STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205052	A. BUILDING _____ B. WING _____	C 08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSSELL PARK REHABILITATION & LIVING CENTER	**158 RUSSELL ST LEWISTON, ME 04240**

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F 000	INITIAL COMMENTS On 8/13/24, an on-site visit was conducted at Russell Park Rehabilitation and Living Center for the purpose of completing complaint investigations, # ME00047666, #ME00047684, #ME00047688, #ME00047669, and #ME00048381. It was determined that Russell Park Rehabilitation and Living 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 observations and interviews, the facility failed to make reasonable accommodations to maintain the call system within reach for 2 of 3 residents (Resident #2) observed for call bells. Findings: 1. Observations of Resident #2 on 8/13/24 at 12:30 p.m., and 1:56 p.m., revealed call bell handing from wall and attached to a wiffleball lying the end of his/her bed and not in reach. 2. Observation of Resident #1 on 8/13/24 at 1:56 p.m. revealed call bell tucked under Resident #1 and not in reach. During interview on 8/13/24 at 1:57 p.m., Certified	F 558		

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

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F 558	Continued From page 1 Nursing Assistant (CNA) #1 indicated that Resident #2 rarely uses the call bell, but the resident's roommate, Resident #1, will use call bell for him/her. During interview on 8/13/24 at 2:03 p.m., CNA #2 indicated Resident #1 typically rings for Resident #2. CNA #2 further indicated that all staff should be ensuring that call bells are in reach for all residents.	F 558		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore	F 690		

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F 690	Continued From page 2 continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on interview, record review, the facility failed to initiate and implement measures to prevent spread of disease regarding urinary catheters for 2 of 3 residents reviewed during a complaint investigation (Resident's #1 and #3). Findings: 1. Resident #1 was admitted on 2/6/23 with diagnoses and recent history of urosepsis, and neurogenic bladder requiring a urinary catheter. Review of Resident #1 "Routine Microbiology" results dated 8/1/24 states " ...The isolate ... exhibits extended spectrum Beta Lactamase activity (ESBL). ...ID [Infectious Disease] consult is recommended. Further review of Resident #1's clinical record lacked evidence that a referral was made to infectious disease. 2. Resident #3 was admitted on 3/2/23 and has diagnoses to include history of urosepsis, paraplegia, and urine retention requiring a urinary catheter. Review of Resident #3's clinical record revealed "Routine Microbiology" results dated 5/4/24 state "...The isolate above exhibits extended spectrum	F 690		

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F 690	Continued From page 3 Beta Lactamase activity (ESBL). ...ID consult is recommended ..." Further review of Resident #3's clinical record lacked evidence that he/she was referred to Infectious Disease. During an interview on 8/13/24 at 4:38 p.m., Director of Nursing confirmed with 2 surveyors and Residential Care Director Resident's #1 & #3 were diagnosed with ESBL in urine and should have been referred to Infectious Disease and were not.	F 690		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these	F 758		

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F 758	Continued From page 4 drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record reviews, interviews, and policy review, the facility failed to obtain written consent for psychotropic medications for 1 of 1 (Resident #2) residents reviewed for unnecessary medications. Findings: Resident #2 was admitted on 5/2/24 with diagnosis to include encephalopathy, cerebral infarction resulting in restlessness and agitation . Review of Resident #2's active orders for August 2024 reveled the following: Sertraline 50mg tablet by mouth daily starting 5/29/24, Lorazepam	F 758		

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F 758	Continued From page 5 0.5mg tablet by mouth two times daily starting 6/5/24, Trazodone 50mg tablet by mouth 2 times daily starting 8/10/24, Lorazepam 0.5mg tablet my mouth as needed starting 6/5/24. Review of entire clinical record lacked evidence that Resident #2 or the Resident Representative was was given the opportunity to consent to the use of psychotropic medications. During a telephone interview on 8/12/24 at 1:03 p.m. Resident #2's Resident Representative indicated they were never asked for consent for psychotropic medication prescriptions. During an interview on 8/13/24 at 4:56 p.m., Director of Nursing and Residential Care Director reviewed Resident #2's clinical record and confirmed with 2 surveyors Resident #2 and/or Resident Representative that consent was not obtained for use of psychotropic medications. Review of policy titled "Psychoactive Medication Use Policy" states " ...Procedure: ... Informed consent for psychoactive medication use will be obtained".	F 758		
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.	F 842		

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F 842	Continued From page 6 §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or	F 842		

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(iii) For a minor, 3 years after a resident reaches legal age under State law.

