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	205151	A. BUILDING _____ B. WING _____	12/06/2023

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MAINE VETERANS HOME - CARIBOU	163 VAN BUREN RD SUITE 2 CARIBOU, ME 04736

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F 000	INITIAL COMMENTS From 12/4/23 through 12/6/23 , on-site visits were conducted at Maine Veterans Home - Caribou for the purpose of completing the annual Long Term Care Survey Process for Federal Recertification and investigatng facility reported incident #ME00045610. It was determined that Maine Veterans Home - Caribou was not in substantial compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F 000		
F 604 SS=D	Right to be Free from Physical Restraints CFR(s): 483.10(e)(1), 483.12(a)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that	F 604		

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

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are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.
This REQUIREMENT is not met as evidenced by:
Based on a review of a Facility Reportable Incident Form, the facility's internal investigations, and interview, the facility failed to ensure that 1 of 1 sampled resident had the right to refuse care when a Certified Nursing Assistant (CNA) used body contact (physical restraint) that limited a residents voluntary movement. (Resident #30 [R30])

Finding:

R30 was admitted to the facility on 10/5/23, with diagnoses that include unspecified dementia with agitation, insomnia, Alzheimer's disease, unspecified injury of head, difficulty in walking. R30's Admission Minimum Data Set (MDS), dated 10/13/23, was coded for Section C, Cognitive Patterns, Brief Interview for Mental Status (BIMS) with a score of 2, indicating cognitive impairment.

The facility reported that a CNA was observed by the Licensed Practical Nurse (LPN) physically restraining R30 by placing both of R30's arms across his/her chest and held them there until incontinence care was completed. The LPN assisted with the incontinence care while the CNA held R30's arms across his/her chest. The LPN did not redirect or stop the restraint which would have allowed R30 to refuse the care.

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F 604	Continued From page 2 On 12/4/23 at 2:43 p.m., during an interview with the LPN, she confirmed that she witnessed the CNA holding (restraining) R30's arms by taking his hands and putting R30's arms across his/her chest and held them. He held his/her arms for about 2 minutes. " I was able to help change the brief, it was at this time R30 said let go of me. After the brief was changed, that's when I said let's take a step back" This was an attempt to quiet the resident and stop him/her from hitting them, this physical restraint restricted Resident #30's voluntary movement. On 12/6/23 at 10:01 a.m.. during an interview with the alleged perpetrator (CNA), he confirmed that he had held the residents arms across his/her chest restricting his/her voluntary movements. He stated that he was attempting to get him/her ready for bed when he/she became aggressive and He/she was sitting at the nurses station. " I walked him/her down to his/her room, and when in his/her room I tried to get him/her ready for bed and he/she was getting physically combative hitting and kicking at me. I put the call light on, and he/she was still hitting and kicking me. The Med person (LPN) came in to help. She was trying to help me change his/her brief and we had to roll him/her from side to side so we could change his/her brief because it was soiled. He/she was trying to hit and kick us, so I had to hold his/her hands for him/her not to punch me. I was holding them by the wrists on his/her stomach (arms crossed and held them there). I wasn't holding them tight and just long enough to get his/her brief on and I let go. I only held them once just when the LPN was in the room, and it was only long enough to get done with the brief change. "	F 604		

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F 604	Continued From page 3 On 12/6/23 at 9:15 a.m.. during an interview with the Administrator and the Director of Nursing the surveyor confirmed that R30 was physically restrained by a CNA and the restraint was observed by the LPN who did not redirect the CNA resulting in the restriction of R30's voluntary movement when R30 requested to be let go.	F 604		
F 623 SS=B	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;	F 623		

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(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:
(i) The reason for transfer or discharge;
(ii) The effective date of transfer or discharge;
(iii) The location to which the resident is transferred or discharged;
(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and

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(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.

§483.15(c)(6) Changes to the notice.
If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.

§483.15(c)(8) Notice in advance of facility closure
In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).
This REQUIREMENT is not met as evidenced by:
Based on record reviews and interviews, the facility failed to the resident representative in writing for the reason of a transfer/discharge from the facility for 2 of 3 sampled residents reviewed for hospitalization (Resident [R] 13, R37).

