STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1971	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINE VETERANS HOME - BANGOR	44 HOGAN RD BANGOR, ME 04401

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P 000	Initial Comments On 11/5/25, an on-site visit was conducted at Maine Veterans Home, Bangor - Residential Care, for the purpose of completing the State Re-Licensure survey. It was determined that Maine Veterans Home, Bangor - Residential Care is not in substantial compliance with 10-144, Chapter 113- the Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level IV-Private Non-Medical Institutions.	P 000		
P 305	7.1.3 Medications and Treatments Before using a bee sting kit, unlicensed persons must be trained by a registered professional nurse in regard to safe and proper use. Documentation of training shall be included in the employee record. This STANDARD is not met as evidenced by: Based on employee record reviews and interview, the facility failed to ensure that staff were trained, by a Registered Nurse, in the use of a bee sting kit (Epi Pen) for 1 of 5 randomly selected Certified Residential Medication Aides (CRMA#1). Finding: On 11/5/25, a review of 5 CRMA employee files was completed. There was no evidence to indicate that CRMA#1 had been trained on the use of a bee sting kit (Epi Pen). On 11/5/25 at 1:46 p.m., in an interview with the surveyor, the Residential Care Director (RCD)	P 305		

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P 305	Continued From page 1 confirmed that CRMA#1 did not complete the bee sting training. This provision has changed in the new rule effective 9/18/2025. See new provisions of the rule Section 5.A.5 and 5.R.1.	P 305		
P 362	7.14.1 Medications and Treatments The names of staff who are qualified or trained to use the equipment and/or to mix medications, the nature of their training, the date and who provided it; This STANDARD is not met as evidenced by: Based on employee record reviews and interview, the facility failed to provide evidence that 1 of 5 Certified Residential Medication Aides (CRMA) reviewed are trained to administer medications using metered dose inhalers and nebulizers. (CRMA#1). Finding: On 11/5/25, a review of five employee records were completed. In CRMA#1's employee record, there was no evidence that breathing apparatus training was provided (training related to the use of metered dose inhalers and nebulizers). On 11/5/25 at 1:46 p.m., in an interview with the surveyor, the Residential Care Director (RCD), confirmed that CRMA#1 did not complete the breathing apparatus training. This provision has changed in the new rule effective 9/18/25. See new provision of the rule Section 5.P.4.	P 362		

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P 365	7.15 Medications and Treatments First aid kit. A first aid kit containing supplies which may be necessary for the first aid treatment of minor injuries such as cuts, scrapes or first degree burns shall be included and available in the facility. All staff shall be instructed in the use of any item in the kit. This STANDARD is not met as evidenced by: Based on review of employee record reviews and interviews, the facility failed to ensure a first aid kit containing supplies which may be necessary for the first aid treatment of residents was available in the facility, and/or that staff were provide in-service training on the proper use of items in the first aid kit, in order to provide treatment for minor injuries of residents, for 5 of 5 employee records reviewed (Employee #1 [E1], E2, E3, E4 and E5). Findings: On 11/5/25, a surveyor reviewed E1's employee file. E1's employee training records lacked evidence that E1 received training on use of the First Aid Kit. On 11/5/25, a surveyor reviewed E2's employee file. E1's employee training records lacked evidence that E2 received training on use of the First Aid Kit. On 11/5/25, a surveyor reviewed E3's employee file. E5's employee training records lacked evidence that E3 received training on use of the First Aid Kit.	P 365		

