STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205184	A. BUILDING _____ B. WING _____	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINE VETERANS HOME - SO PARIS	477 HIGH ST SOUTH PARIS, ME 04281

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F 000	INITIAL COMMENTS From 10/7/24 through 10/9/24, on-site visits were conducted at Maine Veterans Home - South Paris for the purpose of completing the annual Long Term Care Survey Process for Federal Recertification and investigating complaint #ME00046818. It was determined that Maine Veterans Home - South Paris was not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her	F 550		

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

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F 550	Continued From page 1 rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to promote care for a resident in a manner that maintains dignity and respect when staff failed to respect the residents right to confidentiality for 1 of 1 residents observed (Resident #9). Findings: On 10/7/24 at 9:19 a.m. a surveyor approached the Clinical Resource Nurse (CRN) and asked why Resident #9 was on Enhanced Barrier Precautions. The CRN proceeded to shout down the hall, twice, to the Registered Nurses (RN) Manager, "is [Resident #9] on enhanced barrier precautions for [his/her] foley". The CRN then stated, "I typically yell louder". On 10/8/24 at 2:32 p.m., during an interview, the above was discussed with the Assistant Director of Nursing who agreed it was a dignity concern.	F 550		
F 578 SS=E	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir	F 578		

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F 578	Continued From page 2 CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information.	F 578		

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F 578	Continued From page 3	F 578		

Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.
This REQUIREMENT is not met as evidenced by:
Based on facility policy review, record reviews, and interviews, the facility failed to ensure that the resident and/or resident representative written information, concerning the right to accept or refuse medical or surgical treatment and/or formulate and advanced directive, was completed for 2 of 2 residents reviewed for advanced directives. (Resident #30 and #47)

Findings:

Review of the facility policy "Advance Directives, DNR Orders and Health Care Decision Making" Policy: AD14. It is the policy of (Facility) to: Provide to all residents at the time of their admission and subsequently, upon request, written information concerning their rights under Maine law to make decisions concerning their health care, including the right to accept or refuse medical treatment and healthcare services, the right to withhold or withdraw life- sustaining treatment, including attempts to resuscitate in the event of cardiopulmonary arrest, the right to execute advanced directives concerning their health care decisions, and the right to designate a representative to exercise the rights of the resident in accordance with Maine law.

Resident #30 was admitted to the facility on 4/10/24. Review of Resident #30's clinical record lacked evidence that the facility provided/obtained resident and/or resident representative written information concerning the right to accept or

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F 578	Continued From page 4 refuse medical or surgical treatment and/or formulate an advance directive. On 10/9/24 at 11:45 a.m. in an interview with a surveyor, the Licensed Social Worker confirmed that Resident #30 states he/she has an advance directive, but not available, and the clinical record lacked evidence that the facility followed up with Resident #30 to obtain the advance directive. Resident #47 was admitted to the facility on 5/3/24. Review of Resident #47's clinical record lacked evidence that the facility provided/obtained resident and/or resident representative written information concerning the right to accept or refuse medical or surgical treatment and/or formulate an advance directive. On 10/9/24 at 11:51 a.m., the C - Unit Nurse Manager confirmed Residents #47's clinical record did not include evidence that the residents and/or representatives were asked or offered and refused assistance filling out an advanced directive.	F 578		
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical	F 693		

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F 693	Continued From page 5	F 693		

condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and

§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers.
This REQUIREMENT is not met as evidenced by:
Based on observation, record review and interview, the facility failed to follow physician orders for treatment related to enteral feeding tube maintenance/care for 1 of 1 resident reviewed with a Percutaneous Gastrostomy tube (G-tube or PEG-tube). (Resident #48)

Finding:

On 10/8/24 at 7:51 a.m., during observation of Resident #48's G-tube medication administration and maintenance with the Registered Nurse (RN), the RN removed dirty G-tube split gauze dressing from around the stoma. She then obtained a gauze pad and wet it with the faucet water and preceded to clean the G-tube stoma site, then applied new split gauze. At this time, the surveyor asked why she was cleaning the site with water rather than normal saline. The RN stated she uses water to clean around the site.

Review of Resident #48's medical record contained a physician order dated 8/14/24 to "Cleanse PEG tube Stoma with NS (Normal Saline) and apply split gauze daily."

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F 693	Continued From page 6 On 10/8/24 at 10:18 a.m., during an interview with Interim Administer, the above was discussed.	F 693		
F 699 SS=E	Trauma Informed Care CFR(s): 483.25(m) §483.25(m) Trauma-informed care The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to identify resident's past history of Post-Traumatic Stress Disorder (PTSD)/trauma to determine what trigger(s) might cause re-traumatization for 3 of 3 sampled residents reviewed with a diagnosis of PTSD (Resident #9, #23, and #47) Findings: 1. On 10/9/24, review of Resident #9's medical record contained several providers progress notes dated 11/8/23, 12/6/23, 4/26/24 and 9/6/24 under the section "Past Medical History" indicate he/she has a diagnosis of "Anxiety/PTSD". Review of the facilities "Trauma Exposure Checklist" dated 4/6/23 states Resident #9 has "PTSD due to being a Prisoner of War (POW) in Korea" This facility form was signed and completed by the Licensed Social Worker (LSW) indicating it was reported to the Unit B Registered Nurse (RN) Manager. Review of the quarterly interdisciplinary team meeting held on 6/25/24	F 699		