§483.70(h)(5) The medical record must contain-
(i) Sufficient information to identify the resident;
(ii) A record of the resident's assessments;
(iii) The comprehensive plan of care and services provided;
(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;
(v) Physician's, nurse's, and other licensed professional's progress notes; and
(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.
This REQUIREMENT is not met as evidenced by:
Based on record reviews and interview the facility failed to ensure that clinical records were complete and contained accurate information for 1 of 3 sampled residents reviewed during a complaint investigation (Resident #3), in addition, the facility failed to ensure psychotropic medication orders included an appropriate diagnosis for 1 of 1 residents reviewed for medications (Resident #2).

Findings:

1. Resident #3 was admitted on 3/2/23 and has diagnoses to include state 4 pressure ulcer on his/her coccyx.

Review of signed provider orders active August 2024 reveled order with start date of 10/18/23 "Resident information every two hours. Turn patient every 2 hours, waffle heel protectors at all times while in bed May remove for ADL's."

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F 842	Continued From page 8	F 842		

Review of Resident #3's Treatment Administration Record" dated August 2024 revealed nursing documentation indicating Resident #3 was repositioned every two hours from August 1st through 13th.

Review of Resident #3's clinical record revealed positioning sheets between 7/11/24 through 8/13/24 lacked evidence that Resident #3 was repositioned every 2 hours.

During an interview on 8/13/24 at 3:40 p.m., Resident #3 indicated staff are supposed to turn/reposition him/her every 2 hours and sign the repositioning sheet that it was done, but they don't do it like they're supposed to. At this time Resident #3 provided turn and reposition sheet dated 8/13/24 with multiple missing entries.

During an interview on 8/13/24 at 1:05 p.m., Licensed Practical Nurse (LPN)1 indicated Resident #3 has a stage 4 pressure ulcer on his/her coccyx and is on a 2 hour repositioning schedule. LPN#1 indicated its assumed that CNAs are repositioning him/her every 2 hours and the nurses just sign off on it unless a CNA says otherwise. At this time RN reviewed turning sheets with surveyor and confirmed resident was not being turned as ordered.

During an interview on 8/13/24 at 3:45 p.m., Certified Nursing Assistant (CNA)2 indicated that Resident #3 has a turning schedule for every 2 hours and he/she has a sheet staff are supposed to sign and if she refuses to be turned the sheet would still need to be signed as a refusal.

During an interview on 8/13/24 at 3:05 p.m., CNA3 indicated that Resident #3 is on 2 hour

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F 842	Continued From page 9 reposition schedule and it needs to be signed, and if she refuses it shou d be signed as a refusal and they should tell nurse. During an interview on 8/13/24 at 4:38 p.m., Director of Nursing confirmed with 2 surveyors Resident #3 does have an order for reposition every 2 hours and CNAs are supposed to document on bedside sheet when it has been done or was refused. Reviewed turning sheets and confirmed Resident #3 were not being done. 2. Resident #2 was admitted to Facility on 5/2/24 with diagnosis to include encephalopathy and cerebral infarction resulting in restlessness and agitation . Review of Resident #2's active orders for August 2024 reveled the following: Sertraline 50mg tablet by mouth daily starting 5/29/24 (Diagnosis exempt), Lorazepam 0.5mg tablet by mouth two times daily starting 6/5/24 (restlessness and agitation), Trazodone 50mg tablet by mouth 2 times daily starting 8/10/24 (restlessness and agitation), Lorazepam 0.5mg tablet by mouth as needed starting 6/5/24 (restlessness and agitation). During interview on 8/13/24 at 4:43p.m., Director of Nursing confirmed Resident #2's phychotropic medications did not have appropriate diagnoses with 2 surveyors. Review of policy titled "Psychoactive Medication Use Policy" states " ...Procedure: ... Psychoactive medications will only be used for residents with an appropriate diagnosis"	F 842		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		

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F 880	Continued From page 10 §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to:	F 880		

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F 880	Continued From page 11 (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on record review, observations, interviews, Center for Medicare and Medicaid (CMS) guidance, and Center for Disease Control (CDC) guidance, the facility failed to maintain and implement an infection control program to help prevent the development and transmission of infectious disease for 3 of 3 residents reviewed for foley catheters (Residents #1, #2, and #3). Findings:	F 880		

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Review of "CMS guidance" dated "3/20/24" states " ...Enhanced Barrier Precautions (EBP) recommendations now include use of EBP for residents with ...indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status. ... indwelling medical device, and secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO. Contact precautions until the organism is identified; EBP if they do not meet criteria for contact precautions ..."

