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P 000	Initial Comments On 9/9/24 thru 9/11/24, onsite visits were made at the Waterville Center for Health And Rehab-Fontbonne, for the purpose of completing the state re-licensure survey and investigating complaints #ME00048770, #ME00047238, and #ME00042801. It was determined that the Waterville Center for Health And Rehab-Fontbonne was not in substantial compliance with 10-144, Chapter 113-Regulations Governing the Licensing and Functioning of Assistive Housing Programs-Level IV, Private Non-Medical Institutions.	P 000		
P 053	3.25.2 Licensing Signing a contract. Each provider and each resident, or someone authorized to act on the resident ' s behalf, shall sign a standard contract issued by the department, attached as Appendix A, at the time of any modification of an existing contract and with all new admissions. The resident and/or resident ' s legal representative shall be given an original of the signed contract and the provider shall keep a duplicate in the resident ' s file. No one other than the resident shall incur any responsibility for the resident ' s obligations by signing the contract for admission of the resident. Financial responsibility for the resident ' s expenses can only be assumed according to Section 3.25.3.7. This Regulation is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that the resident/ resident's legal representative and the Provider	P 053		

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P 053	Continued From page 1 (facility) signed the Standard Contract (Appendix A), gave the original copy to the resident/resident's legal representative, and kept a duplicate copy in the Resident's record for 2 of 3 sampled residents (Resident #5 and Resident #7). Findings: On 9/11/24, between 11:10 a.m. - 11:30 a.m., a surveyor and the Licensed Practical Nurse (LPN) Unit Manager reviewed Resident #5 (admitted on 7/8/24) and Resident #7 (admitted on 5/20/24) resident record. The LPN Unit Manager was unable to find a copy of the signed Standard Contract for either resident in the resident files. The LPN Unit Manager reached out to the Admissions Director for further assistance. On 9/11/24 at 2:09 p.m., during an interview with a surveyor, the Admissions Director stated that he could not find a signed copy of the Standard Contract for either resident. He stated he knows they were done but not sure if they were just not returned or misplaced.	P 053		
P 200	5.8 Resident Rights Right to communicate grievances and recommend changes. The facility/program shall assist and encourage residents to exercise their rights as residents and citizens. Residents may freely communicate grievances and recommend changes in policies and services to the assisted housing program and to outside representatives of their choice, without restraint, interference, coercion, discrimination or reprisal. All grievances shall be documented. The resident has the right to be assisted throughout the	P 200		

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P 200	Continued From page 2	P 200		

grievance by a representative of his/her choice. Section 5.25 of these regulations list advocacy services which may be available to resident. Assisted housing programs shall establish and implement a procedure for the timely review and disposition of grievances, and shall notify residents upon admission of their right to file a grievance and information about how to do so. The procedure shall include a written response to the grievant describing disposition of the complaint. These documents shall be maintained and available for review upon request by the Department. [Class IV]

This STANDARD is not met as evidenced by:
Based on record reviews, Standard Contract Appendix A review, and interview, the facility failed to ensure that Residents that filed grievances were provided with a written response for 3 of 3 grievances reviewed.

Findings:

On 9/9/24, a surveyor was provided with a copy of the Standard Contract and Resident Council minutes. The following was noted:

Appendix A of the Standard Contract, under the section, "Right to communicate grievances and recommend changes", indicated: the procedure shall include a written response to the grievant describing the disposition of the complaint.

Review of the Resident Council minutes and grievances indicated the following:

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P 200	Continued From page 3 1. 7/10/24 - Other - See Grievance - On 7/16/24, the facility met with the Resident #7 and discussed one to one the disposition of the complaint. 2. 7/10/24 - Laundry - On 7/10/24 the facility met with the Resident #10 and discussed one to one the disposition of the complaint and on 7/10/24. 3. 6/11/24 - Nursing - See Grievance - On 6/12/24, the facility met with Resident #4 and discussed one to one the disposition of the complaint. On 9/12/24 at between 9:10 a.m. - 10:09 a.m., during an interview with the Social Worker and Recreation Director, the surveyor confirmed that written responses were not being provided to the grievants.	P 200		
P 220	5.23 Resident Rights Notification of Residents Rrights. The provider shall inform each resident and legal representative of these rights. In addition, the provider shall inform each resident and legal representative within thirty (30) calendar days of any changes to Section 5 and shall provide them with a copy of the change. The provider must accommodate for any communication barriers that may exist, to ensure that each resident is fully informed of his/her rights. [Class IV] This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure resident records contained evidence that residents were informed of their	P 220		

