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	205122	A. BUILDING _____ B. WING _____	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 000	INITIAL COMMENTS From 12/2/24 through 12/4/24, on-site visits were conducted at Harbor Hill Center for the purpose of completing the annual Long Term Care Survey Process for Federal Recertification, investigating facility reported incidents #ME00046087, #ME00046699, and complaints #ME00049090, #ME00048190, #ME00046618, and #ME00046111. It was determined that Harbor Hill Center is not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F 000		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure accommodations were made for a resident, to include the facility's bathing schedule and resident preferences for 1 of 1 resident reviewed for bathing (Resident #295). Findings: On 1/11/24, the state agency received a facility reported incident stating that Resident #295 did not receive a shower for over a week after admission. Clinical record review indicated Resident #295 was admitted on 12/16/23 and discharged on	F 558		

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

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F 558	Continued From page 1 1/10/24. The admission minimum data set (MDS) dated 12/22/23, under section F preferences for customary routine and activities states it is very important for him/her to choose their bathing options. On 12/4/24, review of Certified Nurse's Assistant(CNA) bathing documentation noted Resident #295 received showers on 12/25/24 and 12/31/24 on the day shift and there had been no refusals documented during the resident's stay. The documentation lacked evidence that Resident #295 received showers the week of December 17th-23rd and January 7th-10th. On 12/4/24 at 9:20 a.m., in an interview, the Market Clinical Advisor confirmed that residents are to receive at least one bath/shower a week and that the CNA bathing documentation lacked evidence that Resident #295 received showers the week of December 17th-23rd and January 7th-10th.	F 558		
F 582 SS=B	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when	F 582		

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F 582	Continued From page 2	F 582		

changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.

§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.
(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.
(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.
(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.
(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.
(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.
This REQUIREMENT is not met as evidenced by:

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F 582	Continued From page 3 Based on interview and Beneficiary form review, the facility failed to ensure that a Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) was provided to 1 of 3 residents whose Medicare Part A services were discontinued (Residents #22 [R22]). Finding: On 12/3/24, R22's Skilled Beneficiary Notification Review form was reviewed. The Beneficiary Notification form that was completed on 12/3/24 by the Minimum Data Set (MDS) Coordinator indicated R22 received Medicare Part A services that ended on 10/30/24, but there was no evidence that the required Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) was provided to R22 so that he/she could make an informed decision to continue receiving the skilled services that may not be paid for by Medicare and assume financial responsibility. On 12/3/24 at 11:45 a.m., in an interview with the surveyor, the MDS Coordinator confirmed that a SNFABN was not issued to R22.	F 582		
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	F 584		

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F 584	Continued From page 4 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 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 a sanitary condition for 2 of 2 environmental tours, both on 12/3/24, on 2 of 2 units[Harbor Hill and Fort Point]. Findings:	F 584		

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F 584	Continued From page 5 On 12/3/24 at 8:00 a.m. through 8:45 a.m., an environmental tour was conducted with the Senior Maintenance Supervisor and Maintenance Supervisor. Findings were confirmed at the time of the observations. 1. Fort Point Room 211, bathroom walls are gauged and scuffed with black marks. The cover of the safety fall mats next to bed 1 have cracks and torn areas creating an uncleanable surface. Next to bed 2, the wall is gauged and has several black scuff marks. Room 212, the room divider curtains are soiled and stained. The wall behind bed 2 has areas of missing paint. Room 214, bathroom walls have scuffed marks and areas with unpainted patches of putty. Room 215, bathroom walls have scuffed marks and areas with unpainted patches of putty. Room 216, bathroom walls have scuffed marks and areas with unpainted patches of putty. The dining room wooden thresh-holds are scuffed and gouged. The wooden kitchenette cabinets are marred and have scuff marks. 2. Harbor House -The kitchenette and dining areas had floor seams which were split and unsealed, containing dirt and debris. The cabinets around the kitchen were marked and marred with black marks. The wall paper to the right of the sink was ripped/peeled exposing sheetrock. -There were 4 hallway ceiling tiles, by the Admission Director's office, that had large brown stains on them.	F 584		

