

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205020		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2023	
NAME OF PROVIDER OR SUPPLIER BANGOR NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 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			F 000			
F 684 SS=D	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. 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			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 awaiting 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			