5) lacking documentation for 14 of 31 days. -2-Door Refrigerator, Main Kitchen (ID#6) lacking documentation for 14 of 31 days. -2-Door Freezer, Main Kitchen (ID#7) lacking documentation for 4 of 31 days. November 2023 -Sandwich Unit, Main Kitchen (ID#15) lacking documentation for 12 of 30 days. -Walk-in Freezer, Main Kitchen (ID#1) lacking documentation for 2 of 30 days. -Walk-in Refrigerator, Main Kitchen (ID#2) lacking documentation for 2 of 30 days. -2-Door Refrigerator, Main Kitchen (ID#3) lacking documentation for 2 of 30 days. Single Door Refrigerator, Main Kitchen (ID#5) lacking documentation for 2 of 30 days. -2-Door Refrigerator, Main Kitchen (ID#6) lacking documentation for 2 of 30 days. -2-Door Freezer, Main Kitchen (ID#7) lacking documentation for 7 of 30 days.	F 812	1. All temp logs were posted, a temporary plan was put into place until temp tracking devices arrived.. 2. An audit of all freezers and fridges will take place, all appliances will have temp tracking software installed. 3. Temp track software will alert to any change in the fridge/freezer. This is done audibly in the kitchen as well as sending out email/phone notifications to the Director of Facility operations, Food and Nutrition Manager, as well as the Maintenance team. 4. The maintenance team will respond to any alerts affecting the temps and perform any tasks necessary to ensure the safety of our residents. 5. 3/15/2024	

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F 812	Continued From page 3	F 812		

December 2023
-The facility was unable to find any documentation of any equipment for the month of December, but the manager stated that he knows they were being done.

January 2024
-Sandwich Unit, Main Kitchen (ID#15) no page for this unit was found
-Walk-in Freezer, Main Kitchen (ID#1) lacking documentation for 2 of 30 days.
-Walk-in Refrigerator, Main Kitchen (ID#2) lacking documentation for 2 of 30 days.
-2-Door Refrigerator, Main Kitchen (ID#3) lacking documentation for 2 of 30 days.
-Ice Cream Chest, Main Kitchen (ID#4) lacking documentation for 2 of 30 days
-Single Door Refrigerator, Main Kitchen (ID#5) lacking documentation for 2 of 30 days.
-2-Door Refrigerator, Main Kitchen (ID#6) lacking documentation for 2 of 30 days.
-2-Door Freezer, Main Kitchen (ID#7) lacking documentation for 2 of 30 days.

On 1/30/2024 at 8:45a.m. by request of the Administrator, there was a second visit to the kitchen so that she could see the issues. When that visit was complete the above findings were confirmed with the Dietary Manager, the Director of Facilities and the Administrator.