PRINTED: 04/23/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205103	A. BUILDING ______ B. WING ______	C 04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEAL ROCK HEALTHCARE	88 HARBOR DRIVE SACO, ME 04072

(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 4/2/25, the Division of Licensing and Certification conducted an on-site visit at Seal Rock Healthcare for the purpose of completing a complaint investigations for #ME00050947 and #ME00050993. It was determined that Seal Rock Healthcare was not in compliance with 42 Code of Federal Regulation (CFR) Part 483, Subpart B, Requirements for Long Term Care Facilities. At 42 Code of Federal Regulations (CFR) Part 483, Subpart §483.80(a)(1)(4) - F880 Infection Control; the facility failed to identify and implement isolation/contact precautions for residents who were exhibiting symptoms of gastroenteritis (an inflammation of the stomach and intestines, often caused by infection with a virus, bacteria, or parasite. Common symptoms include diarrhea, vomiting, abdominal pain, and fever) and failed to follow the Nurse Practitioner's recommendation to ensure that Personal Protective Equipment (PPE) supplies were available for use for these residents. In addition, the facility failed to ensure all staff were knowledgeable about which residents were experiencing these symptoms and ensure PPE were used while providing care. This resulted in the spread of gastroenteritis [inflammation that spreads from your stomach into your intestines, causing pain, vomiting and diarrhea symptoms] (GI) throughout the facility. Noncompliance with this requirement constituted a determination of immediate jeopardy (IJ), beginning on 3/24/25. Immediate jeopardy is defined as a situation in which a recipient of care has suffered or is likely to suffer serious injury, harm, impairment, or death as a result of a provider's noncompliance with one or more health and safety requirements.	F 000	This plan of correction constitutes my written allegation of compliance for deficiencies cited during the recent complaint survey on 04-02-25. However, submission of this plan of correction is not the admission that a deficiency exists or that was cited correctly. This plan of correction is submitted to meet the requirement established by State and Federal Law.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jessica Dilbert	Administrator	04/24/25

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F 000	Continued From page 1 See §483.80(a)(1)(4), also known as F880, for details. On 4/2/25 at 2:12 p.m., the Administrator was provided with written notification (IJ template for F880) related to the IJ situation, and a removal plan was requested. On 4/2/25 a removal plan was submitted and on 4/3/25 at 1:58 p.m. the facility submitted an acceptable removal plan. The removal plan was reviewed and approved by the State Agency on 4/3/25 at 2:59 p.m. This removal plan indicated the following: - Huddles completed on each unit on 4/2 with clinical staff to review residents with symptoms & review contact precautions. Huddles occur prior to each start of shift to ensure continued communication. Huddles will include review of contact precautions and management of Norovirus as well as continued education until outbreak is mitigated. - Reviewed with providers residents who are currently on precautions - Completed 4/2 & 4/3 and ongoing until outbreak is mitigated. - Audit of residents requiring contact precautions completed to ensure all are in place - completed 4/2 and ongoing until outbreak is mitigated. - Education re Norovirus and donning & doffing pushed out to all staff in Relias platform. - Education sent to employees 4/2 - Education provided to all staff including ancillary staff by RN who are working 4/2 & 4/3. - - - Any remaining staff will be provided with electronic education prior to next shift. Education provided to all shifts until 100% compliance. Education provided on Norovirus and PPE at this time. - All group activities suspended effective 4/2 and ongoing until outbreak mitigated. - Volunteer visits will be limited until further notice.	F 000		

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F 000	Continued From page 2 Volunteers scheduled to come into the building will be called and educated prior to entering the resident units. - External providers that come to the building (i.e., lab, wound care etc) are notified of outbreak and require any provider coming to the building to check in with ICP or designee for review of contact precautions. - Hospice providers contacted to notify of the outbreak and advised that any provider coming into the building needs to be educated regarding Norovirus and donning/doffing prior to entering the resident units. - Dining rooms closed for service until further notice effective 4/2 and ongoing until the outbreak mitigated. - Admissions restricted until outbreak is contained effective 4/3. - Education provided to all housekeeping/laundry staff regarding proper cleaning procedures as well as increase of cleaning of high touch surfaces until further notice - completion 4/2 & 4/3. Education will continue until 100% compliance. - Signage posted regarding outbreak and proper hand hygiene. Completed 4/2 On 4/2/25, a surveyor verified that the facility's removal plan was implemented and effective by observations of PPE carts placed near resident rooms and staff utilizing PPE, signage posted, and review of education provided to staff. The surveyor determined the removal of the IJ was on 4/2/25).	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes.	F 580		

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F 580	Continued From page 3			

(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-
(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;
(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);
(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or
(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).
(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.
(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-
(A) A change in room or roommate assignment as specified in §483.10(e)(6); or
(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.
(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).