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P 220	Continued From page 4 rights for 2 of 3 sampled residents (Resident #5 and Resident #7). Findings: On 9/11/24, between 11:10 a.m. - 11:30 a.m., a surveyor and the Licensed Practical Nurse (LPN) Unit Manager reviewed Resident #5's (admitted on 7/8/24) and Resident #7's (admitted on 5/20/24) resident record. The LPN Unit Manager was unable to find evidence in the clinical record to indicate that the resident was informed of his/her rights for either resident. The LPN Unit Manager reached out to the Admissions Director for further assistance. On 9/11/24 at 2:09 p.m., during an interview with a surveyor, the Admissions Director stated that he could not find the Standard Contract for either resident, which would have included the resident rights (Appendix B). He stated he knows they were done but not sure if they were just not returned or misplaced.	P 220		
P 240	5.30.3.8 Resident Rights To disseminate records of council meetings and decisions to the residents and the administrator and to make these records available to family members or their designated representatives and the Department, upon request. [Class IV] This STANDARD is not met as evidenced by: Based on Resident Council Meeting minutes and interview, the facility failed to response to Residents concerns discussed during Resident Council for July and August 2024. Findings:	P 240		

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P 240	Continued From page 5 On 9/9/24, Resident Council Meeting minutes were provided to the surveyor. The following was reviewed: 1. 7/10/24 - Dietary - "The majority had complaints that meat is under or over cooked, eggs are hard, potatoes are lumpy, bread is hard, and they have found mold on their bread." There was no response from dietary. 2. 8/6/24 - Dietary - "The majority had complaints the food is still very cold.....and a few have stated they found hair in the pasta salad, dessert is either under cooked or over cooked and dry." There was no response from dietary. On 9/12/24, between 9:10 a.m. - 10:09 a.m., during an interview with the Recreation Director and Social Services, a surveyor confirmed there has been no response from dietary regarding the dietary concerns voiced at Resident Council.	P 240		
P 306	7.1.4 Medications and Treatments Unlicensed assistive personnel must be trained by a registered professional nurse in regard to the management of persons with diabetes. The registered professional nurse must provide in-service training and documentation to include: [Class III]	P 306		

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P 306	Continued From page 6 This STANDARD is not met as evidenced by: Based on personnel file reviews and interview, the facility failed to provide documented evidence that 2 of 2 Certified Residential Medication Aide (CRMA) received diabetes management training/inservice upon hire and annually (once every 12 months) by a Registered Nurse (CRMA #1, CRMA #4), Findings: On 9/11/24, between 1:45 p.m. - 2:31 p.m., the Human Resources Director (HRD) and a surveyor reviewed personnel files. 1. CRMA #1 was hired on 1/22/24. The personnel file lacked evidence of a signed day 3 orientation checklist (by CRMA #1 or staff trainer), which was the day that the Diabetes training would have been completed. 2. CRMA #4 was hired on 5/15/23. The last documented diabetes management training was completed on 5/17/23. During these reviews, the HRD stated that there has not been annual 2024 diabetes management training/inservice completed as of the time of this review.	P 306		
P 324	7.2.3 Medications and Treatments Unlicensed assistive personnel. Unlicensed assistive personnel administering medications and/or treatments must successfully complete training approved by the Department. There shall be evidence available in the facility that such training has been successfully completed.	P 324		

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P 324	Continued From page 7 Whenever the standards or guidelines of the medication administration course are substantially revised, unlicensed personnel must be re-certified within one (1) year of the revision, by a method approved by the Department. An additional exception will be made on a case-by-case basis for persons who only administer dietary supplements and/or minor medicated treatments, shampoos, lotions and creams that could be obtained over the counter without a physician ' s order. A person qualified to administer medications must be on site at the facility whenever a resident(s) have medications prescribed " as needed " (PRN) if this medication is not self-administered. All unlicensed assistive personnel administering medications and/or treatments must complete a Department-approved eight (8) hour refresher course biennially for re-certification within two (2) years of the original certification. [Class III] This STANDARD is not met as evidenced by: Based on employee file review and interview, the facility failed to ensure that a Certified Residential Medication Aide (CRMA) was qualified to administer medications to residents residing in the facility for 1 of 2 CRMA files reviewed (#4). Finding: On 9/9/24, the employee schedule was received and indicated that CRMA #4 mostly worked alone on the Fontbonne Unit, between the hours of 6 a.m. - 6 p.m., which would require medication administration to the residents on this unit.	P 324		

