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P 000	Initial Comments On 10/7/25, an unannounced onsite visit was conducted at Borderview Rehabilitation & Living Center - Residential Care, for the purpose of completing the State Relicensure survey and complaints #ME00045765, #ME00045565, and #ME00045055. It was determined that Borderview Rehabilitation & Living Center was not in compliance with 10/144, Chapter 113-Regulations Governing the Licensing and Functioning of Assistive Housing Programs-Level IV, Private Non-Medical Institutions.	P 000		
P 037	3.17 Licensing Posting the license. The licensee shall post a copy of the license at each of its licensed locations, where it can be seen and reviewed by the public. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to post a current license that was able to be viewed by the public. Finding: On 10/7/25 at 9:30 a.m., during a tour of the facility, the surveyor observed that the facility's current license was not posted in the Residential Care location. On 10/7/25 at 11:55 a.m., during an interview with a surveyor, the Residential Care Director stated that the license was only posted in the main office upstairs (not open at all times). The surveyor confirmed that visitors and residents to the Residential Care location were unable to view the facility's license. This provision has not changed in the new rule effective 9/18/25. See the provisions of the new	P 037		

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P 037	Continued From page 1 rule Section 2.N.	P 037		
P 087	3.28.2 Licensing Refunds shall be made within thirty (30) calendar days of date of discharge/death. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure funds were conveyed within 30 days of death/discharge for 1 of 1 sampled residents (Resident #8). Finding: Resident #8's discharge record indicated the resident was discharged from the facility on 8/18/25. On 10/7/25 at 1:00 p.m., during an interview with a surveyor, the Business Office Manager (BOM) stated that Resident #8's trust account had a balance of $192 and had not been refunded yet to the resident legal representative/resident's estate. The BOM stated that corporate must first appove the refund first to make sure there are no balances owed. This provision has not changed in the new rule effective 9/18/25. See the provisions of the new rule Section 2.W.1	P 087		
P 219	5.22 Resident Rights Right to information regarding deficiencies. Residents have the right to be fully informed of findings of the most recent survey conducted by the Department. The provider shall inform residents or their legal representatives that the survey results are public information and are	P 219		

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available in a common area of the facility. Residents and their legal representatives shall be notified by the provider, in writing, of any actions proposed or taken against the license of the facility/program by the Department, including but not limited to, decisions to issue a Directed Plan of Correction, decisions to issue a Conditional license, refusal to renew a license, appointment of a receiver or decisions to impose fines or other sanctions. This notification shall take place within fifteen (15) working days from receipt of notice of action. [Class IV]

This STANDARD is not met as evidenced by:
Based on observation and interviews, the facility failed to ensure that the findings of the most recent survey were available in a common area of Residential Care location of the facility.

Finding:

On 10/7/25 at 11:30 a.m., a Certified Residential Medication Aide #1 (CRMA1) and surveyor observed (in plastic sheet protectors) the Borderview Residential Care Facility Division of Health and Human Services (DHHS) Inspection Results from 2016 - 2019 which was hanging on the wall across from the nurses station, behind the dietary menu. The surveyor confirmed with CRMA1 that this was not the most recent survey results as the most recent survey was completed 7/2/24. On 10/7/25 at 11:55 a.m., during an interview with a surveyor, the Residential Care Director stated the most recent survey results were located upstairs in the main office. The surveyor confirmed the most recent results were not posted in a common area of the unit at this time.

This provision has not changed in the new rule

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P 219	Continued From page 3 effective 9/18/25. See the provisions of the new rule Section 4.Y.1.	P 219		
P 222	5.25 Resident Rights Mandatory report of rights violations. Any person or professional who provides health care, social services or mental health services or who administers a long term care facility or program who has reasonable cause to suspect that the regulations pertaining to residents ' rights or the conduct of resident care have been violated, shall immediately report the alleged violation to the Department of Health and Human Services ((800) 383-2441) and to one or more of the following: Disability Rights Center (DRC), pursuant to Title 5 M.R.S.A. § 19501 through § 19508 for incidents involving persons with mental illness; the Long Term Care Ombudsman Program, pursuant to Title 22 M.R.S.A. § 5107-A for incidents involving elderly persons; the Office of Advocacy, pursuant to Title 34-B M.R.S.A. § 1205 for incidents involving persons with mental retardation; or Adult Protective Services, pursuant to Title 22 M.R.S.A. § 3470 through § 3487. Reporting suspected abuse, neglect and exploitation is mandatory in all cases. Documentation shall be maintained in the facility that a report has been made. Mandated reporters shall contact the Department of Health and Human Services ((800) 383-2441) immediately after receiving and/or obtaining information about any rights violations. [Class IV]	P 222		

