DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

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 ____	09/21/2023

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 From 9/18/23 to 9/21/23 on-site visits were conducted at Marshwood Center to complete the annual Long Term Care Survey Process for Federal Recertification. It was determined that Marshwood Center is not in compliance with 42 CFR Part 483, Subpart B-Requirements for Long Term Care Facilities.	F 000	Marshwood Center provides this plan of correction without admitting or denying the validity or existence of alleged Deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law.	
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	F584 Safe/ Clean / Comfortable/ Homelike Environment The facility promptly addressed and will continue to address the cited alleged deficient practices as follows: 1. The dried liquid and food residue was cleaned from the floor under and in front of the unit refrigerator on 9/18/2023. All other unit refrigerators have been audited and floors cleaned on 9/18/2023. A weekly audit x 3 weeks will be completed, thereafter, monthly audits of the unit refrigerators will be completed x 3 months to ensure ongoing compliance. Audit results will be reported to the facility's QAPI Committee at its monthly QAPI meeting. 2. The following wheelchairs and Broda chair for residents #68,	

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

Bru , Administrator 10/9/2023

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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 and interviews, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in good repair and in a sanitary condition for 7 of 7 Units (Adams, Buchanan, Carter, Eliot, Franklin, Gilbert, and Hamilton), the laundry room, the first floor common area, and the second floor common area for 3 of 3 environmental tours (9/18/23. 9/19/23 and 9/21/23) Findings: 1. On 9/18/23 at 10:15 a.m., a surveyor observed dried liquid and food residue on the floor under and in front of the unit refrigerator. On 9/18/23 at 10:19 a.m., Certified Nursing Assistant[CNA #1} confirmed the findings. 2. On 9/19/23 between 9:27 a.m. and 10:06 a.m. on the Hamilton Unit, a surveyor observed the following: > Resident #68's wheelchair was heavily soiled with dirt/debris > Resident #60's Broda chair was soiled with	F 584	#60, #14 have been deep cleaned on 9/19/2023. All other wheelchairs and Broda chairs have been deep cleaned on 9/19/2023. Monthly audits of randomly selected wheelchairs will be conducted x 3 months and any identified as needing cleaning will be deep cleaned. Audit results will be reported and reviewed at the facility's monthly QAPI meeting x 3 months. 3.Environmental concerns noted during the survey environmental tour have been addressed, including: a. The piece of peeling wallpaper in the hallway by Business Office has been properly secured to the wall on 9/22/2023. b. The center metal strip on the laundry room door has been properly secured on 9/22/2023. The missing ceiling tile in the laundry room will be replaced. The missing or broken floor tiles in the laundry room in front of the washing machine and behind the dryers will be replaced. c. On the Adams unit the transition stripping on the floor has been replaced on 10/4/2023. The EZ sit-to-stand lift has been cleaned of food and debris on 9/21/2023. Room 102 walls under the calendar and behind beds will be repaired. The shower room toilet tank will be replaced. The unit refrigerator will be replaced. The ceiling air handler has been cleaned on 10/4/2023.	

			d. On the Buchanan unit, the flooring at entrance will be repaired. The ceiling vent intake and air handler has been cleaned on 10/4/2023. The kitchenette cabinet will be replaced. The refrigerator will be replaced. Any damaged or dirty ceiling tiles have been replaced. The bathroom floor between rooms 203 and 204 has been cleaned including the base of the toilet on 10/5/2023. e. On the Carter unit the EZ sit-to-stand lift has been cleaned of food and debris on 9/22/2023 and the privacy curtain in Room 12 has been replaced and rehung on 10/3/2023. f. The non-slip surface on the wheelchair scale in the 2nd floor common area has been replaced and the base has been repaired and repainted on 10/6/2023. g. The privacy curtains in Eliot rooms 503 and 506 have been replaced and rehung on 10/3/2023. h. The privacy curtains in Franklin rooms 606 and 608-2 have been replaced and rehung on 10/3/2023. The duct tape on the TV in 606 has been removed on 10/3/2023. The ceiling air handler has been cleaned on 10/3/2023. The hallway door frames will be repaired and painted.	