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P 324	Continued From page 8 On 9/11/24, between 1:45 p.m. - 2:31 p.m., the Human Resources Director (HRD) and a surveyor reviewed personnel files. CRMA #4's employee file indicated CRMA #4 was hired on 5/15/23. The file lacked evidence of a current CRMA certificate. On 9/11/24 at 2:25 p.m., HRD reviewed the State of Maine website to check for CRMA #4's current certificate and printed it. The printed copy indicated that CRMA #4 had taken a 24 hour course (and not the required 40 hour course for this level of facility) and included "This certificate is limited to Level I, II, or III licensed facilities that serve persons with Developmental Disabilitites and/or Intellectual Disabilities. The surveyor confirmed the CRMA #4 was not qualified to pass medications in this facility during this review.	P 324		
P 332	7.3.4 Medications and Treatments Medications administered by the assisted living program, residential care facility or private non-medical institution, which require refrigeration, shall be kept safely stored and separate from food by placement in a special tray or container, except vaccines, which must be stored in a separate refrigeration unit that is not used to store food. Refrigeration shall be forty-one (41) degrees Fahrenheit or below. A thermometer shall be used to ensure proper refrigeration. [Class III] This STANDARD is not met as evidenced by: Based on review of the refrigerator temperature log and interview, the facility failed to monitor to ensure that the temperature of the medication	P 332		

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P 332	Continued From page 9 refrigerator was maintained at 41 degrees Fahrenheit (F) or below for 1 of 1 month reviewed (September). Finding: On 9/11/24 at 8:54 a.m., the surveyor observed the Refrigerator temperature book that was clearly marked, "Refrigerator Temperature book Must be done AM and PM shifts." Further review of the documented temperatures for September 2024 indicated that temperatures were not always taken twice a day or were above 41 degrees F. 9/1/24 thru 9/11/24 AM sheet, there were 2 AM shifts with no documented temperatures and 5 AM shifts with documented temperatures above 41 degrees. 9/1/24 thru 9/11/24 PM sheet, there was 1 PM shifts with no documented temperature and 4 PM shifts with documented temperatures above 41 degrees. During this review, the surveyor confirmed this finding with the Licensed Practical Nurse (LPN) Unit Manager.	P 332		
P 345	7.7 Medications and Treatments Expired and discontinued medications. For medications administered by the assisted living program, residential care facility, or private non-medical institution, medications shall be removed from use and properly destroyed after the expiration date and when discontinued, according to procedures contained in Section 7.9. They shall be taken out of service and locked separately from other medications until reordered	P 345		

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P 345	Continued From page 10 or destroyed. [III] This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure expired medications were removed from the supply available for use in the medication storage room. Finding: On 9/9/24 at 1:55 p.m., a surveyor and Certified Residential Medication Aide observed 2 bottles of Pink Bismuth with an expiration date of 7/24 in the medication storage room.	P 345		
P 361	7.14 Medications and Treatments Breathing apparatus. When the facility assists a resident with a hand-held bronchodilator, metered dose nebulizers, intermittent positive pressure breathing machine or oxygen machine, there shall be documentation of the following: This STANDARD is not met as evidenced by: Based on employee file review and interview, the facility failed to provide documented evidence that 1 of 2 Certified Residential Medication Aide (CRMA) received in-servicing on the proper use of breathing apparatus (#1). Finding: CRMA #1 was hired on 1/22/24. The personnel file lacked evidence of a signed day 3 orientation checklist (by CRMA #1 or staff trainer), which was	P 361		

