STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205076	A. BUILDING _____ B. WING _____	C 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARKET SQUARE HEALTH CARE CENTER, LLC	3 MARKET SQUARE SOUTH PARIS, ME 04281

(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 10/7/24, an unannounced on-site visit was conducted at Market Square Health Care Center for the purpose of complaint investigations #ME00045310, #ME00047397 and #ME00049011. It was determined that Market Square Health Care Center, is not in substantial compliance with 42 CFR Part 483, Subpart B-Requirements for Long Term Care Facilities.	F 000		
F 812 SS=E	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 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, interview, the facility's "Daily High-Temp Ware Wash checklist directions", the facility's Refrigerator/Freezer Temperature Logs and the facility's "Sink/Bucket Sanitizer Log directions", the facility failed to	F 812		

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

Administrator 10/27/24

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205076	A. BUILDING _____ B. WING _____	C 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARKET SQUARE HEALTH CARE CENTER, LLC	3 MARKET SQUARE SOUTH PARIS, ME 04281

(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 812	Continued From page 1 ensure the kitchen was maintained in a clean and sanitary manner for wall mounted air conditioning units, the floors, a plunger, a dish air dry machine, a grease trap, a wall vent, a ceiling light and a walk-in freezer. Additionally, the facility failed to ensure the walk-in refrigerator/freezer temperatures were monitored; failed to ensure the dishwasher temperatures were monitored; failed to ensure the sink/buckets sanitizers were monitored and failed to ensure food was properly labeled and dated in the walk-in freezer for 1 of 1 kitchen tour for 1 of 1 day of survey (10/7/24). Findings: Review of the facility's "Daily High-Temp Ware Wash" checklist directions noted: "Notify food service director if there are any standards that are out of compliance parentheses I dot E dot wash temperatures that are less than 150° or rinse temperatures that are less than 180° -follow manufacturer's recommendation for temps ...." Review of the facility's "Sink/Bucket Sanitizer Log" directions updated 10/23/12 noted: "Read manufacturer's directions before first use. Take and record sanitizer parts per million [PPM] strength and solution temp as designated times or when solution looks dirty. Periodically ensure sanitizer is still at full strength before the four hours is up, especially if it is being used often ... ... Notify food service director immediately of any standards that are out of compliance. Follow manufacturer's directions for temperature and proper solution strength recommended PPM: recommended solution temp:" 1. On 10/7/24 from 9:15 a.m. to 9:50 a.m., the surveyor conducted a tour of the kitchen in which	F 812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205076	A. BUILDING _____ B. WING _____	C 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARKET SQUARE HEALTH CARE CENTER, LLC	3 MARKET SQUARE SOUTH PARIS, ME 04281

(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 812	Continued From page 2 the following findings were observed: > The wall mounted air conditioning units over the three bay pot sink, over the two bay pot sink, and in the dish room, were dusty dirty. > There was food debris and trash on the floor all around the kitchen and under the shelving and the equipment. > There was a dirty plunger on the floor in the dish room. > The dish air dry machine, which blows on the clean dishes when they exit the dish machine, was dusty and dirty. > The grease trap surface was rusty and dusty/dirty. > The dry storage room had a heavily soiled/dirty floor, a dusty/dirty wall vent and a ceiling light with a cracked lens and had a large amount of dust/debris in it. > The walk-in freezer had a large ice buildup, across from the door, on the floor and wall which had a bag of cut green beans frozen in it. Also, the entire floor had trash and dirt/debris on it and under the shelving. On 10/7/24 at 9:50 a.m., in an interview, a surveyor confirmed the findings with the cook. 2. The Daily High-Temp Ware Wash Checklist had documented temperatures under the manufacturers recommendations on the following dates: 2024 July: Breakfast - 2, 3, 4 Lunch - 23 Supper - 18, 22, and 29 August: Breakfast - 8 Lunch - 12, 13	F 812	F812 Finding 1 1 **How corrective action will be accomplished:** **A. All of these areas were immediately cleaned. The dirty plunger was cleaned and bagged. Broken items were replaced (ceiling light). The large ice build up was removed.** **B.** Education will be provided to all dietary staff on an ongoing basis by Food Services Director or Designee. 2. **How the facility will identify other residents having the potential to be affected by the same deficient practice:** A. Environmental rounds were conducted in the kitchen to determine and correct any other areas where cleanliness was an issue. **3. What measures will be put in place or systematic changes to ensure that the deficient practice will not recur.** A. Audits will be performed 4x per week by Administrator, Food Service Director, or designee for 3 months and then revisited at QAPI to determine if performance on this regulation is acceptable or if audits need to continue. **4. How the facility will monitor its corrective action:** A. Audits will be reviewed at the next QAPI meeting to determine whether further auditing is necessary.	F812 11/18/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205076	A. BUILDING _____ B. WING _____	C 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARKET SQUARE HEALTH CARE CENTER, LLC	3 MARKET SQUARE SOUTH PARIS, ME 04281