§483.10(g)(15)

F 580 **Notification of Changes**

1. Resident #29 was affected by this practice.
2. All residents have the potential to be affected by this practice.
3. Staff were informed starting on 04-02-2025 and ongoing on need to notify resident/ resident representative of changes in resident status.
4. PCC order put in for all nurses to complete notification of status changes & document these notifications within EMR.
5. Weekly audits to be completed by DON/designee of compliance with notification of resident status changes and supporting documentation.
6. DON/designee will report audit results at the monthly QAPI meetings until 100% compliance is achieved and sustained for 3 consecutive months. The QAPI committee will then revise audit time frames accordingly to ensure ongoing compliance.

Completion Date: 4/24/25

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F 580 Continued From page 4 F 580

Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).
This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that resident's Power of Attorney (POA) was notified of a significant change in medical condition for 1 of 2 residents reviewed for Respiratory Syncytial Virus (RSV) (Resident #29).

Findings:

On 3/17/25 Division of Licensing received a complaint that Resident #29, was transported to the Hospital on 3/15/25 due to mental status changes. The hospital notified the POA that, according to the facility records, Resident #29 had tested positive for RSV on 3/7/25. The POA was not made aware of this diagnosis.

On 4/2/25, a review of Resident #29's medical record lacked evidence of nursing documentation and/or labs to verify that he/she was tested or positive for RSV. At 3:25 p.m., during an interview with the Advance Practice Registered Nurse (APRN) she confirmed that Resident #29 was seen by the provider and swabbed for RSV on 3/7/25, which resulted in him/her testing positive for RSV. The APRN was able to obtain the positive lab results through the lab documentation.

The medical record lacked evidence of his/her

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F 580	Continued From page 5 POA being notified of the positive RSV results. On 4/2/25 at 3:35 p.m., during an interview with the facility Administrator the above information was confirmed.	F 580		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a physician order was followed for 1 of 1 resident reviewed for diabetes management. (Resident #29) Findings: On 4/2/25 a surveyor reviewed Resident #29 clinical record which showed an active physician order initiated on 11/5/24 for blood glucose monitoring one time a day every Tuesday and to call the provider if blood sugars are less than 100 or above 200. Further review shows the blood sugar levels on 3/4/25 was 285, on 3/11/25 was 311, on 3/25/25 was 298, and on 4/1/25 was 253. The clinical record lacked evidence of physician notification for the above levels. On 4/2/25 at 4:38 p.m. and at 5:50 p.m., during	F 684	**Quality of Care** 1. Resident #29 was affected by this practice. 2. All residents who receive blood sugars have the potential to be affected by this practice. 3. All staff who enter blood sugars were re-educated on need to assure that physician is notified of all blood sugars that are not within the parameters of the order and that notification is documented within the resident's progress notes. 4. PCC order put in for all nurses to complete notification of physician if results are outside ordered parameters and documented within EMR. 5. DON/designee to complete EMR audits of residents' blood sugars and ensure that blood sugars not within ordered parameters are reported to physician and notification documented within EMR. Any variations found will be followed up with appropriate staff. 6. DON/designee will report audit results at the monthly QAPI meetings until 100% compliance is achieved and sustained for 3 consecutive months. The QAPI committee will then revise audit time frames accordingly to ensure ongoing compliance. Completion Date: 4/24/25	

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F 684 Continued From page 6
an interview, the Family Nurse Practitioner stated that she was aware of Resident #29 blood sugar being elevated on 4/1/25. However, she was unable to recall if she was made aware of any other elevated glucose levels for Resident #29.

On 4/2/25 at 4:38 p.m., during an interview, Licensed Practical Nurse #1 stated, when he gets a high blood sugar reading, he will either call the provider, if the provider was in the facility he would speak to them in person, and if the glucose reading was elevated overnight, he would call the on-call provider. He then stated he would document this information in the residents' chart.

On 4/2/25 at 6:00 p.m., during an interview, the Facility Administrator confirmed that the resident's clinical record lacked evidence of physician communication for the elevated sugars on the dates above.

F 726 Competent Nursing Staff
SS=E CFR(s): 483.35(a)(3)(4)(c)

§483.35 Nursing Services
The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.

§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies

F 726 **Competent Nursing Staff**

1. All residents and staff have the potential to be affected by this finding.
2. All nursing staff require education and competency related to standard infection control program and practice to prevent the spread of illness.
3. The ICP was re-educated starting on 04-7-2025 and ongoing regarding the management of infection control program and the outbreak management of potential infectious illness to prevent risk of spread to residents and staff within the facility.

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and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.

§483.35(c) Proficiency of nurse aides.
The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.
This REQUIREMENT is not met as evidenced by:
Based on observations, interviews and record review the facility failed to ensure nursing staff immediately initiated isolation/contact precautions for residents who were exhibiting symptoms of gastroenteritis (GI) (i.e. diarrhea, vomiting, abdominal pain, and/or fever) and ensure that Personal Protective Equipment (PPE) supplies were available for use for these residents. This has resulted in the spread of GI symptoms throughout the facility which began on 3/24/25 and Norovirus being confirmed on 4/2/25.

