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 02/13/2024

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

(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 2/13/24 an unannounced on site visit was conducted at Russell Park Rehabilitation & Living Center to investigate complaint ME00046293. It was determined that Russell Park Rehabilitation & Living Center is not in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.	F 000		
F 695 SS=E	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure that resident care policies and procedures for respiratory care and services, are developed, according to professional standards of practice, for a resident requiring specific types of respiratory care and services in the area of oxygen and nebulizer treatments for 3 of 3 wings reviewed for respiratory. (Wing A, Wing B and Wing C) Findings: The facilities policy and procedure, Oxygen use & Storage Policy, revised 7/22 states, section V. Respiratory care. "A sanitary environment must be maintained to prevent the transmission of	F 695	See attached addendum/PoC 3/7/24 SNP	3/8/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[illegible] BAE, MS, FACHCA	Administrator	3/7/2024

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 695	Continued From page 1 disease and infection" with nursing instructions to: "Nebulizer parts should be rinced after each use and discarded every week." On 2/13/24 from 8:26 a.m., through 9:35 a.m., 2 surveyors observed the following: - Room [redacted] had a nebulizer tubing and connected mouth piece stored on a recliner seat underneath a Hoyer pad and a wheelchair leg rest. - Room [redacted] had an Oxygen concentrator with a filter that was coated with layer of dust. - Room [redacted] had an Oxygen concentrator with the nasal cannula tubing wrapped up and stored underneath the handle. - Room [redacted] had an Oxygen concentrator with a filter that was coated with layer of dust and an Oxygen cylinder with the nasal cannula tubing wrapped up and stored over the cylinder. - Room [redacted] had an Oxygen concentrator with a filter that was coated with layer of dust. On 2/13/24 at 10:32 a.m., two surveyors, the Administrator and the Quality Improvement Specialists observed the above concerns. On 2/13/24 at 3:00 p.m., during an interview with the Director of Nursing and the Quality Improvement Specialists, the surveyors discussed the facilities current Oxygen policy which lacked instructions on how to prevent the transmission of disease and infection related to Oxygen filter maintenance and storage of nasal cannulas and nebulizer mask/mouth piece when not in use. At approx. 4:10 p.m., in an additional interview, with the Administrator, Director of Nursing and the Quality Improvement Specialists, the Administrator stated she is currently updating the	F 695	See attached addendum POC 3/7/24 jmf	3/8/24

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F 695	Continued From page 2 Oxygen policy for filter maintenance and storage of nasal cannula and nebulizer mask/mouth piece when not in use.	F 695		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §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 §483.70(e) 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	F 880	See attached addendum/POC 3/7/24 JH	3/8/24

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F 880	Continued From page 3 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: (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 observations and interviews, the facility failed to provide a sanitary environment to help prevent the development and transmission of disease and infection, on 2 of 3 wings (Wing B and Wing C) for 1 of 1 day of survey (2/13/24).	F 880	See attached addendum POC 3/7/24 JLP	3/8/24

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F 880	Continued From page 4 Findings: On 2/13/24 from 8:26 a.m. through 9:35 a.m., 2 surveyors observed the following: - Room [redacted] had 2 wedge pillows stored the floor, one behind the Oxygen concentrator and the other beside the bed. - Room [redacted] shared bathroom had a bed pan stored on the floor next to the toilet. - Room [redacted] shared bathroom had a urinal with yellow substance on the bottom, stored on the floor next to the toilet. - Room [redacted] had commode bucket stored on the floor under the sink. On 2/13/24 at 10:32 a.m., two surveyors, the Administrator, and the Quality Improvement Specialists (QIS) observed the above concerns. At this time, both Administrator and the QIS confirmed the above observations did not support good infection control practice.	F 880	See attached addendum POC 3/7/24 JLP	3/8/24

RUSSELL PARK REHABILITATION & LIVING CENTER
COMPLAINT SURVEY of February 13, 2024
FEDERAL PLAN(S) OF CORRECTION
March 7, 2024

Please note the filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The facility is filing this plan of correction in accordance with applicable law.