(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 812	Continued From page 3 Supper - 22, 23, and 24 September: Lunch - 27, 29 Supper - 27 October: Breakfast - 5 > The Daily High-Temp Ware Wash Checklist had Dish machine temperatures for high temperature Dish machine missing dates for: 2024 July: Breakfast: 1, 21, 29, 31 Lunch: 1,7, 14, 21, 26, 27, 29, 31 Supper: 1-6, 8-10, 13, 14, 16, 17, 19-21, 23, 26, 31 August: Breakfast: 19, 23, 25, 26, 28, 29, 31 Lunch: 14-16, 18, 1, 21, 24, 25, 2, 31 Supper: 12-16, 18, 19, 25, 31 September: Breakfast: 1, 25, 26 Lunch: 3-6, 10, 20, 23, 26 Supper: 1, 2, 6-8, 15, 16, 18, 20, 23-25, 28, 30 October: Breakfast: 1, 4, 7 Lunch: 1-4 Supper:1, 2, 4-7 > The Daily Sink/Bucket Sanitizer checklist had missing monitoring/documentation for the following dates: 2024 -3 bay pot sink July: 5:00 a.m.: 1, 2, 20, 21, 24, 26 9:00 a.m.: 1, 2, 5, 9, 12, 14, 20, 21, 24, 26, 28, 1:00 p.m.: 20, 21, 24, 27 5:00 p.m.: 11, 20, 21, 24, 27 August:	F 812	F812 Finding 2 **1. How corrective action will be accomplished:** Food Service Director, Administrator, or designee will provide education to all dietary staff to ensure the requirement of these tasks are understood. **2. How the facility will identify other residents having the potential to be affected by deficient practice:** A. All dietary logs were reviewed for accuracy and completion. **3. What measures will be put in place or systematic changes to ensure that the deficient practice is being corrected and will not recur:** A. Audits will be conducted 4x per week by Food Service Director, Administrator, or designee for 3 months to ensure proper temps are being recorded. B. Completion of these tasks will be assigned to a specific individual daily. **4. How the facility will monitor corrective action:** A. Audits will be reviewed at the next QAPI meeting to determine whether further auditing is necessary.	F812 Completion Date: 11/18/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205076	A. BUILDING _____ B. WING _____	C 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARKET SQUARE HEALTH CARE CENTER, LLC	3 MARKET SQUARE SOUTH PARIS, ME 04281