Review of "CDC guidance" dated "4/2/24" states " ...EBP may be indicated (when Contact Precautions do not otherwise apply) for residents with any of the following: Wounds or indwelling medical devices, regardless of MDRO colonization status. Infection or colonization with an MDRO ... Contact Precautions are intended to prevent transmission of infectious agents, like MDROs, that are spread by direct or indirect contact with the resident or the resident's environment.

1. Resident #1 was admitted to facility on 2/6/23 with diagnoses to include neurogenic bladder requiring a foley catheter. Review of Resident #1's clinical record lacked evidence he/she was placed on EBP upon admission.

Further Review of Resident #1's clinical record revealed he/she was admitted to the hospital with urosepsis secondary to a urinary tract infection (UTI) on 1/27/24 through 1/31/24 and 7/29/24 through 8/7/24 for septic shock secondary to UTI.

Review of Resident #1's "Routine Microbiology"

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collected 7/28/24 states "Final report:100,000 cfu/ml Escherichia coli ESBL) 10,000-50000 cfu/ml Escherichia coli #2 presumptive." Further review of Resident #1's clinical record lacked evidence he/she was placed on contact precautions after this ESBL diagnoses.

Observations of Resident #1 on 8/13/24 between 9:50 a.m. and 4:37 p.m., revealed no evidence that he/she was on contact precautions for ESBL infection.

During an interview on 8/13/24 at 10:00 a.m., Practical Nurse (LPN)1 indicated Resident #1 did not have a current infection. During a follow up interview on 8/13/24 at approximately 3:34 p.m., LPN1 indicted she was unaware that Resident #1 had ESBL and has not been on any precautions since his/her admission.

During an interview on 8/13/24 at 3:50 p.m., Certified Nursing Assistant (CNA)2 indicated that she was not aware that Resident #1 had an infection and was not aware of any precautions needed when providing care to Resident #1.

2. Resident #3 was admitted on 3/2/23 and has diagnoses to include history of urosepsis, and urine retention requiring a urinary catheter. Review of Resident #3's clinical record lacked evidence that he/she was placed on EBP precautions on admission.

Review of Resident #3's clinical record revealed he/she was transferred to an acute care on and subsequently admitted with urosepsis secondary to a UTI on 3/30/24 through 4/5/24 and from 7/23/24 through 8/1/24 when he/she was admitted with septic shock) Further review of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205052	A. BUILDING _____ B. WING _____	C 08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSSELL PARK REHABILITATION & LIVING CENTER	**158 RUSSELL ST LEWISTON, ME 04240**

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Resident #3's clinical record revealed "Routine Microbiology" results dated" 5/4/24" states "...The isolate above exhibits extended spectrum Beta Lactamase activity (ESBL). ...Further review of Resident #3's clinical record lacked evidence that he/she was placed on contact precautions after diagnosis of ESBL.

On 8/13/24 at 1:05 p.m., Licensed Practical Nurse (LPN)1 indicated that Resident #3 has had a few UTI 's from his/her catheter and was not aware of ESBL diagnoses and has never been placed on any infection precautions.

During an interview on 8/13/24 at 3:45 p.m., Certified Nursing Assistant (CNA) 2 indicated that no one has ever informed her that Resident #3 had an infection and has never been on any precautions.

During an interview on 8/13/24 at 3:05 p.m., CNA3 indicated that no one has ever informed her that Resident #3 needed to be on precautions and does not know what precautions to take.

During an interview on 8/13/24 at 4:38 p.m., Director of Nursing (DON) reviewed Resident #1 and #3's test results with 2 surveyors and Residential Care Director, confirming ESBL diagnoses and were not placed on contact precautions. DON also confirmed all three residents with catheters have had multiple infections and they were not placed on ESBL precautions on admission. DON stated, "Now that I think of it, all residents with catheters should be on precautions."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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3. Resident #2 was admitted to the facility on 5/2/24 with diagnosis to include Retention of Urine, requiring an indwelling catheter.

Observations of Resident #2 on 8/13/24 at 9:51 a.m, 12:30 p.m., 1:50 p.m., and 2:00 p.m., lacked evidence that that he/she was placed on Enhanced Barrier Precautions.

Review of Resident #2's clinical record revealed order dated 8/2/24 for "Macrobid100 mg capsule ... orally two times daily for seven days for a urinary tract infection."

During an interview on 8/13/24 at 10:01 a.m., Licensed Practical Nurse (LPN) #1 Indicated that there are three residents that have urinary catheters and are not on any precautions.

During interview on 8/13/24 at 2:35 p.m., Director of Nursing (DON) indicated that any resident with a catheter should be on precautions. During follow-up interview at 3:01p.m., DON indicates that the facility follows CDC Guidelines.