STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205020	A. BUILDING _____ B. WING _____	C 10/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANGOR NURSING & REHABILITATION CENTER	**103 TEXAS AVE BANGOR, ME 04401**

(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 On 10/11/23, an unannounced on-site visit was conducted at Bangor Nursing & Rehabilitation Center to investigate a complaint #ME00045079. It was determined that Bangor Nursing & Rehabilitation Center was not in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.	F 000	This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.	
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 record reviews, and interviews the facility failed to ensure that physician orders were followed for 1 of 3 resident's reviewed that were transferred to the hospital (Resident #1 [R1]). Findings: R1's clinical record was reviewed and included hospital "ED (emergency department) discharge instructions" with a diagnosis of urinary tract infection (UTI), and physician order, dated 8/16/23 at 4:07 p.m., for the medication Cefdinir (an antibiotic medication to treat bacterial infections in many different parts of the body) 300 mg (milligrams) oral capsule, 1 cap oral, every 12 hours, Duration: 10 days.	F 684	I. Resident was not harmed. All residents have potential to be affected by this practice. II. Resident charts reviewed for follow up on new provider orders. III. Education provided for nursing staff for 24 hour order check and education to med. techs. for appropriate communication to licensed nurses for medication not in med cart. IV. Audits will be completed for new order follow through. Audits will be brought to QAPI.	11/15/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Janet Hope	President	10/25/23

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 684	Continued From page 1 R1's Medication Administration Record (MAR) was reviewed and lacked evidence that the ordered medication Cefdinir was given from 8/16/23 9:00 p.m. through 8/19/23 9:00 p.m., a total of 7 doses. R1 did not receive Cefdinir until 8/20/23 9:00 a.m., four days after the physician's order. On 8/18/23 at 4:47 p.m., a progress note title, infection note stated, " ...pharmacy did not send due to a allergies alert. Nurse followed up today and med will be started Saturday morning 8/19/23 ...." On 8/17/23 at 8:10 a.m., a progress note titled, orders - administration note stated, "Cefdinir Oral Capsule, Give 300 mg by mouth every 12 hours for UTI for 10 days, new order awaiting pharmacy delivery. Not in our RX Now System. CN (Charge Nurse) aware." On 8/16/23 at 20:41 (8:41 p.m.), a progress note titled, orders - administration note stated, "Cefdinir Oral Capsule, Give 300 mg by mouth every 12 hours for UTI for 10 days, Cefdinir 300 mg not given awating pharmacy." Review of Resident #1's ED hospital discharge medication list dated 8/16/23 at 4:07 p.m. was documented that a prescription Cefdinir 200 mg oral capsule, 1 cap oral, every 12 hours, duration: 10 days had instruction to pickup at Pharmerica - Portland. On 10/11/23 at 2:15 p.m. in an interview with the Director of Nursing (DON), and the Educational Director, they stated that the ordered was sent directly to the pharmacy the facility uses and that the facility should have followed up to	F 684		

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F 684	Continued From page 2 ensure R1 had his/her antibiotic medication to treat the UTI. On 8/16/23 at 2:15 p.m. during an interview with the DON, a surveyor confirmed this finding.	F 684		