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F 584	Continued From page 2 dirt/debris > Resident #14's wheelchair was heavily soiled with dirt debris. On 9/19/23 at 2:29 p.m., a surveyor confirmed the above findings with the Administrator, who stated that she would have the chairs cleaned immediately. 3. On 9/21/23 from 9:30 a.m. to 10:15 a.m., an environmental tour was completed with the Administrator, the Maintenance Director, the Account Manager for HealthCare Services Group, the District Manager for HealthCare Services Group and the Director of Nursing in which the following findings were observed: First Floor Common Area > The hallway wall by the business office has a large, ripped section of wall paper. Laundry: > The center metal strip on entrance door was coming off the door. There is one missing ceiling tile above stored linens. There are numerous missing floor tiles behind the dyers. There are four missing floor tiles around the left washing machine. There is one cracked/broken floor tile in front of the left washing machine. Adams Unit: > The flooring transition strip at the unit entrance doors was broken and missing sections in two places. > The EZ sit-to-stand lift had dirt and food debris in the foot base area. > Resident Room 102- There was a hole in the wall as you walk in the room to the right by the entrance door. The wall under the calendar and	F 584	i. On the Hamilton unit, the left side wheelchair armrest for the resident in room 806-2 has been replaced on 9/25/2023. All other resident rooms and resident living areas have been audited for same or similar environmental concerns and corrections have been made. The facility Administrator/ designee, Maintenance staff and Housekeeping staff will conduct weekly rounds of the facility common areas and a random selection of resident rooms weekly x 3 weeks and monthly x 3 months thereafter. Work orders will be submitted for needed cleaning and repairs. Follow up inspections to ensure the completion of the work orders will be completed to ensure environmental issues have been fully addressed. The outcome of these audits will be submitted to the facility's QAPI Committee at its monthly meeting x 3 months. Responsible: Administrator	11/3/23

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F 584	Continued From page 3 behind the bed was scraped/gouged exposing sheetrock. > The shower room toilet tank cover was chipped/broken. > The resident refrigerator surface was scraped/marred and rusty. > The ceiling air handling unit was dirty/dusty. Buchanan Unit: >There was one broken/missing floor tile in the hallway by the Buchanan Unit entrance. > The ceiling vent next to the air intake was dirty with debris and hair. > The kitchenette cabinet was missing the bottom two drawers. > The ceiling air handling unit was dirty/dusty. > The refrigerator was missing the door handle and the freezer door handle. The Resident refrigerator surface was scraped/marred and rusty. > There were ten ceiling tiles that were dirty, broken, and/ or stained with dried foods and liquid residue. > The bathroom floor between Resident room #203 and #204 was dirty around the base of the toilet. Carter Unit: > The EZ sit-to-stand patient lift had dirt and food debris in the foot base area. > Resident Room 12 - The privacy curtain was missing hooks and in disrepair. Second floor Common Area: > The wheelchair scale had torn/ripped/missing non-slip surface and the paint on the base was chipped/gouged creating an uncleanable surface. Eliot Unit:	F 584		

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F 584	Continued From page 4 > Resident Room #503 - The privacy curtain was missing hooks and in disrepair. > Resident Room #506 - The privacy curtain was missing hooks and in disrepair. Franklin Unit: > Resident Room #606 - The privacy curtain was missing hooks and in disrepair. The television had tape holding it together. > Resident Room #608-2 - The privacy curtain was missing hooks and in disrepair. > The ceiling air handling unit was dirty/dusty and had chipped/missing paint creating an uncleanable surface. > The hallway and dining area walls were marked/marred and dirty, and the doors and doors frames had chipped/missing paint creating uncleanable surfaces. Gilbert Unit: > Resident Room #702 - The privacy curtain was missing hooks and in disrepair. > Resident Room #704-1 - There was soiled bed pan on the bathroom floor. There was a ceiling tile not in place above toilet. The privacy curtain was missing hooks and in disrepair. > The ceiling air handling unit was dirty/dusty. > The hallway and dining area walls were marked/marred and dirty, and the doors and doors frames had chipped/missing paint creating uncleanable surfaces. Hamilton Unit: > Resident Room #806-2 - The resident wheelchair had a broken left side armrest. On 9/21/23 at 10:15 a.m., in an interview, the Administrator, the Maintenance Director, the Account Manager for HealthCare Services Group,	F 584		

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F 584	Continued From page 5 the District Manager for HealthCare Services Group and the Director of Nursing confirmed the findings.	F 584		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that Oxygen was administered according to physicians orders for 1 out of 3 sampled residents. (#69) Finding: On 9/20/23 at 9:00 a.m., a surveyor observed Resident 69's Flowmeter on the oxygen concentrator was set at 5 liters per minute (LPM) delivering a continuous flow of oxygen at 5 LPM. A review of Resident 69's physician's order dated 6/14/23 instructed staff to administer supplemental oxygen via nasal cannula at 2 liters, as needed, for Shortness of Breath. On 9/20/23 at 9:44 a.m., a surveyor confirmed this finding with the Nurse Manager of the Short Stay unit that Resident 69's order for	F 684	**F684 Quality of Care** Resident #69 was transferred to community Hospice House prior to correcting the O2 flow rate. The Medical Provider was aware. An audit for all residents with O2 has been conducted to ensure accuracy of O2 administration rates consistent with physician's orders. Licensed staff have been reeducated on compliance when following O2 administration orders. DON/ designee will conduct random audits of O2 administration vs. physician's orders. These will be conducted weekly x 3 weeks and monthly x 3 months. Results will be presented to the facility's QAPI Committee at its monthly meeting x 3 months. Responsible: Director of Nursing	11/3/23