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P 365	Continued From page 3 On 11/5/25, a surveyor reviewed E4's employee file. E4's employee training records lacked evidence that E1 received training on use of the First Aid Kit. On 11/5/25, a surveyor reviewed E5's employee file. E5's employee training records lacked evidence that E5 received training on use of the First Aid Kit. On 11/5/25 at 1:09 p.m., during an interview with 2 surveyors, the Residential Care Director stated the facility does not have an emergency kit but has a treatment room where supplies are kept. At this time a surveyor confirmed the facility did not have a first aid kit for the treatment of minor injuries such as cuts, scrapes, or first-degree burns, and that staff did not receive first aid kit training. This provision has not changed in the new rule effective 9/18/2025. See new provisions of the rule Section 5.Q.1, Section 5.R.1, and Section 9.B.4.d.	P 365		
P 494	12.3 Standards for Resident Care Service plan: A service plan shall be developed and implemented within thirty (30) calendar days of admission for each resident based upon the findings of the resident assessment instrument (RAI). The plan shall address those areas in which the resident needs encouragement, assistance or an intervention strategy. The resident, his/her legal representative (if applicable) and others chosen by the resident shall be actively involved in the development of the service plan, unless he/she is unable or unwilling to participate. There shall be	P 494		

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P 494	Continued From page 4	P 494		

documentation in the resident's record identifying who participated in the development of the service plan. The service plan shall describe strategies and approaches to meet the resident's needs, names of who will arrange and/or deliver services, when and how often services will be provided and goals to improve or maintain the resident's level of functioning. Residents shall be encouraged to be as independent as possible in their functioning, including ADLs and IADL's if they choose, unless contraindicated by the resident's duly authorized licensed practitioner. The service plan shall be modified, as necessary, based upon identified changes. Residents shall never be required to perform activities specified in the residential service plan or any other activities and cannot be used to replace paid staff.

This STANDARD is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that a resident's service plan was updated and complete to meet the needs of 1 of 4 residents sampled for review (Resident #3 [R3]).

Findings:

On 11/5/25, R3's clinical record was reviewed and indicated a diagnosis of Osteoporosis with a Vertebrae fracture. Review of R3's service plan dated "05/27/2025", indicated R3 "has back pain, DUE TO: UNKNOWN". Review of doctor orders indicated on 10/2/25 R3 had an order for the use of a thoracolumbar sacral orthosis (TLSO) brace

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P 494	Continued From page 5 (a back brace that provides support to the thoracic, lumbar, and sacral regions of the spine). The service plan does not describe intervention strategies and/or approaches to meet the resident's needs, identify who will arrange and/or deliver services, when and how often services will be provided, and/or goals to improve or maintain the resident's level of functioning related to the diagnosis of Osteoporosis with a pathological fracture (Vertebrae). On 11/5/25 at 11:10 a.m., during an interview with a surveyor and the Residential Care Director (RCD), R3's clinical record was reviewed. The RCD stated R3's fracture was a result of a fall in the facility. R3 was transferred out for further treatment and returned to the facility after a brief skilled stay. At this time the surveyor confirmed that R3's service plan was not updated after a skilled stay to address the use of adaptive equipment, a recent history of a fall resulting in a fracture, and / or the diagnosis of Osteoporosis with a pathological fracture (Vertebrae). This provision has changed in the rule effective 9/18/25. See new provisions of the rule Section 13.C.	P 494		
P 595	15.10.8 Sanitation/dietary services Perishable, refrigerated and frozen food shall be 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 properly labeled/dated.	P 595		

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P 595	Continued From page 6 Finding: On 11/5/25 at 8:15 a.m., during an observation of breakfast service in the dining room, in the refrigerator were 3 meal plates (mashed sweet potato, rice and pot roast) with plastic wrap covers. The plates were not labeled or dated. At the time of this observation, CRMA#6 stated the meals were from lunch the previous day. On 11/5/25 at 8:20 a.m., in an interview with the surveyor, the dietary aide confirmed that the plates were not labeled or dated. She stated that a label should have been placed on the plates when the staff person saved the meals and placed them in the refrigerator. On 11/5/25 at 9:00 a.m., the surveyor discussed this finding with the Resident Care Director (RCD). This provision has not changed in the rule effective 9-18-25. See the provision of the rule Section 10.D.4	P 595		