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-The whirlpool room had ripped/chipped paint next to the whirlpool creating an uncleanable surface. -The cabinet by the sink had missing and worn treatment on the wood surface creating an uncleanable surface.
-The Sit-to-stand patient lift had chipped/missing paint on the base and legs.
-The Reliant 600 patient lift, in the hallway by Room 110, had chipped/missing paint on legs.
-Room 101- The caulking around the base of the toilet was dirty, the room entrance and bathroom doors and door frames were marred with black marks.
-The restroom, across from Room 101, had caulking around the base of the toilet which was dirty.
-Room 102 - The caulking around the base of the toilet was dirty and the seam between the room and bathroom floor was split open and built up with dirt. There was a bedpan stored on floor by the toilet.
-Room 103 - The caulking around the base of the toilet was dirty and the ceiling vent was rusty and had dried liquid residue on it.
-Room 105 - The floor around the base of the toilet was dirty and there was a commode bucket stored on the floor.
-Room 107 - The floor around the base of the toilet was dirty. The cove base was ripped/broken off by the bathroom door. The bathroom door and door frame had chipped/missing paint and the ceiling exhaust vent was dusty/dirty.
-Room 109 - Both privacy curtains were missing hooks, hanging down and in disrepair.
-Room 110 - Both privacy curtains were missing hooks, hanging down and in disrepair.
-The television area had 3 ceiling tiles with dark brown stains on them and the ceiling vent near the television was dirty and rusty.

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F 584	Continued From page 7 3. Laundry Room The cement floor had chipped/missing paint creating an uncleanable surface. There was 1 ceiling tile above the washing machines that had black and brown stains on it. The ceiling vent near the washing machines was heavily soiled with dust/dirt.	F 584		
F 656 SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the	F 656		

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resident's representative(s)-
(A) The resident's goals for admission and desired outcomes.
(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.
§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-
(iii) Be culturally-competent and trauma-informed.
This REQUIREMENT is not met as evidenced by:
Based on record reviews and interview, the facility failed to develop a Comprehensive Care Plan that addressed the physical needs of 2 of 4 sampled residents (Resident #26 [R26] and [R29]).

Findings:

1. On 12/4/24, clinical record review indicated R26 was admitted on 6/30/23. Admitting diagnoses included Type 2 Diabetes. Orders for this diagnosis include administering 15 units of Insulin Glargine subcutaneously, at bedtime. The surveyor was unable to locate a care plan for the management of diabetes and/or insulin.

On 12/4/24 at 12:02 p.m., during an interview with the Marketing Clinical Advisor, a surveyor confirmed R26's care plan does not address the diagnosis of diabetes or the use of insulin.

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F 656	Continued From page 9 2. Resident #29 was admitted on 10/4/24 with a current physician order dated 10/16/24 noting "Wander Guard/Wander Elopement Device due to poor safety awareness." Review of Resident #29's current care plan indicated there were no Focus, Goals and Interventions addressing wandering/elopement. On 12/4/24 at 12:25 p.m., in an interview, the Market Clinical Advisor confirmed the Resident's #29's current care plan was not updated to include wandering/elopement.	F 656		
F 689 SS=D	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 observation, interview, and a review of Safety Data Sheets (SDS), the facility failed to ensure that the resident's environment was free of accident hazards relating to the storage of chemicals being properly secured for 1 of 3 days of survey (12/2/24). Findings: On 12/2/24 at 11:15 a.m., during a tour of the Harbor House, a surveyor observed a hallway	F 689		