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F 684	Continued From page 6 supplemental oxygen was not being administered according to physicians orders.	F 684		
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 observations and interviews, the facility failed to ensure that the resident's environment was free of accident hazards relating to a patient lifts for 2 of 2 facility tours, for 1 of 3 days of survey. (9/18/23) Findings: 1. On 9/18/23 at 10:05 a.m., a surveyor observed an EZ sit-to-stand patient lift on the Gilbert Unit that was missing the left side lift/swing arm safety clip which is used to secure the lift sling/pads on the lift/swing arm when in use. 2. On 9/18/23 at 10:22 a.m., a surveyor observed an EZ sit-to-stand patient lift on the Hamilton Unit that was missing both the left side lift/swing arm safety clip and the right side lift/swing arm safety clip which is used to secure the lift sling/pads on the lift/swing arm when in use. On 9/18/23 at 11:22 a.m., in an interview, the Director of Nursing confirmed that the two	F 689	**F 689 Accidents** The EZ sit-to-stand lifts were immediately taken out of service and safety clips were reinstalled. All other EZ sit-to-stand lifts were inspected on 9/18/2023 and any found to have missing safety clips were replaced with new clips. Weekly audits of EZ sit-to-stands will be completed. Safety clips will be reinstalled as needed. Findings from the audits will be presented to the QAPI Committee at its monthly meeting x 3 months. Nursing staff will be educated regarding the need to have safety clips in place on the EZ sit-to-stand lift arms and to lock out / tag out the lifts if either or both safety clips are missing. Weekly audits will be conducted for 3 weeks. Thereafter audits will be conducted monthly for 3 months. Audit results will be reported to the facility's QAPI Committee at its monthly meeting x 3 months. Responsible: Maintenance Supervisor	11/3/23

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F 689	Continued From page 7 sit-to-stand patient lifts were missing safety hooks on the lift/swing arm and the lifts were accident hazards.	F 689		
F 732 SS=B	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention	F 732	**F732 Posted Nursing Staffing Information** The facility posted the Nursing Staffing Information on 9/18/2023 at approx 9:20AM. The daily Nursing Staffing Information will continue to be posted in a prominent location and will include weekend staffing information. Audits will be conducted randomly 3x per week x3 weeks and weekly thereafter x 3 months. Audit findings will be reported to the facility's QAPI Committee at its monthly meeting. Responsible: Director of Nursing	11/3/23

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F 732	Continued From page 8 requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to post the current daily nurse staffing information between 9/16/23 and 9/18/23. Finding: On 9/18/23 at 9:00 a.m., two surveyors entering the facility observed the nurse staffing information posted on the first floor entrance door. The date on the nurse staffing information was 9/15/23; staffing for three days earlier. On 9/21/23 at 08:05 a.m., in an interview, the Director of Nursing confirmed that the nurse staffing information was not posted for 9/16/23, 9/17/23 and 9/18/23.	F 732		
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.	F 812	**F812 Food Procurement, Store/Prepare/Serve-Sanitary** 1. The following corrections have been made following the initial kitchen tour on 9/18/2023: a. The dish room ceiling light cover will be replaced and the rusted end caps have been repaired. b. The hood exhaust system filters have been cleaned on 9/18/2023 c. The food mixer has been cleaned and mixer arm will be repaired to a cleanable surface d. The 2 ceiling air conditioning units above the food prep and service areas have been cleaned on 9/18/2023 e. The cook stove surface and burner areas have been thoroughly cleaned on 9/18/2023	