Findings:

1. On 12/4/23, R13's clinical record was reviewed which indicated that the resident was transferred to the hospital on 10/29/23 and returned to the facility on 11/7/23. On 12/5/23 at

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F 623	Continued From page 6 1:16 p.m., during an interview with a surveyor, the Administrator was not able to provide evidence that the Resident Representative received a written copy of the transfer/discharge notice. 2. On 12/4/23, R37's clinical record was reviewed which indicated that the resident was transferred to the hospital on 11/24/23 and returned to the facility on 12/1/23. On 12/5/23 at 1:16 p.m., during an interview with a surveyor, the Administrator was not able to provide evidence that the Resident Representative received a written copy of the transfer/discharge notice.	F 623		
F 637 SS=D	Comprehensive Assessment After Signifcant Chg CFR(s): 483.20(b)(2)(ii) §483.20(b)(2)(ii) Within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a "significant change" means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to conduct a comprehensive Minimum Data Set 3.0 (MDS) assessment within 14 days after a resident experienced a significant change of condition when hospice services were discontinued for 1 of 2 sampled residents who had received hospice services (Resident #19	F 637		

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F 637	Continued From page 7 [R19]). Finding: On 12/4/23, during a review of R19's clinical record, a surveyor noted a hospice note discontinuing hospice services; however, the clinical record, which included Physician Orders, signed on 11/2/23 indicated that the resident was still receiving hospice services. On 12/4/23 at approximately 3:00 p.m., during an interview with a surveyor, Registered Nurse (RN) stated that R19 had improved and no longer qualified for hospice services (which were initiated on 8/8/23 and discontinued on 11/8/23). There was no comprehensive MDS assessment, that addressed Hospice services, completed within 14 days of the cessation of hospice services on 11/8/23 ." In an interview on 12/4/23 at approximately 3:00 p.m. with RN, and on 12/5/23 at 3:34 p.m. with the Director of Nursing Services, a surveyor confirmed the above finding.	F 637		
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's	F 655		

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admission.
(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to-
(A) Initial goals based on admission orders.
(B) Physician orders.
(C) Dietary orders.
(D) Therapy services.
(E) Social services.
(F) PASARR recommendation, if applicable.

§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-
(i) Is developed within 48 hours of the resident's admission.
(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).

§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:
(i) The initial goals of the resident.
(ii) A summary of the resident's medications and dietary instructions.
(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.
(iv) Any updated information based on the details of the comprehensive care plan, as necessary.
This REQUIREMENT is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure a baseline care plan was developed and implemented within 48 hours that included the problems, interventions, and initial goals needed to provide minimum healthcare

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information necessary to properly care for 2 of 2 newly admitted residents that were reviewed for baseline care plans. (Resident [R] 37 and R2).

Findings:

1. On 12/5/23, R37's clinical record was reviewed and indicated the resident was admitted to the facility on 10/25/23. R37's discharge summary from the hospital included information that the resident had a Foley catheter, was a diabetic, on a psychotropic medication Trazodone, on medication for pain, and needed therapy evaluations. Review of the baseline care plan, developed within 48 hours from admission, only included problems and/or interventions on bowel elimination and that the resident had dentures. On 12/5/23 at 12:52 p.m., during an interview with the Director of Nursing Services (DNS), a surveyor confirmed this finding.

2. On 12/5/23, R2's clinical record was reviewed and indicated the resident was admitted to the facility on 9/13/23, coming from another facility. R2's clinical record included an admission listing of medications and a visit from this facility's medical doctor on 9/18/23 which summarized the resident's history, prior to admission to this facility. The medication listing and MD provider notes indicated that R2 was receiving anticoagulant injections daily, on a psychotropic medication for depression, received medication for diabetes, received two antibiotics, had chronic pain, and had a pace maker. Review of the baseline care plan, developed within 48 hours from admission, included a problem with no interventions for social adjustment-ineffective coping and did not include problems or interventions for the use of an anti-coagulant,

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F 655	Continued From page 10 psychotropic medication use, or having a pace maker. On 12/5/23 at 2:34 p.m., during an interview with the DNS, a surveyor confirmed this finding.	F 655		