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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205143	A. BUILDING _____ B. WING _____	R 06/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMMINGS HEALTH CARE FACILITY	**5 CROCKER STREET HOWLAND, ME 04448**

(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 6/21/23, an unannounced onsite visit was conducted at Cummings Health Care Facility for the purpose of completing the follow-up revisit to the annual Long-Term Care Survey for Federal Recertification, dated 5/8/23 through 5/11/23, and complaint #ME00039945. It was determined that Cummings Health Care Facility was not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	{F 000}		
{F 584} SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition;	{F 584}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 7/3/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

F 584 Safe/Clean/Comfortable Homelike Environment

B- Unit

Rm 2

The corrective action taken for the deficient practice was to replace the ceiling tile in question. This was completed on 06/22/2023.

The corrective action taken for the deficient practice was to fill the chips in the bedside table and then seal the affected areas. This was completed on 06/28/2023.

The corrective action taken for the deficient practice was to sand the sheetrock area and paint it. This was completed on 06/22/2023.

The corrective action taken for the deficient practice was to clean and scrub the floor areas affected. This was completed on 06/30/2023.

Rm 9

The corrective action taken for the deficient practice was to remove the fan from the room and have it disassembled and cleaned. This was completed on 06/22/2023.

Rm 1

The corrective action taken for the deficient practice was to clean and/or replace the tiles affected. This was completed on 06/29/2023.

Hallway

The corrective action taken for the deficient practice was to clean and scrub the floor areas affected. This was completed on 06/30/2023.

A-Unit

Rm 17

The corrective action taken for the deficient practice was to remove the fan from the room and have it disassembled and cleaned. This was completed on 06/22/2023.

Rm 19

The corrective action taken for the deficient practice was to remove the fan from the room and have it disassembled and cleaned. This was completed on 06/22/2023.

The corrective action taken for the deficient practice was to clean and scrub the floor areas affected. This was completed on 06/30/2023.

Rm 22

The corrective action taken for this deficient practice was to repair and fix the molding next to the sink and re-attach the cove base correctly. This was completed on 06/30/2023.

Rm 14

The corrective action taken for the deficient practice was to remove the fan from the room and have it disassembled and cleaned. This was completed on 06/22/2023.

Rm 13

The corrective action taken for the deficient practice was to remove the fan from the room and have it disassembled and cleaned. This was completed on 06/22/2023.

The facility will identify other residents as having the potential to be affected by these deficient practices and the systemic change we have made is to add each of the above-listed deficiencies to the maintenance and cleaning audit. This audit will be completed by housekeeping and maintenance when necessary and then submitted to administration each week. This maintenance and cleaning audit was originally implemented on 5/30/2023. This audit will also include a list of all fans in each resident's room and will be inspected each week for cleanliness. This list of fans will be submitted with the maintenance and cleaning audit each week.

The facility will monitor for completion and effectiveness by submitting all audits to Quality Assurance for review. The next Quality Assurance meeting is 08/23/2023

F 812 Food Procurement,Store/Prepare/Serve-Sanitary

The corrective action taken for this deficient practice was the Food Service Supervisor removed the whipped topping from the walk-in refrigerator and disposed of it. This was completed on 06/21/2023.

The facility will identify other residents as having the potential to be affected by this deficient practice and the systemic change we have made is to purchase new markers that will write on wet surfaces and instruct all kitchen staff on the proper procedure for labeling the whipped topping with a date once the topping is removed from the freezer. The whipped topping will be monitored by audits completed by the Food Service Supervisor during the food stocking and ordering process each week and included on the audit originally started on 06/01/2023.

The facility will monitor for effectiveness by having the audits completed by the Food Service Supervisor submitted to Quality Assurance for review. The next Quality Assurance meeting is 08/23/2023