Findings:

1. On 4/2/25 at 8:45 a.m., upon entry to the facility, 2 surveyors observed no posting or signage on the door of any infections/symptoms occurring in the building. In an interview, the Administrator stated there is something GI going around, a few residents have had it and believed there is one resident who was having symptoms. She then stated that both the Director of Nursing

F 726

4. Infection control policies and procedures reviewed with licensed staff 04-02-2025 and ongoing.
5. All staff received education 4/2/2025 and ongoing on contact precautions and norovirus to ensure infection control management and recovery of current norovirus.
6. DON/designee to complete audits of proper PPE usage and infection identification and management. Any variations found will be followed up with appropriate staff.
7. DON/designee will report audit results at the monthly QAPI meetings until 100% compliance is achieved and sustained for 3 consecutive months. The QAPI committee will then revise audit time frames accordingly to ensure ongoing compliance.

Completion Date: 4/24/25

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(DON) and the Assistant Director of Nursing/Infection Preventionist (ADON/IP) were out sick with nausea, vomiting and diarrhea.

On 4/2/25 at approx. 8:50 a.m., 2 surveyors completed an initial tour of the facility. During this tour, the following first floor units; Eagle Island, Ram Island, Bluff Island, Stratton Island, were observed with no isolation/contact precautions in place requiring the use of PPE. The second-floor units: Beach Island, Gooseberry Island and Wood Island were observed with no isolation/contact precautions in place requiring the use of PPE.

On 4/2/25 at 11:13 a.m., during an interview with the Family Nurse Practitioner (FNP) and the Advanced Practice Registered Nurse (APRN. The FNP provided the surveyor with a list of 30 residents, located on all units of the facility, who have had or currently have GI symptoms with the first symptoms reported on 3/24/25. The FNP stated the main symptoms were nausea, vomiting and diarrhea. Almost everybody had fatigue, lack of appetite and lethargy for 48-72 hours. She confirmed there was a stool sample pending for Resident #27. At this time, the FNP reviewed Nordex for the stool sample results. Resident #27 results were positive for Norovirus. She stated, she had notified the facility a week ago, via email, of the concern for a norovirus outbreak and asked them to ensure isolation precautions are put into place, cleaning and use soap and water for hands not hand sanitizer stating, "I sent it to everyone, the Administrator, DON and the ADON, I asked them to stop activities, and I was told its residents rights, we can't do that." At this time, FNP stated she will notify the facility of Resident #27's positive norovirus results.

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Review of the email the FNP sent the facility, dated 3/26/25 stated, "I believe we are about to have large norovirus outbreak here: already five people have nausea and vomiting, within a 24 hour period. We will be sending some stool samples, will keep you posted. If they are positive and this continues, suspect probable outbreak. Precautions should be in place. Gowns, gloves, signage, please. Isolation should be onset of symptoms/exposure to 2 days after s/s resolve. Treatment is supportive: antiemetics, push fluids. Hand sanitizer is ineffective. Soap and water for hands, bleach for surfaces, to clean. Can Seal Rock please communicate with housekeeping to alert his staff?"

2. Additional interviews with facility nursing staff confirmed the lack of isolation/contact precautions being initiated upon GI symptoms and knowledge of what residents were having these symptoms requiring isolation precautions and use of PPE:

On 4/2/25 at 9:23 a.m., during an interview with Licensed Practical Nurse (LPN#1), stated he is the nurse in charge for the second-floor units which included Resident #27. The surveyor asked if any residents were experiencing GI symptoms of n/v/d. He stated he was aware of one that had n/v/d that started this weekend, one who started with loose stools yesterday and another who started with loose stools last night. He stated there has not been any testing since it started, and he is unaware of any current testing being completed. When asked what he would do if a resident showed signs of GI symptoms, he stated he would notify the provider, put in a change of condition in the resident's chart, notify the family, and put up PPE. At this time, the surveyor asked

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why the residents he mentioned did not have Isolation/Contact precautions posted and a PPE cart outside of their room. He stated, he relies the Unit Coordinator/CNA (on Eagle/Ram unit, first floor) to put up the PPE for residents needing to go on precautions and he was going to be putting up precaution signs on the rooms however he is busy but will do it this morning. When asked the follow up question if there are any difficulties obtaining PPE, he stated that finding a cart to hold the PPE and the signage is very challenging.

On 4/2/25 at 9:50 a.m., during an interview with Registered Nurse (RN#1) on the first floor, she stated there are a few residents who are experiencing GI symptoms, one with nausea and diarrhea, another with vomiting and diarrhea with a stool sample sent out and they are awaiting results, one who is experiencing nausea and dry heaves that started last night, one who has been vomiting since last night and another one who had been vomiting since yesterday and there are orders to collect a stool sample. At this time, RN#1 stated she cannot confirm if there are PPE carts available or at these residents' rooms, but they all should be on precautions.

On 4/2/25 at 9:55 a.m., during an interview with LPN #2 on the first floor, she stated she would only get a report when she is the nurse in charge. She confirmed she was not the nurse in charge, only passing medications and did not receive a report. The surveyor asked if she was aware of any residents having GI symptoms of n/v/d, she stated one had emesis yesterday, and another resident had signs and symptoms of norovirus, and the doctor said to get a stool.

