| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 205099 | A. BUILDING _____ B. WING _____ | R 04/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **RUMFORD COMMUNITY HOME** | **11 JOHN F KENNEDY LANE RUMFORD, ME 04276** |

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| {F 000} | INITIAL COMMENTS<br><br>On 4/23/25, an unannounced on-site visit was conducted at Rumford Community Home to follow up on the deficiencies cited at the annual Long Term Care Survey Process for Federal Recertification for 2/10/25. It was determined that Rumford Community Home was not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities. | {F 000} | | |
| {F 812} SS=F | Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br>The facility must -<br><br>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.<br>(iii) This provision does not preclude residents from consuming foods not procured by the facility.<br><br>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, interviews and record review, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for the steamtable on 1 of 1 day of survey (4/23/25). This has the potential to affect all | {F 812} | | |

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 812} | Continued From page 1 | {F 812} | | |

residents.

Findings:

On 4/23/25 at approx. 8:57 a.m., during the kitchen observation, the Cook was preparing the steam table by adding water to the wells (permanent liners). The surveyor observed built up brown/yellowish sludge/debris looking film on the bottom and sides of the wells with floating debris. At this time the Cook stated there was no way to get the water out and she is not familiar with any cleaning schedule of the steam table. She then stated, she only adds water when the levels are low. She believes the Food Service Director (FSD) was looking to replace the wells but she was not sure if she could get them. The surveyor immediately asked the Administrator to observe the condition of the steam table wells. The Administrator stated she will get them cleaned immediately and the steamtable will not be used until it's clean. At this time, the surveyor requested the cleaning schedule for the steam table.

At 10:16 a.m., the Administrator stated the FSD had recently checked online through two other companies for parts to replace the wells and stones. The surveyor asked why the wells were not cleaned at that time allowing the buildup of debris. The Administrator was unable to answer and confirmed the wells have been in that condition for some time.

Review of the facilities "Kitchen Cleaning Audit" for 3/25 states, "Item to be cleaned: 5 Bay Steamtable, Frequency: Surfaces Daily/Full Clean Monthly" was checked off as being completed and reviewed.

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| {F 812} | Continued From page 2<br><br>Review of the Service Manual for "Serve Well, 5-Well Hot Food Table" states under "Cleaning: To maintain appearance and increase the service life, the food warmer should be cleaned at least daily. Before cleaning or moving, unplug the unit and let it cool completely. Carefully drain water from wells. Wipe the entire interior of each water pan and wipe with clean, damp cloth. To avoid damaging the finish, do not use abrasive materials, scratching cleaners or scoring pads to clean water deposits from the wells. If soap or chemical cleaners are used, be sure they are completely rinsed away with clear water, immediately after cleansing. Chemical residue will corrode the surface of the unit."<br><br>At 3:22 p.m., the Administrator, the Director of Rehab and the Surveyor observed the steam table, which had a drain under each well. At this time, the kitchen documentation about the cleaning of the wells and the lack of the kitchen staff knowledge of how to drain and clean the steamtable was discussed. | {F 812} | | |
| {F 882} SS=D | Infection Preventionist Qualifications/Role<br>CFR(s): 483.80(b)(1)-(4)<br><br>§483.80(b) Infection preventionist<br>The facility must designate one or more individual(s) as the infection preventionist(s) (IP) (s) who are responsible for the facility's IPCP. The IP must:<br><br>§483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;<br><br>§483.80(b)(2) Be qualified by education, training, | {F 882} | | |

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| {F 882} | Continued From page 3<br>experience or certification;<br><br>§483.80(b)(3) Work at least part-time at the facility; and<br><br>§483.80(b)(4) Have completed specialized training in infection prevention and control.<br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and policy review, the facility failed to designate a qualified staff member to function as the Infection Preventionist (IP), who is responsible for the facility's Infection Control Program since 12/4/22.<br><br>Finding:<br><br>On 4/23/25 at 11:01 a.m., the Administrator stated the Director of Nursing (DON) has also been the IP and that she can do both roles as the facility has only 32 beds and is supported in the facility assessment. The previous Assistant Director of Nursing (ADON) was supposed to complete the education needed for the IP role however that did not happen and the ADON/IP position is now open.<br><br>The Comprehensive Facility Assessment, dated 2025 states under Facility Resources, Staff Employed ... Director of Nursing, Infection Preventionist 40 hours per week.<br><br>A review of the Infection Prevention & Control Program revised 3/18/25 states under Roles and Responsibilities:<br>Administration: Designate one or more individual(s) as the Infection Preventionist(s) who is responsible for the implementation of infection control based on federal and state public health | {F 882} | | |

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| {F 882} | Continued From page 4<br>advisories, guidelines and rules."<br>The Infection Preventionist will: ...Work at least part-time at the facility ... Be an active member of the facility's quality assessment and assurance committee and reports to the committee on a regular basis.<br><br>On 4/23/25 at 2:23 p.m. during an interview the above, lack of a designated and qualified IP since 12/4/22 was confirmed with the Administrator. | {F 882} | | |