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F 699	Continued From page 7 stated Resident #9 "has shown increased signs/symptoms of depression/PTSD (a nightmare/flashback from POW experience)". A verbal telephone medication order dated 8/23/24 stated the diagnosis for the mediation was for "Anxiety/PTSD". In addition, review of Resident #9's care plan lacked evidence of a trauma informed care plan with identified triggers and interventions to prevent re-traumatization. On 10/9/24 at 11:01 a.m., during an interview, the above was discussed with the Director of Nursing who stated Resident #9 does not have a diagnosis of PTSD. 2. Resident Resident #23 was admitted to the facility on 8/1/23. The "Trauma Exposure checklist" indicates that Resident #23 has a diagnosis of PTSD with no listed triggers. Review of Resident #23's care plan, most updated on 7/15/24, states under care area (mood): potential for anxiety anger depression; Resident Choice: I don't want to be re-traumatized; Approach: Social Services --- screen for suicidal thoughts, assist to identify strengths, support daily decision making, provide emotional support, promote sense of control; Will participate in activities, avoid re-traumatization.	F 699		

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F 699	Continued From page 8	F 699		

On 10/9/24 at 1:09 p.m. in an interview with the Unit Manager C Unit, a surveyor confirmed that Resident #23's care plan lacked evidence of what triggers and what interventions are in place to prevent re-traumatization of the PTSD trauma informed care plan section of Resident #23's care plan.

3. Resident #47 was admitted to the facility on 5/3/24. The "Trauma Exposure checklist" indicates that Resident #47 was exposed to combat, war zone and an unexpected death as a stressful event that remains traumatic for the resident. This facility form was signed and completed by the Licensed Social Worker (LSW) on 5/14/24 indicating it was reported to the Unit Manager. The "Trauma Exposure checklist" instructs staff to notify the Unit Manager and Social Services Manager for follow-up with any affirmative answers.

A social service progress note dated. 5/15/24 indicates that Resident #47's Power of Attorney (POA) reported that the resident has significant PTSD and had been attending group sessions. Documentation provided by the facility on 10/9/24 indicates that Resident #47 has a past medical history of PTSD.

On 10/9/24 at 11:47 a.m., during an interview with the LSW, she stated that Resident #47 had a diagnosis of vascular dementia and vascular dementia takes over for the PTSD.

Resident #47's care plan lacked evidence of a trauma informed care plan with identified triggers

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F 699	Continued From page 9 and interventions to prevent re-traumatization.	F 699		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure expired medications and medical supplies were removed from the supply available for resident use for 2 of 2 medication rooms observe (Unit B and Unit C) for 1 of 3 days of survey.	F 761		

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F 761	Continued From page 10 Findings: 1. On 10/7/24 at 2:34 p.m., during observation of Unit B medication room with the Nurse Manager, two surveyors observed a flat with approx. ¾ full of vacutainers with an expiration date of 9/30/24 available for use on residents. At this time, the Nurse Manager stated the vacutainers are used to collect residents' blood on the unit for the International Normalized Ratio (INR) labs. 2. On 10/7/24 at 2:52 p.m., during observation of Unit C medication room with the Assistant Director of Nursing (ADON), two surveyors observed a tote with over-the-counter medications on the counter containing the following open bottles available for use: One bottle of Calcium 600 plus D5 milligram (mg) with the expiration date of 6/2024, One bottle of daily multi-vitamin with minerals with the expiration date of 6/2024, and One bottle of Aspirin 325mg with the expiration date of 4/2024. At this time, during an interview, the Director of Nursing (DON) and the ADON stated that the tote is for the overflow of opened medications from the medication cart and are to be used first before obtaining a new unopened bottle from supply, confirming the medications are available to be used on residents.	F 761		
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources	F 812		

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F 812	Continued From page 11	F 812		

approved or considered satisfactory by federal, state or local authorities.
(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.
(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.
(iii) This provision does not preclude residents from consuming foods not procured by the facility.

§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.
This REQUIREMENT is not met as evidenced by:
Based on observations and interviews, the facility failed to serve food in accordance with professional standards for food service safety and failed to follow their own policy and procedure by not delivering food in a sanitary manner for 1 of 2 units observed during dining service and tray pass for 2 of 3 days of survey. (B unit).

Findings:

Facilities Policy and Procedure for Dining/Meal service, dated 2023 states, "All foods should be covered and delivered as soon as possible after plating to maintain food quality and temperature."

1. On 10/7/24 from 12:21 p.m., through 12:49 p.m., 2 surveyors observed the following during the lunch dining service on the B unit in the East dining room: Dietary staff plated the food and handed the uncovered plates to the nursing staff. Nursing staff placed the plates on a tray, added

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F 812	Continued From page 12	F 812		

drinks condiments etc. then walked the uncovered food trays through the hallways, to the end of the West Wing, the West dining room, the family room and to the end of the East Wing. All trays observed during this dining service were served without being covered to maintain sanitary conditions.

2. On 10/8/24 at 8:44 a.m., 2 surveyors observed the following during the breakfast dining service on the B unit in the East dining room: Nursing staff delivered 2 trays of uncovered food to the end of the West Wing. In addition, observation of several trays prepped, uncovered and sitting on the dining room island for, approx. 2 mins then delivered to the rooms down the West Wing hallway, uncovered.

3. On 10/8/24 at 12:14 p.m., 2 surveyors observed the following during the lunch dining service on the B unit in the East dining room: Nursing staff delivered several trays of uncovered food to the end of the West Wing and the end of the East Wing. In addition, there were no covers available in the dining room for the food to be covered.

On 10/8/24 at 12:39 p.m., during an interview with the Interim Administrator and the Director of Nursing (DON) the above was discussed. The DON stated they have never covered the food from the East dining room to the West dining room, only when they are delivering to rooms. At this time, the Interim Administrator, the DON and a surveyor observed the East dining room with no food covers available. The DON immediately educated staff and plate covers were requested from the kitchen.