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P 361	Continued From page 11 the day that the training on Breathing Apparatus would have been completed. On 9/11/24 at 1:47 p.m., during an interview with the Human Resources Director, a surveyor confirmed this finding.	P 361		
P 363	7.14.2 Medications and Treatments The name of the distributing agency and the frequency and specific directions for cleaning the equipment; and This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that physician orders contained directions and frequency for cleaning breathing apparatus equipment for 1 of 1 residents reviewed who used a continuous positive airway pressure (CPAP) machine (Resident #5). Finding: On 9/11/24, Resident #5's clinical record was reviewed and included a physician order, dated 7/8/24, for the resident to use a continuous positive airway pressure (CPAP) machine at bedtime. The physician orders lacked evidence of frequency and specific directions for cleaning the CPAP machine. On 9/11/24 at 1:20 p.m. a surveyor confirmed this finding with the Licensed Practical Nurse (LPN) Unit Manager.	P 363		
P 364	7.14.3 Medications and Treatments The resident ' s record shall contain a copy of the duly authorized licensed practitioner ' s order, possible side effects to be monitored, specific instructions as to when the duly authorized	P 364		

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P 364	Continued From page 12 licensed practitioner must be notified regarding side effects and instructions to the resident on the use of the breathing apparatus. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that physician orders included side effects to be monitored or specific instructions as to when the practitioner must be notified regarding side effects or instructions to the resident on the use of the breathing apparatus for 1 of 1 residents reviewed that used a continuous positive airway pressure (CPAP) machine (Resident #5). Finding: On 9/11/24, Resident #5's clinical record was reviewed and included a physician order, dated 7/8/24, for the resident to use a CPAP machine at bedtime. The physician orders lacked evidence of side effects to be monitored, specific instructions as to when the practitioner must be notified regarding side effects, and instructions to the resident on the use of the CPAP machine. On 9/11/24 at 1:20 p.m. a surveyor confirmed this finding with the Licensed Practical Nurse (LPN) Unit Manager.	P 364		
P 365	7.15 Medications and Treatments First aid kit. A first aid kit containing supplies which may be necessary for the first aid treatment of minor injuries such as cuts, scrapes or first degree burns shall be included and available in the facility. All staff shall be instructed in the use of any item in the kit.	P 365		

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P 365	Continued From page 13 This STANDARD is not met as evidenced by: Based on employee file review and interview, the facility failed to provide in-service training for all staff on the proper use of items in the First Aid Kit, in order to provide treatment for minor injuries of residents, for 1 of 2 Certified Residential Medication Aide (CRMA) file reviewed (#1). Finding: CRMA #1 was hired on 1/22/24. The personnel file lacked evidence of a signed day 3 orientation checklist (by CRMA #1 or staff trainer), which was the day that the First Aid Kit training would have been completed. On 9/11/24 at 1:47 p.m., during an interview with the Human Resources Director, a surveyor confirmed this finding.	P 365		
P 424	10.9.4.11 Administration Staff training and development (including orientation and in-service education); This STANDARD is not met as evidenced by: Based on review of employee files, Inservice Education policy, and interview, the facility failed to ensure that all employees were trained annually in Mandatory Reporting and Resident's Rights for 1 of 2 sampled employees. Finding: The facility's Policy, "Inservice Education Requirements," last revised on May 2008, indicated Annual mandatory (paid) in-services to	P 424		

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P 424	Continued From page 14 be held for all staff included Resident Rights. On 9/11/24, between 1:45 p.m. - 2:31 p.m., the Human Resources Director and a surveyor reviewed personnel files. The following were confirmed: CRMA #4 was hired on 5/15/23 and on that date, CRMA #4 received Resident Rights training. There was no documentation in CRMA #4's employee file that annual Resident Rights training had been attended.	P 424		
P 432	11.1.1.1 Administrative and Resident Records Name, previous address and Social Security number of resident; This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure that the resident's previous address was identified on the resident's identification and summary sheet (Admission Record) for 1 of 3 sampled residents (Resident #4). Finding: On 9/11/24, a surveyor reviewed Resident #4's identification and summary sheet. The resident's previous address was not identified on the resident's identification and summary sheet, but instead included the facility's address. On 9/11/24 at 11:10 a.m., the surveyor confirmed this finding, in an interview with Licensed Practical Nurse (LPN) Unit Manager.	P 432		