On 4/2/25 at 10:05 a.m., during an interview, with

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F 726	Continued From page 11 RN #2 on the first floor she stated, the facility has "a lot of Noro" cases; one resident was sent out to the hospital yesterday for GI issues, another had symptoms over the weekend which have resolved, one who started having stomach cramps this morning, one who started having diarrhea this morning and one who started vomiting this morning. RN #2 then stated that she herself had GI issues on Friday 3/28/25, called out Saturday but returned to work Sunday 3/30/25. She then stated, a lot of staff have been getting it along with the residents. On 4/2/25 at 10:15 a.m., during an interview, with LPN #3 working on first floor, she stated one resident started to have nausea about a half hour ago and denies anyone else having GI symptoms. The surveyor asked if she gets a report on who requires PPE and/or isolation precautions, she stated, "we don't, there's a sign on the door for people on precautions that we follow." On 4/2/25 at approx. 10:18 a.m., during an interview with the Administrator, 2 surveyors discussed the lack of Isolation/Contact precautions posted, the lack of available PPE carts, the lack of staff knowledge of residents who are experiencing GI symptoms, staff entering the rooms of residents with GI symptoms without the use of PPE and are unaware of the risks and the GI symptoms have been spreading throughout the facility.	F 726		
F 835 SS=E	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that	F 835		

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F 835 Continued From page 12
enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.
This REQUIREMENT is not met as evidenced by:
Based on interviews, observations and record review the Administration failed to follow the facility's "Infection - Clinical Protocol" policy and procedures by not following the Family Nurse Practitioner's (FNP) recommendation of isolation/contact precautions for residents who were exhibiting symptoms of gastroenteritis (GI) (i.e. diarrhea, vomiting, abdominal pain, and/or fever) and ensure that Personal Protective Equipment (PPE) supplies were available for use for these residents. In addition, Administration failed to ensure the infection Preventionist was following the facilities Infection prevention and Control Program which included oversight, outbreak management, prevention of infection and monitoring employee health and safety. This has resulted in the spread of GI symptoms throughout the facility. The administration was notified of the potential outbreak on 3/26/25 and Norovirus being confirmed on 4/2/25

Finding:

On 4/2/25 at 8:45 a.m., upon entry to the facility, 2 surveyors observed no posting or signage on the door of any infections/symptoms occurring in the building. In an interview, the Administrator stated there is something GI going around, a few residents have had it and believed there is one resident who was having symptoms. She then stated that both the Director of Nursing (DON) and the Assistant Director of Nursing/Infection Preventionist (ADON/IP) were out sick with

F 835 **Administration**

1. All residents have the potential to be affected by this practice.
2. All residents who had GI symptoms were affected by this practice.
3. Infection control policies and procedures and implementation practices were reviewed to include (Infections - Clinical Protocol" policy and Infections Prevention and Control program policy), with the administrative team and ICP to assure understanding and outbreak management.
4. Staff were educated on infection control policies and procedures along with a focus on the management of signs or symptoms of norovirus and implementation and management of isolation and PPE to prevent the spread of infection.
5. Physician communication process and practices were reviewed and communication plan including the use of SBAR as well as provider attendance at the daily morning clinical meeting to assure ongoing collaborative communication is achieved and sustained.

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F 835	Continued From page 13 nausea, vomiting and diarrhea. On 4/2/25 at approx. 8:50 a.m., 2 surveyors completed an initial tour of the facility. During this tour, the following first floor units; Eagle Island, Ram Island, Bluff Island, Stratton Island, were observed with no isolation/contact precautions in place requiring the use of PPE. The second-floor units: Beach Island, Gooseberry Island and Wood Island were observed with no isolation/contact precautions in place requiring the use of PPE. On 4/2/25 at 11:13 a.m., during an interview with the Family Nurse Practitioner (FNP) and the Advanced Practice Registered Nurse (APRN. The FNP provided the surveyor with a list of 30 residents, located on all units of the facility, who have had or currently have GI symptoms with the first symptoms reported on 3/24/25. The FNP stated the main symptoms were nausea, vomiting and diarrhea. Almost everybody had fatigue, lack of appetite and lethargy for 48-72 hours. She confirmed there was a stool sample pending for Resident #27. At this time, the FNP reviewed Nordex for the stool sample results. Resident #27 results were positive for Norovirus. She stated, she had notified the facility a week ago, via email, of the concern for a norovirus outbreak and asked them to ensure isolation precautions are put into place, cleaning and use soap and water for hands not hand sanitizer stating, "I sent it to everyone, the Administrator, DON and the ADON, I asked them to stop activities, and I was told its residents rights, we can't do that.". Review of the email the FNP sent the facility, dated 3/26/25 stated, "I believe we are about to have large Norovirus outbreak here: already five people have nausea and vomiting, within a 24	F 835	6. Weekly audits will be completed by the Administrator/designee on the compliance and sustainability of staff education as well as communication plan related to the management of infection control practices and physician and facility communication to assure compliance is achieved and sustained. 7. Administrator/designee will report audit results at the monthly QAPI meetings until 100% compliance is achieved and sustained for 3 consecutive months. The QAPI committee will then revise audit time frames accordingly to ensure ongoing compliance. Completion Date: 4/24/25	

