Cove's Edge
MaineHealth

August 21, 2023

Debra Leslie, R.N.

Long-Term Care Supervisor

Division of Licensing and Regulatory services

41 Anthony Avenue

11 State House Station

Augusta, Maine 04333-0011

RE: Federal SOD Plan of Correction Provider # 205067 Cove's Edge

Dear Ms. Leslie,

Please accept our enclosed SOD Plan of corrections for our survey completed on August 9, 2023.

We attest that it is the facility's intent to follow through on the Plan of Correction. This Plan of Correction serves as our credible letter of allegation of compliance.

We intend to be in substantial compliance by August 30, 2023.

Thank you for your consideration.

Regards,

Cheryl Dobbelsteyn

Cheryl Dobbelsteyn OTR/L, MSM, MLNHA

Administrator

Enclosures: SOD, POC

CC: file

26 Schooner Street ~ Damariscotta, Maine ~ 04543 (207) 563-4600 Fax (207) 563-4620
www.lchcare.org

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205067	A. BUILDING _____ B. WING _____	08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVE'S EDGE	26 SCHOONER STREET DAMARISCOTTA, ME 04543

(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 From 8/7/23 through 8/9/23 on-site visits were conducted at Cove's Edge for the purpose of conducting the annual Long Term Care Survey Process and investigating complaints #ME00043621 and #ME00043888. It was determined that Cove's Edge was not in substantial compliance with 42 CFR Part 483 subpart-B requirements for Long Term Care Facilities.	F 000	See plan of corrections attached.	
F 732 SS=B	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.	F 732		

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

Cheryl Dobbelsteyn | Administrator | 8/21/23

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 732	Continued From page 1	F 732		

§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.

§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.
This REQUIREMENT is not met as evidenced by:
Based on observation and interview, the facility failed to post the current daily nurse staffing information that includes the facility name, and a breakdown of the number of hours of registered and unlicensed nursing staff responsible for direct resident care in a prominent place readily accessible to residents and visitors for 2 of 3 survey days. (8/7/23 and 8/8/23)

Findings:

On 8/7/23 at 10:00 a.m., during a facility tour, a surveyor observed that the nurse staffing information was not posted in a prominent place readily accessible to residents and visitors.

On 8/8/23 at 9:30 a.m., during a facility tour, a surveyor observed that the nurse staffing information was not posted in a prominent place readily accessible to residents and visitors.

On 8/8/23 at 9:45 a.m., in an interview, with the Director of Nursing (DON) stated that the daily nurse staffing hours are kept on a clip board behind the nurse's station. At this time, the DON confirmed that the daily nurse staffing listing was

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F 732	Continued From page 2 not posted in a prominent place that is accessible to residents and visitors.	F 732		
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 observation, interview, and the facility's Food Receiving and Storage Policy, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for ceiling vents, the surrounding ceiling, and a food disposal unit. Additionally, the facility failed to ensure foods were dated and labeled in the walk-in refrigerator and the walk-in freezer for 1 of 1 tour. Findings: Review of the facility's Food Receiving and	F 812		

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Storage Policy (last reviewed 4/4/23) noted:
II. Scope: he Dietary Director, Dietary Supervisor, and Cooks are responsible for receiving and storing all food and non-food items. These tasks are delegated as needed.
III. Policy/Procedure:
6) All opened foods and beverages, prepared foods and leftovers are dated.

On 8/7/23 from 9:10 a.m. to 9:50 a.m., a surveyor conducted an initial kitchen tour with the Food Service Director in which the following findings were observed:

> There were 4 ceiling vents, along with the surrounding ceiling areas, that were dirty/dusty throughout the kitchen. These ceiling vents were above clean dish storage areas, food preparation areas and food service areas.
> The food disposal unit, attached the right side of the two bay vegetable sink, had dried food spatter, dried liquid residue and spots rust on it.
> The walk-in refrigerator had one previously opened bag of broccoli florets that was not labeled and dated.
> The walk-in freezer had one case of French Bread Pizzas that were open to the air and not sealed and dated, one package of cauliflower that was not dated and labeled and one package of cinnamon buns that was not dated and labeled.

On 8/7/23 at 9:50 a.m., in an interview, the Food Service Director confirmed the findings.

Provider/Supplier/CLIA Identification #205067

Cove's Edge 2023

PLAN OF CORRECTION:

1. **F732 SS=B. Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4)**

The following corrective actions were accomplished for the areas found to have been affected by the deficient practice:

Staffing was posted immediately in the window for public viewing.

How will we identify other residents having the same potential of deficiency for corrective action?

This is the only example of this deficiency.

What measures will be put in place to ensure the deficient practice will not recur?

All nursing department staff will be educated on appropriate posting of staffing information by 8.25.23.

How will corrective actions be monitored to ensure the deficient practice will not recur?

Audits to be completed daily and by shift. Reports will be submitted to management which will be part of the quarterly QAPI reporting to the Operations Team and/or process Improvement Committee.

2. **F812 SS=E. Food Procurement, Store/Prepare/Serve-Sanitary CFR(s):483.60(i)(1)(2)**

The following corrective actions were accomplished for the areas found to have been affected by the deficient practice:

1. All ceiling vents were removed and cleaned immediately on August 7, 2023
2. Opened unlabeled packages of Broccoli and Cinnamon buns were destroyed on August 7, 2023
3. Bag of frozen cauliflower and French bread pizzas were disposed of on 8/09/23.
4. Garbage disposal was lightly sanded and polished removing all rust.

How will we identify other areas having same potential of deficiency for corrective action:

An audit of all dietary vents were completed by facilities on 8.7.23

All food storage areas have been audited for undated/opened food items on 8.9.23

What measures will be put in place to ensure the deficient practice will not recur:

Staff have been educated on the importance of: a. monitoring for dirty vents and ceiling areas, and

b. labeling and dating products c. observing for rust on kitchen surfaces. Completed 8.18.23

Daily audits will be conducted by staff monitoring organization and labeling of stock. Reports will be submitted to management which will be part of the quarterly QAPI reporting to the Operations Team and/or process Improvement Committee.

Maintenance has increased the frequency of scheduled cleaning vents to bimonthly.

Monthly audit of the kitchen sanitation will be conducted by the RD and reported to the administrator.

How will corrective actions be monitored to ensure the deficient practice will not recur?:

Staffs findings and results on daily checks will be collected weekly by management and reported on quarterly to the process improvement committee.

Audits of vents will be completed at time of cleaning to ensure frequency is adequate.

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