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P 435	Continued From page 15	P 435		
P 435	11.1.1.4 Administrative and Resident Records Religious affiliation; This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure that the resident's religious affiliation was identified on the resident's identification and summary sheet (Admission Record) for 2 of 3 sampled residents (Resident #5 and Resident #7). Findings: 1. On 9/11/24, a surveyor reviewed Resident #5's identification and summary sheet (Admission Record) The resident's religious affiliation was not identified on the resident's identification and summary sheet. 2. On 9/11/24, a surveyor reviewed Resident #7's identification and summary sheet (Admission Record) The resident's religious affiliation was not identified on the resident's identification and summary sheet. On 9/11/24 at 11:10 a.m., the surveyor confirmed this finding, in an interview with Licensed Practical Nurse (LPN) Unit Manager.	P 435		
P 437	11.1.1.6 Administrative and Resident Records Dentist's name, address and telephone number; This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure that the resident's Dentist's name, address, and telephone number	P 437		

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P 437	Continued From page 16 were identified on the resident's identification and summary sheet (Admission Record) for 3 of 3 sampled residents (Resident #4, Resident #5, and Resident #7). Findings: 1. On 9/11/24, a review of Resident #4's identification and summary sheet, under the section for Care Providers, lacked evidence of a Dentist's name, address, and telephone number. 2. On 9/11/24, a review of Resident #5's identification and summary sheet, under the section for Care Providers, lacked evidence of a Dentist's name, address, and telephone number. 3. On 9/11/24, a review of Resident #7's identification and summary sheet, under the section for Care Providers, lacked evidence of a Dentist's name, address, and telephone number. On 9/11/24 at 11:10 a.m., the surveyor confirmed this finding, in an interview with Licensed Practical Nurse (LPN) Unit Manager.	P 437		
P 450	11.1.2 Administrative and Resident Records A listing of all personal property of significant value to the resident that includes such things as jewelry, radios, television sets, dentures, appliances and other valuables. Where serial numbers are available, these shall be included as part of the record. The record shall be signed and dated by the resident or his/her legal representative. When significant items of personal property are brought into or removed from the facility, it shall be so noted in the record. It shall be noted in the record if a resident has no	P 450		

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P 450	Continued From page 17 personal property of significant value. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that a listing of personal property was up to date and was signed and dated by the resident or his/her legal representative for 1 of 1 records reviewed (Resident #1). Finding: A review of Resident #5's clinical record lacked evidence of an "Inventory of Valuable Effects Form" signed and dated by the resident or his/her legal representative. On 9/11/24 at 1:15 p.m., a surveyor confirmed this finding with the Licensed Practical Nurse (LPN) Unit Manager.	P 450		
P 521	13.5 Staffing Employee records. Facilities must maintain individual records on all related and unrelated employees. Records shall contain the initial date of employment, date of birth, home address and telephone number, experience and qualifications, social security number, copy of current occupational license (if applicable), references and reference check information, job description, record of participation in in-service, orientation or other training programs, results of annual personnel evaluations, disciplinary actions, illness and injury records and date of and reason for termination. Records may be computerized.	P 521		

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P 521	Continued From page 18 This STANDARD is not met as evidenced by: Based on employee file reviews and interview, the facility failed to complete an annual performance evaluation every 12 months for 1 of 1 sampled Certified Residential Medication Aide (CRMA) employed greater than a year (#4) and failed to ensure that employee files contained a copy of a valid CRMA certificate to ensure qualification (#4), the CRMA job description (#1), record of completed orientation (#1), and reference checks (#1) for 1 of 2 sampled CRMA. Findings: On 9/11/24, between 1:45 p.m. - 2:31 p.m., the Human Resources Director and a surveyor reviewed personnel files. 1. CRMA #1 was hired on 1/22/24. The personnel file lacked evidence of a job description, a signed day 3 orientation checklist (by CRMA #1 or staff trainer), and that references were checked. 2. CRMA #4 was hired on 5/15/23. There was no evidence that an annual performance evaluation was completed and a copy of a current CRMA license was not in the employee file. These findings were confirmed during the review.	P 521		
P 532	13.9 Staffing Registered nurse services. Each facility shall retain a registered nurse, either on staff (other than the Administrator) or on a contractual basis,	P 532		