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P 222	Continued From page 4 This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to report an allegation of neglect to the State Agency. Finding: On 8/19/25 at 11:56 a.m., the Division of Licensing & Certification (State Agency) received a complaint alleging that a staff person ridiculed a resident for peeing on the floor during morning care, then left the resident naked in bed. On 10/7/25, review of the internal investigation indicated an incident occurred on 8/19/25 involving Certified Nursing Assistant #1 (CNA1) leaving Resident #3's (R3's) room after R3 urinated on the floor, and that R3 complained to the Residential Care Director that CNA1 had left him/her. On 10/7/25 at 3:25 p.m., during an interview with a surveyor, the Licensed Social Worker (LSW) stated that R3 complained that CNA1 did not want to properly take care of him/her or his/her urine on the ground. The LSW also stated she did not report it to the State Agency as the Residential Care Director was taking care of it. On 10/7/25 at 3:34 p.m., during an interview with the Residential Care Director, a surveyor confirmed the allegation of neglect was not reported to the State Agency.	P 222		
P 345	7.7 Medications and Treatments	P 345		

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P 345	Continued From page 5 Expired and discontinued medications. For medications administered by the assisted living program, residential care facility, or private non-medical institution, medications shall be removed from use and properly destroyed after the expiration date and when discontinued, according to procedures contained in Section 7.9. They shall be taken out of service and locked separately from other medications until reordered or destroyed. [III] This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to remove medications from the stock available to use and properly dispose of expired/discontinued medications in 1 of 1 medication carts, and in 1 of 1 medication storage rooms. In addition, the facility failed to ensure that medications were removed from the medication cart when a resident was admitted to another facility in 1 of 1 medication carts reviewed. Findings: 1. On 10/7/25 between 9:30 a.m. - 9:50 a.m., a Certified Residential Medication Aide #1 (CRMA1) and surveyor observed the following in the medication cart: - An opened insulin glargine (Lantus) pen for a resident but there was no open date. Manufacturer recommendations indicated that once opened, insulin glargine (Lantus) should be used within 28 days, regardless of whether it is stored in the refrigerator or at room temperature; - An opened Breo inhaler with manufacturer's	P 345		

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directions to discard 6 weeks after opening but there was no open date noted;
- An opened Incruse Ellipta inhaler with an open date of 8/5/25 with manufacturer's directions to discard 6 weeks after opening;
- An opened tube of Aspercreme with Lidocaine with expiration date of 9/25;
- An opened tube of hemorrhoidal ointment with an expiration date of 4/25; and
- A blister pack of clonazepam for Resident #7 but there was no active physician order for this medication as it was discontinued on 9/18/25.

This provision has not changed in the new rule effective 9/18/25. See the provisions of the new rule Section 5.I.

2. On 10/7/25 at 9:50 a.m., a surveyor observed a blister pack of hydrocodone labeled for Resident #6 in the medication cart. During an interview with a surveyor, CRMA1 stated that Resident #6 was not at the facility (as of 9/10/25) but had been sent to the hospital and now was admitted on the skilled unit in the Long Term Care facility. Per regulation 7.1.7.1, if a resident is admitted to another facility all existing orders are no longer in effect and all medications must be removed from service and placed in a locked area.

The above findings in the medication cart were confirmed at the time of the observations.

This provision has not changed in the new rule effective 9/18/25. See the provisions of the new rule Section 5.I,. 5.A.9.e, and 5.A.9.g.

3. On 10/7/25 between 9:55 a.m.- 10:15 a.m., a CRMA1 and surveyor observed the following in the medication storage room: 2 bottles of Folic

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P 345	Continued From page 7 Acid 800 mg with an expiration date of 7/25 and 1 Saline Laxative Enema kit with an expiration date of 8/25. These expired medications in the medication storage room were confirmed at the time of the observations. This provision has not changed in the new rule effective 9/18/25. See the provisions of the new rule Section 5.I.	P 345		
P 412	10.9.4 Administration Develop, maintain and carry out written policies and procedures to implement these regulations. Other policies may be developed at the discretion of the facility to ensure the orderly conduct of resident care. Policies shall indicate what staff are responsible for coordination or implementation of policies and procedures. Required policies include: This STANDARD is not met as evidenced by: Based on facility policy review and interviews the facility failed to carry out the Emergency Care Policy and their Automated External Defibrillator (AED) policy for a resident who was found unresponsive and pulseless. (Resident #1 [R1]) Finding: The facility policy labeled Emergency Care Policy with a revised date of 11/18, section I Purpose, instructs staff that personnel will provide basic life support, including Cardiopulmonary Resuscitation (CPR), to a resident requiring such emergency care prior to the arrival of emergency medical personnel, and subject to related resident's	P 412		

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advance directives. Section II Procedure, instructs they will proceed in accordance with current standards of practice and/or physician orders: A. Cardiac/Respiratory Arrest: initiate CPR and call 911.