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F 689	Continued From page 10 storage area containing personal protective equipment (PPE) supply bins and oxygen concentrators that had a 1 pound 2.94 ounce container of Micro-Kill Bleach Germicidal Bleach Wipes stored in it at wheelchair height. The Safety Data Sheet for Micro-Kill Bleach Germicidal Bleach Wipes noted the following: 4. First Aid Measures General advice: Never give anything by mouth to an unconscious person. If you feel unwell, seek medical advice (show the label where possible). Inhalation: Assure fresh air breathing period allow victim to rest. Eye contact: If In Eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Skin contact: If irritation occurs, remove affected clothing and wash all exposed skin area with mild soap and water, followed by warm water rinse. Ingestion: rinse mouth. Do not induce vomiting. Obtain emergency medical attention. On 12/2/24 at 11:23 a.m., in an interview, Registered Nurse (RN #1) confirmed that the bleach wipes should not be kept out where residents and visitors had access to them and that there were residents that can ambulate and use a wheelchair to move down the hallway. On 12/2/24 at 11:55 a.m., a surveyor discussed the finding with the Director of Nursing (DON).	F 689		
F 695 SS=E	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.	F 695		

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The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.
This REQUIREMENT is not met as evidenced by:
Based on observation, record review, and interview, the facility failed to maintain respiratory equipment in a sanitary manner to help prevent the development and transmission of disease and infection related to respiratory care for 2 of 4 residents reviewed for respiratory care (Resident #4 [R4] and [R26]).

Findings:

1. On 12/2/24 at 11:12 a.m., a surveyor observed R4's oxygen concentrator to have dust / debris accumulations over the filter vents. R4's nebulizer was observed on the bedside table, exposed to the environment. On 12/4/24, a surveyor observed R4's oxygen concentrator to have dust / debris accumulations over the filter vents. R4's nebulizer mask was hanging from a hook on the wall and exposed to the environment.

2. Record review for R26 indicated the resident was admitted with acute and chronic respiratory failure and "dependence on supplemental oxygen", for which R26 receives 1-2 liters of oxygen via nasal cannula continuously.

On 12/2/24 at 11:16 a.m., a surveyor observed R26's oxygen concentrator to be heavily soiled with dust / debris. On 12/4/24, a surveyor observed R26's oxygen concentrator to be heavily

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F 695	Continued From page 12 soiled with dust / debris. Review of the facility's "NEBULIZER: SMALL VOLUME" procedure, revised on 11/01/23, indicated the nebulizer should be placed in a treatment bag labeled with patient name and date after use. On 12/4/24 at 11:08 a.m., during an interview with a surveyor, the Director of Nursing stated Maintenance was responsible for cleaning the concentrator equipment. At this time the Director of Nursing and a surveyor observed and confirmed the above findings.	F 695		
F 868 SS=D	QAA Committee CFR(s): 483.75(g)(1)(i)-(iii)(2)(i); 483.80(c) §483.75(g) Quality assessment and assurance. §483.75(g) Quality assessment and assurance. §483.75(g)(1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and (iv) The infection preventionist. §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: (i) Meet at least quarterly and as needed to	F 868		

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coordinate and evaluate activities under the QAPI program, such as identifying issues with respect to which quality assessment and assurance activities, including performance improvement projects required under the QAPI program, are necessary.

§483.80(c) Infection preventionist participation on quality assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis. This REQUIREMENT is not met as evidenced by:
Based on review of the facility's Quality Performance Improvement (QAPI) Committee meeting attendance sheets and interview, the facility failed to provide evidence that a quarterly meeting was held for 1 of 4 quarters.

Finding:

On 12/4/24 at 10:00 a.m., a review of the facility's QAPI attendance sheets was completed. The facility held quarterly meetings on 9/27/24, 6/18/24, and on 3/5/24. The facility was unable to provide evidence that a quarterly meeting was held in 12/23 or 1/23. On 12/4/24 at 10:10 a.m., in an interview with the surveyor, the Marketing Clinical Advisor confirmed that the facility did not hold a quarterly QAPI meeting in 12/23 or 1/23, for the fourth quarter meeting, and that the last documented meeting she could find was dated 10/24/23.