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F 835 Continued From page 14 F 835

hour period. We will be sending some stool samples, will keep you posted. If they are positive and this continues, suspect probable outbreak. Precautions should be in place. Gowns, gloves, signage, please. Isolation should be onset of symptoms/exposure to 2 days after s/s resolve. Treatment is supportive: antiemetics, push fluids. Hand sanitizer is ineffective. Soap and water for hands, bleach for surfaces, to clean. Can Seal Rock please communicate with housekeeping to alert his staff?"

The facilities "Infections - Clinical Protocol" policy and procedure last revised on 3/2025 states, under "Assessment and Recognition, 1. The physician or provider will help identify individuals who have had a recent infection or who are at high risk for developing an infection. 2. Infection may be suspected based on clinical signs and symptoms and/or temperature. 3. Nursing staff will notify the physician or provider of all pertinent details about the resident's condition. Under section "Cause Identification, 1. Based on the preceding information, the physician or provider and staff will discuss and determine whether an infection exists or is likely, whether additional evaluations or testing is indicated, and whether other active conditions related to an infection also need to be managed simultaneously. 3. Based on the overall clinical picture, including the severity of the current illness, the physician or provider will help the staff address the following issues: whether an infection is present ....4. The physician or provider and staff will identify Infection transmission risks and (in conjunction with the Infection Preventionist) will implement relevant precautions.

The facilities "Infections Prevention and Control

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Program" policy and procedure last revised 3/2025 states, "An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections."

Under Elements of the IPCP,

1. Coordination and oversight ... "Surveillance data and reporting information is used to inform the committee of potential issues and trends. Some examples of committee reviews may include: documented IPCP incidents and corrective actions taken, whether provider management of infection is optimal, whether information about culture results or antibiotic resistance is transmitted accurately and in a timely fashion and whether there is appropriate follow up of acute infections."
2. Surveillance and reporting ... "Surveillance Tools are used for identifying the occurrence of infections, recording their number and frequency, detecting outbreaks and epidemics, monitoring employee infection, monitoring adherence to infection prevention and control practices, and detecting unusual pathogens with infection control implications."
6. Outbreak Management ... "Outbreak management is a process that consists of: determining the presence of an outbreak, managing the affected residents, preventing the spread to other residents, documenting information about the outbreak, quoting the information to the appropriate public health authorities, educating the staff and the public, monitoring for reoccurrences ..."
7. Prevention of infection ... "Important facets of

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F 835	Continued From page 16 infection prevention include: identifying possible infections or potential complications of existing infections Cortana instituting measures to avoid complications or dissemination, educating staff and ensuring that they adhere to proper techniques and procedures, communicating the importance of standard precautions and respiratory hygiene to visitors and family members, screening for possible significant pathogens ... implementing appropriate enhanced barrier or transmission-based precautions when necessary and following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC). 8. Monitoring employee health and safety ... "The facility has established policies and procedures regarding infection preventions and control among employees, contractors, vendors, visitors, and volunteers, including: ... situations when these individuals should report their infections or avoid the facility (for example ... active respiratory infections with considerable coughing and sneezing, or frequent diarrhea stools). Please see F880 for details related to Norovirus	F 835		
F 880 SS=K	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.	F 880	1. All residents and staff who had GI signs and symptoms were directly affected by this practice. 2. All residents and staff had the potential to be affected by this practice. 3. **Immediate plan of correction** was implemented as follows: On 4/2/25 at 2:12 p.m., the Administrator was provided with written notification (IJ template for F880) related to the IJ situation, and a removal plan was requested.	

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F 880	Continued From page 17 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 §483.71 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 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	F 880	On 4/2/25 a removal plan was submitted and on 4/3/25 at 1:58 p.m. the facility submitted an acceptable removal plan. The removal plan was reviewed and approved by the State Agency on 4/3/25 at 2:59 p.m. This removal plan indicated the following: - Huddles completed on each unit on 4/2 with clinical staff to review residents with symptoms & review contact precautions. Huddles occur prior to each start of shift to ensure continued communication. Huddles will include review of contact precautions and management of Norovirus as well as continued education until outbreak is mitigated. - Reviewed with providers residents who are currently on precautions - Completed 4/2 & 4/3 and ongoing until outbreak is mitigated. - Audit of residents requiring contact precautions completed to ensure all are in place - completed 4/2 and ongoing until outbreak is mitigated. - Education re Norovirus and donning & doffing pushed out to all staff in Relias platform. - Education sent to employees 4/2 - Education provided to all staff including ancillary staff by RN who are working 4/2 & 4/3. - - - Any remaining staff will be provided with electronic education prior to next shift. Education provided to all shifts until 100% compliance. Education provided on Norovirus and PPE at this time. - All group activities suspended effective 4/2 and ongoing until outbreak mitigated. - Volunteer visits will be limited until further notice	