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P 532	Continued From page 19 to provide the following services: This STANDARD is not met as evidenced by: Based on Consultant report reviews and interviews, the facility failed to provide Registered Nurse Services to observe residents signs and symptoms, review resident records for completeness and accuracy, to review medication records, review medication administration practices and procedures, review therapeutic diets and to recommend staff trainings as required in the regulation 13.9 every 60 days. Findings: On 9/9/24, the surveyor was provided with the Registered Nurse (RN) Consultant Reports from 2/23 - 7/24. The surveyor made mention that there were some notes missing and was told that they were "employees" of the facility and would not need to make consultant notes. The consultant reports provided by the facility were for the following: RN Consultant #1 dated 2/8/23, 8/17/23, 9/26/23, 10/19/23, and 11/29/23 and RN Consultant #2 dated 6/26/24 and 7/15/24. 1. On 9/20/24 at 12:50 p.m., during an interview with a surveyor, RN Consultant #1 stated that she was hired as the RN consultant (paid thru payroll) and did not work the floor. She did work on some Minimum Data Sets (MDS) but that wasn't anything that was related to what the RN consultant needed to do. RN Consultant #1 stated she wrote RN consultant reports and gave them to the Administrator, with her last one completed 11/29/23. RN Consultant #1 was able to find a report that she completed for April 2023, that the facility was unable to find. RN Consultant	P 532		

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P 532	Continued From page 20 #1 was unable to state that she completed an onsite visit for June 2023. 2. On 9/20/24 at 1:54 p.m., during an interview with a surveyor, RN Consultant #2 stated that she was hired as a Resource Nurse for the Nursing Facility in February 2024 and RN Consultant for the Assisted Housing (via payroll for 8 hours a month). RN Consultant #2 stated she wrote a total of 3 RN Consultant Reports when she actually went to the facility, stayed on the unit, and would review orders, care plans etc. She stated there was no one doing it when she started. She was done in July 2024. After interviewing the RN Consultants, the surveyor confirmed that RN Consultant #1 and ##2 were hired to work in the role of a RN consultant and not as a staff nurse and that the facility did not have an RN Consultant reviewing records, providing education, and making recommendations every 60 days.	P 532		
P 551	14.4 Dietary Services Menus posted and filed. Menus shall be posted conspicuously in the food service area and in an area used frequently by residents during the week used, and shall be kept on file for three (3) months. The posted menu shall be in large enough print for all residents to be able to read easily. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to post the weekly menu in an area that was clearly visible and in a print that was large enough for all residents to be able to easily read for 2 of 3 days of survey (9/10/24 and 9/11/24).	P 551		

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P 551	Continued From page 21 Findings: On 9/10/24 at 12:07 p.m., a surveyor observed a sheet of paper that included the weekly menu posted on a wall between the nurse's desk and where staff kept the medication cart. The surveyor noted that the print on this menu was very small and not at a height that a resident in a wheelchair would be able to read it. Certified Residential Medication Aide (CRMA) #7 stated that the residents do not come behind the nurse's desk but if they asked what was on the menu, she would just tell them. On 9/11/24 at 8:45 a.m., during an interview with a surveyor, Resident #7 stated that he/she could not read the menu that was posted on the wall. At 8:50 a.m., CRMA #6 stated that she could not read the menu that was taped to the wall because the print was too small. At 8:52 a.m., Resident #2 stated that she could not read the menu because the print was too small. At 11:30 a.m., during an interview with the Licensed Practical Nurse (LPN) Unit Manager, a surveyor confirmed that the menu was not posted in an area that was accessible/visible to all residents and that the print was too small to read for many of the residents.	P 551		
P 559	14.12 Dietary Services Mealtime atmosphere. The facility shall encourage use of the dining area by residents. Food shall be served at the proper temperatures. This STANDARD is not met as evidenced by: Based on resident council minutes reviews, list of meal times review, and interviews, the facility	P 559		

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P 559	Continued From page 22	P 559		

failed to ensure that hot foods were served hot without having to reheat them in a microwave.

Findings:

On 9/9/24, Resident Council Meeting minutes were provided to the surveyor for the dates between February thru September 2024. Multiple months indicated that there were dietary concerns with the majority of the residents stating that the meals were coming up cold or that they are still not hot enough.

Interviews conducted with residents and staff during the course of the survey included:

Resident interviews:
The food is cold, hot foods come up cold, and the food is often cold.

Staff interviews:
Some Residents do request their meals to be heated up, but many won't ask and Residents have complained about the food being cold.

A review of a document provided at the start of survey that identified meal times on the Skilled Nursing Facility/Nursing Facility Units (SNF/NF) and the Assisted Housing Units indicated:

It was provided to a surveyor that the time between delivery for the first unit's meal cart and last unit's meal cart was approximately 50 minutes. Fontbonne is the last unit to receive their meal cart.