(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 812	Continued From page 4 5:00 a.m.: 20 9:00 a.m.: 1-4, 6-18, 20,21, 23-30 1:00 p.m.: 3, 4, 10, 12, 13, 16-18, 21, 23-25, 5:00 p.m.: 3, 4, 10, 12, 13, 16-18, 20, 21, 23-25 September: 5:00 a.m.: 1, 3-11, 14-24, 27-30 9:00 a.m.: 3-11, 13-30 1:00 p.m.: 2-30 5:00 p.m.: 1-30 October: 5:00 a.m.: 1, 2, 5-7 9:00 a.m.: 1, 2, 4-7 1:00 p.m.: 1, 2, 1-6 5:00 p.m.: 1, 2, 1-7 > The Daily Sink/Bucket Sanitizer checklist had missing monitoring/documentation for the following dates: 2024 - 2 buckets[cook's and prep cook's] Cook's: June: 1-30 July: 1-31 August: 1-31 September: 1-30 October: 1-7 Prep cook's: June: 1-30 July: 1-31 August: 1-31 September: 1-30 October: 1-7 > The Refrigerator/Freezer Temperature Log had missing dates for: 2024 June: 3-30 July: 1-5, 10-31 August: 1-31 September: 1-30 October: 1-7	F 812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205076	A. BUILDING _____ B. WING _____	C 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARKET SQUARE HEALTH CARE CENTER, LLC	3 MARKET SQUARE SOUTH PARIS, ME 04281

(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 812	Continued From page 5 On 10/7/24 at 10:15 a.m., in an interview, a surveyor confirmed with the Administrator there were dates missing on the checklists and logs that we're not monitored and documented.	F 812		
F 908 SS=E	Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2) §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that the small and large steam tables were maintained in good repair and in safe operating condition for 2 of 2 kitchen tours (10/7/24). Findings: 1. On 10/7/24 at approximately 9:30 a.m., the surveyor observed a small steam table in the middle of the kitchen that had a broken electrical plug end and was plugged into an outlet and also observed a large steam table against a wall that had the electrical plug end cut off of it. In an interview, both the dietary aide and the cook stated that they still use the steam tables to serve food to the residents in the dining areas. The surveyor asked how long the small steam table had a broken plug and how long the large steam table was missing the plug end. The dietary aide and the cook were not sure how long the plug had been broken on the small steam table but they stated maintenance did know about it and they had a part for it. The dietary aide stated that it hadn't worked properly for a while and didn't	F 908	F908 Findings 1 & 2 **1. How this was corrected:** A. The cord on steamtable was fixed on 10/7/24. B. Pine Tree Equipment serviced smaller steamtable on 10/18/24 and this is now in working order. C. Replacement request for new large steamtable was submitted for approval on 10/22/24. D. Education will be provided to all staff on procedures for reporting broken equipment and when to cease operation of equipment if it appears to be broken. **2. How other issues were identified:** A. Review of kitchen equipment was conducted. No other significant equipment issues were found. **3. What measures will be put in place:** A. All kitchen equipment will be audited weekly x3 months to ensure it is in working order. **4. How facility will monitor:** A. Audits will be reviewed at the next QAPI meeting to determine whether further monitoring is necessary.	F908 Date of completion: 11/18/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205076	A. BUILDING _____ B. WING _____	C 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARKET SQUARE HEALTH CARE CENTER, LLC	3 MARKET SQUARE SOUTH PARIS, ME 04281

(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 908	Continued From page 6 always heat up consistently like it was supposed to. She also stated she was not sure if all the bays worked properly. When asked about the large steam table, the dietary aide stated that it had been broken for two or three months and they were told that it couldn't be fixed and that the facility was trying to get a new one. At this time, the dietary aide and the cook confirmed that both steam tables were still being used even though they did not function properly and were not being maintained in a safe operating condition. On 10/7/24 at 9:55 a.m., in an interview with the Administrator, the surveyor discussed the findings of the two broken and not maintained steam tables that were still being used and the interviews explaining that the steam tables don't heat up properly and consistently. 2. On 10/7/24 at 11:25 a.m., in an interview, the surveyor and the Registered Dietitian/Licensed Dietitian (RD/LD) observed both steam tables in the kitchen. She stated that she was unaware that there were problems with the steam tables and that she just found out from the kitchen staff that they had been using both. The large one was missing he electrical plug and had been broken for months and the small one had a broken electrical plug and no one knows how long it had been broken. She stated that they are still using them to help keep the food hot despite them not being maintained in proper and safe working condition. At this time, the RD/LD confirmed that both steam tables had not been maintained properly and in safe operating condition.	F 908		