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(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, interviews and record review, the facility failed to identify and implement isolation/contact precautions for residents who were exhibiting symptoms of gastroenteritis and failed to follow the Nurse Practitioner's recommendation to ensure that Personal Protective Equipment (PPE) supplies were available for use for these residents. In addition, the facility failed to ensure all staff were knowledgeable about which residents were experiencing these symptoms and ensure PPE were used while providing care. This resulted in the spread of gastroenteritis [nflammation that spreads from your stomach into your intestines, causing pain, vomiting and diarrhea symptoms] (GI) symptoms creating an immediate jeopardy situation to 17 out of 90 residents', on 6 of 7 units: Eagle Island, Ram Island, Bluff Island, Stratton Islan, Beach Island and Gooseberry Island. (Resident #27 #26, #25, #22, #9, #10, #13, #14, #16, #34, #4, #32, #6, #5, #7, #33, and #3)

F 880

Volunteers scheduled to come into the building will be called and educated prior to entering the resident units.
External providers that come to the building (i.e., lab, wound care etc) are notified of outbreak and require any provider coming to the building to check in with ICP or designee for review of contact precautions.
Hospice providers contacted to notify of the outbreak and advised that any provider coming into the building needs to be educated regarding Norovirus and donning/doffing prior to entering the resident units.
Dining rooms closed for service until further notice effective 4/2 and ongoing until the outbreak mitigated.
Admissions restricted until outbreak is contained effective 4/3.
Education provided to all housekeeping/laundry staff regarding proper cleaning procedures as well as increase of cleaning of high touch surfaces until further notice - completion 4/2 & 4/3. Education will continue until 100% compliance.
Signage posted regarding outbreak and proper hand hygiene. Completed 4/2

4. Resident #29 was affected by this practice related to RSV notification.
5. All residents with a change in status have the potential to be affected by this practice.
6. Staff were informed starting on 04-02-2025 and ongoing on need to notify resident/ resident representative of changes in resident status.

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F 880	Continued From page 19 Findings: 1. On 3/17/25 the Division of Licensing and Certification received a complaint regarding quality-of-care concerns and that a resident tested positive for Respiratory Syncytial Virus (RSV). The family was not notified of a resident being positive for RSV and the facility had not implemented isolations precaution with use of PPE and signage posted notifying staff and visitors of the precautions. On 4/1/25 during a telephone interview, the complainant stated Norovirus (contagious gastroenteritis) is currently active in the facility, there is no PPE out for use, staff are not utilizing PPE and there is no posted/signage of isolation precautions out. On 4/2/25 at 8:45 a.m., upon entry to facility, during an observation, there was no posting or signage on the door of any infections/symptoms occurring in the building. In an interview, the Administrator stated there is something GI going around, a few residents have had it and believed there is one resident who was having symptoms. She then stated that both the Director of Nursing (DON) and the Assistant Director of Nursing/Infection Preventionists (ADON/IP) were out sick with nausea, vomiting and diarrhea. On 4/2/25 at approx. 8:50 a.m., 2 surveyors completed an initial tour of the facility. During this tour, the following first floor units; Eagle Island, Ram Island, Bluff Island, Stratton Island, were observed with no isolation/contact precautions in place requiring the use of PPE. The second-floor units: Beach Island, Gooseberry Island and Wood Island were observed with no isolation/contact	F 880	7. PCC order put in for all nurses to complete notification of status changes & document these notifications within EMR. 8. Weekly audits to be completed by DON/designee of compliance with notification of resident status changes and supporting documentation. Any variations found will be followed up with appropriate staff. 9. Precautions will be initiated and FAH policies will be followed for all infectious processes. 10. Morning meeting agenda and flow will be revised to include infection control surveillance and management to further communicate and ensure ongoing compliance and sustainability. 11. Providers were shown location and use of Infection control module within EMR. 12. Ongoing staff meetings and huddles to include engagement of direct care staff in active clinical inquiry and problem-solving related to infection control. 13. Staff were educated on infection control policies and procedures along with a focus on the management of signs or symptoms of infections and implementation and management of isolation and PPE to prevent the spread of infection. 14. Ongoing education with the licensed staff on the use of PCC for logging suspected and confirmed infection cases within the designated infection control module. 15. DON/ICP/designee to complete audits of proper PPE usage and infection identification and management. Any variations found will be followed up with appropriate staff.	