On 9/9/24 at 11:55 a.m., a surveyor received a test tray from the first unit served with hot potato salad, green beans and a hamburger. The temperature of the hot potato salad was 95.3

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P 559	Continued From page 23 degrees Fahrenheit (F), the green beans was 95 degrees F, and the hamburger was 99.6 degrees F. The hot foods on the test tray was found not to be palatable at those temperatures by the surveyor. On 9/10/24 at 8:20 a.m., a surveyor discussed with the Interim Food Service Director the lunch meal and food temperatures from the first unit the surveyor received on 9/9/24. The Interim Food Service Director stated that temperatures of the food was taken when the food was finished cooking, right before it is plated and that the food is kept hot throughout the plating process. The surveyor discussed with him that the meal was not hot and not palatable. At this time, the Interim Food Service Director confirmed that those temperatures were not appropriate, the food was not hot and that it would not be palatable at that temperature.	P 559		
P 588	15.10.1 Sanitation/dietary services Potentially hazardous foods requiring refrigeration after preparation shall be rapidly cooled to an external temperature of forty-one degrees (41°) Fahrenheit or below. [Class II] This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provided evidence that the refrigerator temperatures were being monitored to ensure temperatures were maintained at 41 degrees (0°) Fahrenheit or below for the refrigerator/freezer located in the kitchenette. Finding: On 9/9/24 at 1:55 p.m.., a surveyor observed in	P 588		

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P 588	Continued From page 24 the kitchenette attached to the outside of the freezer, a document titled, "Refridgerator/Freezer Temperature Log." This document did not indicate which month it was for and included only one entry which was entered on the date of "23." On 9/9/24 at 1:55 p.m., during an interview with a Certified Residential Medication Aide (CRMA) #7, a surveyor confirmed that the temperatures were not being monitored.	P 588		
P 589	15.10.2 Sanitation/dietary services Frozen food shall be kept frozen and shall be stored at a temperature of zero degrees (0°) Fahrenheit or below. [Class II] This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provided evidence that the freezer temperatures were being monitored to ensure temperatures were maintained at zero degrees (0°) Fahrenheit or below for the refrigerator/freezer located in the kitchenette. Finding: On 9/9/24 at 1:55 p.m.., a surveyor observed in the kitchenette attached to the outside of the freezer, a document titled, "Refridgerator/Freezer Temperature Log." This document did not indicate which month it was for and included only one entry which was entered on the date of "23." On 9/9/24 at 1:55 p.m., during an interview with a Certified Residential Medication Aide (CRMA) #7, a surveyor confirmed that the temperatures were not being monitored.	P 589		

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P 627	Continued From page 25	P 627		
P 627	16.6.1 Sanitation/physical plant requirements The facility and surrounding premises shall show evidence of routine maintenance and housekeeping and repair of wear and tear shall be made in a timely fashion. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to maintain the facility in a clean and sanitary manner and in good repair. Findings: During the survey, a surveyor observed the following: 1, On 9/9/24 at 1:55 p.m., the screw to the makeshift kick plate attached to the bottom of the dishwasher was not secure to the machine. The surveyor confirmed this observation with Certified Residential Medication Aide (CRMA) #7. 2. On 9/10/24 between 8:34 a.m. - 8:39 a.m., a surveyor observed the following: Resident #3 stated that she has been trying to get the light above the sink fixed; The screw to the makeshift kick plate attached to the bottom of the dishwasher was not secure to the machine; and There was a stained ceiling tile and a ceiling tile not in place in the shared bathroom for rooms 7 and 8. 3. On 9/11/24 at 11:00 a.m., during a tour with a surveyor and Licensed Practical Nurse (LPN) Unit Manager, the following were observed and confirmed: The screw to the dishwasher kickplate was now attached to the dishwasher - CRMA #7 stated that	P 627		

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P 627	Continued From page 26 she made a report for maintenance and they fixed it; Resident #3's light not working was reviewed; and There was a stained ceiling tile and a ceiling tile not in place in the shared bathroom for rooms 7 and 8. 4. On 9/11/24 at 12:45 p.m., 2 surveyors and CRMA #7 observed the gasket to the refrigerator door in the kitchenette was not secure to the door and was hanging loosely when you opened the door.	P 627		