

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

PRINTED: 08/15/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205067	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/09/2023
NAME OF PROVIDER OR SUPPLIER COVE'S EDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 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	F 000			
F 732 SS=B	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. 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

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 §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	F 732			

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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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F 812	Continued From page 3 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.	F 812			