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F 880	Continued From page 20 precautions in place requiring the use of PPE. On 4/2/25 at 11:13 a.m., during an interview with the Family Nurse Practitioner (FNP) and the Advanced Practice Registered Nurse (APRN. The FNP provided the surveyor with a list of 30 residents, located on all units of the facility, who have had or currently have GI symptoms with the first symptoms reported on 3/24/25. The FNP stated the main symptoms were nausea, vomiting and diarrhea. Almost everybody had fatigue, lack of appetite and lethargy for 48-72 hours. She confirmed there was a stool sample pending for Resident #27. At this time, the FNP reviewed Nordex for the stool sample results. Resident #27 results were positive for Norovirus. She stated, she had notified the facility a week ago, via email, of the concern for a norovirus outbreak and asked them to ensure isolation precautions are put into place, cleaning and use soap and water for hands not hand sanitizer stating, "I sent it to everyone, the Administrator, DON and the ADON, I asked them to stop activities, and I was told its residents rights, we can't do that." At this time, FNP stated she will notify the facility of Resident #27's positive norovirus results. Review of the email the FNP sent the facility, Dated 3/26/25 stated, "I believe we are about to have large norovirus outbreak here: already five people have nausea and vomiting, within a 24 hour period. We will be sending some stool samples, will keep you posted. If they are positive and this continues, suspect probable outbreak. Precautions should be in place. Gowns, gloves, signage, please. Isolation should be onset of symptoms/exposure to 2 days after s/s resolve. Treatment is supportive: antiemetics, push fluids. Hand sanitizer is ineffective. Soap and water for hands, bleach for surfaces, to clean. Can Seal	F 880	16. DON/ICP/designee will report audit results at the monthly QAPI meetings until 100% compliance is achieved and sustained for 3 consecutive months. The QAPI committee will then revise audit time frames accordingly to ensure ongoing compliance. Completion Date: 4/24/25	

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Rock please communicate with housekeeping to alert his staff?"

On 4/2/25 at 11:24 a.m., observation of Resident #7, #25 and #26 rooms to now have a Contact precaution sign posted with a PPE cart near the door. Resident #27 did not have isolation/contact precaution sign posted or PPE cart near the door.

On 4/2/25 at 2:18 p.m., 2 surveyors observed Resident #27's room again with no isolation/contact precautions posted or PPE available. Resident #27's significant other was observed visiting sitting with the resident.

On 4/2/25 at 3:39 p.m. during an observation with the Administrator and the surveyor, Resident #27's room lacked isolation/contact precautions or a PPE cart by the room. At this time, the surveyor confirmed the Administrator was aware that Resident #27 was positive for norovirus.

On 4/2/25 at 5:47 p.m., during an observation, Resident #27's room continued not to have isolation/contact precautions posted and PPE available in a cart near the door.

The facilities "Infections Prevention and Control Program" policy and procedure last revised 3/2025 states, "An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections." 7. Prevention of infection ... "Important facets of infection prevention include: identifying possible infections or potential complications of existing infections Cortana instituting measures to avoid

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complications or dissemination, educating staff and ensuring that they adhere to proper techniques and procedures, communicating the importance of standard precautions and respiratory hygiene to visitors and family members, screening for possible significant pathogens ... implementing appropriate enhanced barrier or transmission-based precautions when necessary and following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC).

2. Additional interviews with facility staff confirmed the lack of isolation/contact precautions being initiated upon first GI symptoms and knowledge of what residents were having these symptoms requiring isolation precautions and use of PPE:

On 4/2/25 at 9:04 a.m., during an interview with Certified Nurses Aid (CNA#3) stated, "we had norovirus going around, for the most part, it's cleared up." The surveyor asked if she was given a report of any residents with current GI symptoms. She stated Resident #22 did have symptoms but was not having any right now and Resident #17 had symptoms a few days ago but nothing yesterday or today. At this time, CNA #3 confirmed she had worked on 4/1/25 on the unit and both yesterday and today she was unaware of any new GI symptoms.

On 4/2/25 at 9:16 a.m., during an interview, the Certified Nurses Aid (CNA#1) on Beach Island and Gooseberry Island, stated she was unaware of any resident's experiencing GI symptoms of nausea/vomiting/diarrhea (n/v/d). The surveyor asked how she would be made aware if a resident was on isolation precautions requiring

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PPE for care. She stated it would be posted on the resident's door.

On 4/2/25 at 9:23 a.m., during an interview with Licensed Practical Nurse (LPN#1), stated he is the nurse in charge of Beach Island, Gooseberry Island and Wood Island (the nurse in charge of Resident #27). The surveyor asked if any residents were experiencing GI symptoms of n/v/d. He stated, he was aware of Resident #26 had n/v/d that started this weekend, Resident #25 started with loose stools yesterday and Resident #22 started with loose stools last night. He stated there has not been any testing since it started, and he is unaware of any current testing being completed. The surveyor asked if the Wood Island unit had any GI symptoms, he stated, a few days back but nothing since. When asked what he would do if a resident showed signs of GI symptoms, he stated he would notify the provider, put in a change of condition in the resident's chart, notify the family, and put up PPE. At this time, the surveyor asked why the residents he mentioned did not have Isolation/Contact precautions posted and a PPE cart outside of their room. He stated, he relies the Unit Coordinator/CNA (on Eagle/Ram unit, first floor) to put up the PPE for residents needing to go on precautions and he was going to be putting up precaution signs on the rooms however he is busy but will do it this morning. When asked the follow up question if there are any difficulties obtaining PPE, he stated that finding a cart to hold the PPE and the signage is very challenging.