F695 - 483.25(i) Respiratory/Tracheostomy Care and Suctioning

Findings#1-5

1) Room [redacted]-The nebulizer tubing cited was discarded and replaced with new tubing/mouth piece apparatus. The new tubing and mouth piece was then appropriately stored.
2) Room [redacted]-The Administrator immediately removed the dusty filter from the concentrator, rinsed and replaced it in the presence of the surveyors.
3) Room [redacted]-The nasal cannula was removed from under the handle of the concentrator and discarded. The nasal cannula was replaced with new tubing, and was then appropriately stored.
4) Room [redacted]-The Administrator immediately removed the dusty filter from the concentrator, rinsed and replaced it in the presence of the surveyors. The nasal cannula was removed from around the oxygen cylinder and discarded. The nasal cannula for the portable oxygen cylinder was replaced with new tubing, which was then appropriately stored.
5) Room [redacted]-The Administrator immediately removed the dusty filter from the concentrator, rinsed and replaced it in the presence of the surveyors.

- Other residents who have oxygen concentrators, portable oxygen cylinders, and who use nebulizers, have the potential to be affected by the same alleged deficient practice(s).
- The facility's Policy and Procedure, "Oxygen Use and Storage Policy" was immediately revised to reflect proper storage of nasal cannulas/nebulizer mask/mouthpiece and filter maintenance on 2/13/24. The licensed nursing staff have reviewed and signed the revised policy. The Treatment Administration Records (TAR's), of residents who require oxygen/or nebulizers, were updated soon thereafter reflecting the policy and procedure revision(s). Staff Education is being provided on 03/07/24 regarding the facility's policy and procedure revisions of 2/13/2024. The facility implemented a monitoring system to ensure oxygen tubing/cannulas, nebulizer masks/mouthpieces are being appropriately stored, and filter maintenance is being completed. If issues are identified with improper storage of oxygen tubing/cannulas, nebulizer masks/mouthpieces, or with filter maintenance, the issue is reported and corrected by staff, as soon as able.
- The Director of Nursing, and/or designee(s), will conduct routine/random audits to ensure oxygen tubing/cannulas, nebulizer masks/mouthpieces are being appropriately stored, and filter maintenance is being completed, as indicated. The results of the audits will be reported to the facility's Quality Assurance Committee for 3 months, as indicated.
- **Date of Completion: March 8, 2024**

Jaf Pomella, MSA
3/7/24

F880 - 483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control

Findings #1-4

1) Room [redacted] The wedge pillows were immediately removed from both the floor behind the concentrator and from the other side of the bed, and then appropriately stored.
2) Room [redacted] The bed pan cited was immediately removed from the floor and discarded.
3) Room [redacted] The urinal on the floor next to the toilet was immediately discarded. Of note, one of the residents who use this bathroom manages their own toileting tasks and leaves the urinal in the bathroom, as care planned.
4) Room [redacted] The commode bucket cited was immediately removed from under the sink and moved to an appropriate storage position.

- No residents were affected by the alleged deficient practice. All residents have the potential to be affected by the alleged deficient practice.
- The facility revised the Infection Control Environmental Rounds Checklist to include the specific issues cited on 2/13/24. Staff Education is being provided on 03/07/24 regarding the facility's Infection Prevention and Control policy, practices/procedure(s), and expectations related to a sanitary environment to help prevent the development and transmission of disease and infection. (The care plans have been updated for any resident who has a particular preference related to placement of their urinals used for toileting independence). The facility implemented a monitoring system to ensure wedge pillows, urinals, and commode buckets are being appropriately stored. If issues are identified with improper storage of these items, the issue is reported and corrected by staff, as soon as able.
- The Director of Nursing, and/or designee(s), will conduct routine/random audits to ensure wedge pillows, urinals, and commode buckets are being appropriately stored, as indicated. The results of the audits will be reported to the facility's Quality Assurance Committee for 3 months, as indicated.

Date of Completion: March 8, 2024

Stephanie W. RN
3/7/24