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		
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 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		

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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		

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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		

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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		

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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		

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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		

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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		

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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		

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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		

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