On 4/2/25 at 9:37 a.m., during an interview with Certified Nurses Aid - Medication technician (CNA-M #2) on Beach Island, Gooseberry Island and Wood Island, stated she is unaware of any

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residents having GI symptoms of n/v/d or the need to wear PPE. The surveyor asked how she would know if a resident was on isolation/contact precautions and PPE was required. She stated it would be on their door, posted with gloves and gowns.

On 4/2/25 at 9:40 a.m., during an interview, with Housekeeper on Beach Island and Gooseberry Island, stated she just returned from 3 days off. The Surveyor asked if she was aware of any residents having GI symptoms of n/v/d, she stated, "nope", The surveyor asked how she would know if she needed to wear PPE prior to going into the rooms, she stated, "it would tell you, on the door what you have to wear".

On 4/2/25 at 9:45 a.m., during an interview, with CNA #2 on Beach Island, Gooseberry Island and Wood Island, stated she was not given any report regarding residents having GI symptoms or anyone on precautions other than Enhanced Barrier Precautions (EBP).

On 4/2/25 at 9:50 a.m., during an interview with Registered Nurse (RN#1) on the Bluff Island and Stratton Island, stated that there are a few residents who are experiencing GI symptoms, Resident #9 is experiencing nausea and diarrhea, Resident #10 has vomiting and diarrhea with a stool sample sent out and they are awaiting results, Resident #13 is experiencing nausea and dry heaves that started last night, Resident #14 has been vomiting since last night, Resident #16 has been vomiting since yesterday and there are orders to collect a stool sample. At this time, RN#1 stated she cannot confirm if there are PPE carts available or at these residents' rooms, but they all should be on precautions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205103	A. BUILDING _____ B. WING _____	C 04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEAL ROCK HEALTHCARE	88 HARBOR DRIVE SACO, ME 04072

(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
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On 4/2/25 at 9:55 a.m., during an interview with LPN #2 on Bluff Island and Stratton Island, stated she would only get a report when she is the nurse in charge. She confirmed she was not the nurse in charge, only passing medications and did not receive a report. The surveyor asked if she was aware of any residents having GI symptoms of n/v/d, she stated, "Yes, Resident #14 had emesis yesterday, nobody else as far as I know ...Resident #34 had signs and symptoms of norovirus. The doctor said to go ahead and get a stool. Nobody I know of on Bluff side."

On 4/2/25 at 10:05 a.m., during an interview, with RN #2 on the Ram Island, stated she believes that the facility has "a lot of Noro" cases; Resident #4 was sent out to the hospital yesterday for GI issues, Resident #32 had symptoms over the weekend which have resolved, Resident #6 started having stomach cramps this morning, Resident #5 started having diarrhea this morning and Resident #7 started vomiting this morning. RN #2 then stated that she herself had GI issues on Friday 3/28/25, called out Saturday but returned to work Sunday 3/30/25. During the week of 3/28/25 she had Resident #33 who had GI symptoms. She then stated, a lot of staff have been getting it along with the residents.

On 4/2/25 at 10:15 a.m., during an interview, with LPN #3 working on Eagle Island, stated Resident #3 started to have nausea about a half hour ago and denies anyone else having GI symptoms. The surveyor asked if she gets a report on who requires PPE and/or isolation precautions, she stated, "we don't, there's a sign on the door for people on precautions that we follow."

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On 4/2/25 at approx. 10:18 a.m., during an interview with the Administrator, 2 surveyors discussed the lack of Isolation/Contact precautions posted, the lack of available PPE carts, the lack of staff knowledge of residents who are experiencing GI symptoms, staff entering the rooms of residents with GI symptoms without the use of PPE and are unaware of the risks and the GI symptoms have been spreading throughout the facility. At this time, the Administrator stated again that both the Director of Nursing (DON) and Assistant Director of Nursing/Infection Preventionist (ADON/IP) were out sick.

On 4/2/25 at 10:22 a.m. during an interview with both CNA #6 and CNA #7 on Eagle Island and Ram Island. CNA #6 stated he does not know of any residents, on his side, that are having GI symptoms or anyone needing contact precautions. CNA #7 then stated that she knows Resident #7 having symptoms and Resident #4 being sent to the hospital yesterday due to GI symptoms. The surveyor asked both CNA's which residents are on contact precautions. CNA #7 stated, "the only one on my side is Resident #2 who is on EBP."

Based on the above information, IJ was called on 4/2/25 for the facility's failure to identify and implement isolation/contact precautions for residents who were exhibiting symptoms of gastroenteritis, failed to follow the Nurse Practitioner's recommendation to ensure that Personal Protective Equipment (PPE) supplies were available for use for these residents, and failed to ensure all staff were knowledgeable about which residents were experiencing these GI symptoms and ensure PPE was available. The

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F 880	Continued From page 27 facility's failure to provide these services constituted an immediate jeopardy situation. Please see F-0000 Initial Comments related to the IJ removal plan.	F 880		