Policy labeled Automated External Defibrillator (AED) policy with a created date of 7/15/20, Purpose of this policy is that the AED is used to treat victims who experience sudden cardiac arrest. The AED will be placed only after the following symptoms have been confirmed. They are unconscious, not breathing, have no pulse and/or show no signs of circulation such as normal breathing, coughing or movement.

On 10/7/25 during a record review for R1 who was readmitted on 5/21/25, who had an advanced directive showing that his/her code status was listed as a Full code. During this record review it was noted that on 9/2/25 at approximatley 1:20 a.m. the resident was found in his/her bed unresponsive and blue in color (face and extremities). A Certified Nursing Assistant (CNA) notified the charge person (Certified Residential Medication Aide [CRMA]) who also observed R1 who was unresponsive and blue in color. The CRMA called the Long-Term Care unit nurse and notified her of the pending code for R1. The licensed nurse came down and noted the resident did not have a pulse or respirations and the staff failed to initiate CPR/AED use until the emergency personnel arrived.

During review of written statements made by the staff involved the licensed nurse stated that when assessed the resident had no respirations and no pulse, when code status was verified the emergency personnel had arrived by the time she returned to the room. The emergency personnel

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P 412	Continued From page 9 proceeded with performing CPR. The statement from the CRMA states that she called 911 and was instructed to use the AED for R1, she states she brought the AED to the nurse and told the nurse they needed to start using the AED and the nurse stated it was not necessary because R1 was gone. The CRMA gave the nurse the phone with the 911 operator on the call to notify them of not using the AED and by that time the emergency personnel were there and hooking R1 up to their machines. Per this statement the emergency personnel performed CPR for 20 minutes. Per this statement the CRMA and the nurse were told by the emergency personnel that if a resident is a full code they were to start CPR right away, the nurse responded stating if no pulse then you don't start CPR. The emergency personnel stated that here (the facility) if they have a full code you need to do CPR until the emergency personnel arrive. On 10/7/25 at 4:50 p.m. during an interview with the Assistant Administrator it was stated that the facility expected the nurse or the staff to initiate CPR/AED use immediately as they were all trained, the nurse and the CRMA are both CPR certified and the CNA is trained on the use of the AED. At this time the surveyor confirmed with the Assistant Administrator that the facility failed to follow their emergency/AED policies and failed to initiate CPR for R1. This provision has not changed in the new rule effective 9/18/25. See the provisions of the new rule Section 7.E.7.S.	P 412		
P 595	15.10.8 Sanitation/dietary services Perishable, refrigerated and frozen food shall be	P 595		

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P 595	Continued From page 10 labeled and dated to determine whether they have proper nutritional value when served and are safe for human consumption. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that food items in the Dining Room Refrigerator were labeled. Finding: On 10/7/25 at 9:30 a.m. an observation of the Dining Room Refrigerator showed there were 2 clear squeeze condiment bottles of condiments that were out of their original containers and were not labeled to identify the contents. On 10/7/25 at 9:50 a.m. during an interview with the Food Service Director (FSD), the surveyor confirmed that 2 clear squeeze condiment bottles were not labeled identifying the contents. This provision has not changed in the rule effective 9-18-25. See the provision of the rule Section 10.D.4	P 595		
P 609	15.13 Sanitation/dietary services Second-grade products prohibited. Second-grade products such as unlabeled canned goods, home canned goods, improperly sealed or unsealed containers or packages, outdated food and similar foods are prohibited from use. [Class I/II] This STANDARD is not met as evidenced by: Based on Observation and interview the facility failed to remove expired food from the Dining Room Refrigerator.	P 609		

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P 609	Continued From page 11 Finding: On 10/7/25 at 9:30 a.m. an observation of the Dining Room Refrigerator showed there were 3 clear squeeze condiment bottles that had stickers with dates, 1 bottle had dates of 9/6/25 and 9/10/25, 2nd bottle had dates of 8/31/25 and 10/4/25, the 3rd bottle had dates of 9/15/25 and 9/19/25. On 10/7/25 at 9:50 a.m. during an interview with the Food Service Director (FSD), she stated the dates on the clear squeeze condiment bottles are the filled dates are the top dates and the discard dates are the bottom dates. The FSD stated that the facility has a process that the items are dated and used within 4 days. At this time the Surveyor and the FSD observed the 3 clear squeeze condiment bottles in the refrigerator door and confirmed they were all past their expiration/use by date and were discarded. This provision has not changed in the rule effective 9-18-25. See the provision of the rule Section 10.F.3	P 609		