F 812	Continued From page 9 (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, interview, and the facility's Food and Nutrition Services Policies and Procedures, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for ceiling lights, ceiling vents, the hood exhaust system, the food mixer, the cook stove and the grease trap cover. Further, the facility failed to ensure all staff were wearing facial hair protectors. Additionally, the facility failed to ensure foods were labeled in the walk-in freezer for 2 of 2 tours on 1 of 4 days of survey. (9/18/23) Findings: Review of the facility's Food and Nutrition Services Policies and Procedures, Food Receiving and Storage Policy (last reviewed 5/1/23) noted: FNS407 Food Handling Policy: Foods are stored, prepared, and served in a safe and sanitary manner. 22.1 "Unused portions that have been properly handled, refrigerated, covered, labeled, and dated with "used by" dates or frozen and reheated and served ...." 26. "The following is a guide to use when establishing a "use by" date for food items. The manufacturers expiration date, when available, is the "use by" date for unopened items. The manufacturer's instructions for "use by" date of opened items overrides these guidelines.	F 812	f. Rust has been removed from the grease trap cover under the three bay pot sink and has been repainted on 9/25/2023. g. The ceiling light in the reach in freezer has been cleaned on 9/18/2023. h. The beef liver with ice build-up on it, as well as, the non-dated bags of hash browns and french fries were disposed of on 9/18/2023. i. The male staff with beards have been re-educated on proper donning of facial hair protection The kitchen's cleaning log that instructs staff for tasks to be completed and frequencies for doing so, will be reviewed to ensure all necessary tasks are included. Dietary staff will be educated regarding • the routine cleaning tasks and frequencies for completion per the cleaning log. • identifying maintenance issues and how to communicate and escalate any broken or damaged equipment including lights, vents and ceiling tiles • Use of hair nets and beard guards Weekly audits of the kitchen for cleanliness, maintenance and sanitation will be conducted x 3 weeks and monthly for 3 months thereafter. Audit findings will be reported to the facility's QAPI Committee at its monthly meeting x 3 months.	

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F 812	Continued From page 10 Guidelines assume that food is properly stored, covered, and handled. Guidelines apply, regardless of the storage location." On 9/18/23 from 9:10 a.m. to 9:50 a.m., a surveyor conducted an initial kitchen tour with the Food Service Director in which the following findings were observed: 1. > The dish room had a ceiling light with a broken/cracked lens cover and two ceiling lights with rust on the metal end caps. > The hood exhaust system filters were dusty/dirty. > The food mixer had dried food and liquid residue on the mixer arm and base. There was also chipped/missing paint on mixer arm and base creating uncleanable surfaces. > There were two ceiling air conditioning units above food preparation and service areas that were dusty/dirty. > The cook stove surface and burner areas were heavily soiled with dried foods and dried liquid residue. > The grease trap cover, under the three bay pot sink, had large amounts of rust on it creating an uncleanable surface. > The ceiling light, above the reach-in freezer, had dried liquid residue spatter on it. > The walk-in freezer had large amounts of ice build-up on an opened box of beef liver. Additionally, there was one bag of hash browns and two bags of french fries not labeled and dated. > There was one male kitchen worker with a mustache and facial hair that was not wearing facial hair protection. On 9/18/23 at 9:50 a.m., in an interview, the Food	F 812	1. The unmarked cups with lids that were not labeled or dated in the resident refrigerator were disposed of on 9/18/2023. Nursing staff will be educated regarding proper practice for labeling resident food stored in the resident refrigerators to include resident name and date. Weekly audits of resident refrigerators will be conducted x 3 weeks to ensure ongoing compliance with proper labeling of resident food with resident's name and date. Thereafter audits will be conducted monthly x 3 months. Audit findings will be reported to the facility's QAPI Committee at its monthly meeting x 3 months. Responsible: Dietary Director	11/3/23

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(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 812	Continued From page 11 Service Director confirmed the findings. On 9/18/23 at 10:00 a.m., in an interview, a surveyor discussed the findings with the Administrator and the Director of Nursing. 2. On 9/18/23 at 10:11 a.m., the surveyor observed two unmarked white cups with lids in the resident refrigerator which were not dated and labeled with resident names. On 9/18/23 at 10:19 a.m., in an interview, Certified Nursing Assistant[CNA #1} confirmed the findings.	F 812		
F 814 SS=D	Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain garbage storage areas in a sanitary condition to prevent the harborage and feeding of pests for 2 of 3 dumpsters for 1 of 3 days of survey. (9/18/23) Findings: On 9/18/23 at 9:20 a.m., a surveyor and the Food Service Director observed 2 of 3 dumpsters, one with the left side door open exposing trash and one with both the left side door and right side open exposing trash. Additionally, there was paper trash and used disposable gloves on the ground around the dumpsters. On 9/18/23 at 9:20 a.m., in an interview, the Food Service Director confirmed the finding. On 9/18/23 at 10:00 a.m., in an interview, the	F 814	F814 Dispose Garbage and Refuge Properly The dumpster areas were cleaned and doors secured shut on 9/18/2023. Staff have been educated on the importance of keeping the dumpster doors and lids securely closed as well as the importance for and need to pick up any debris on the ground. The dumpster area will be audited daily x 3 weeks and thereafter, weekly for 3 months. Audit findings will be reported to the facility's QAPI Committee at its monthly meeting x 3 months. Responsible: Dietary Director	11/3/23

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 ______	09/21/2023

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F 814	Continued From page 12 surveyor discussed the finding with the Administrator and the Director of Nursing.	F 814		