STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205132	A. BUILDING _____ B. WING _____	12/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURGIN PINES	9 LEWIS RD KITTERY, ME 03904

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS From December 18, 2023 to December 22, 2023, on-site visits were conducted at Durgin Pines to complete the annual Long Term Care Survey Process for Federal Recertification and investigating complaints #ME00045755 #ME00045000, #ME00044385, and Facility Reported Incident #ME00045451. It was determined that Durgin Pines is not in compliance with 42 CFR Part 483, Subpart B-Requirements for Long Term Care Facilities.	F 000		
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for the ceiling vents,	F 812		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Michelle Bellmeier — TITLE: Administrator — (X6) DATE: 1/12/24

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 812	Continued From page 1 and the food slicer, 1 of 4 days of survey. Additionally, the reach-in refrigerator was found to have a container of unlabeled and undated food. Findings: On 12/18/2023, at 9:15 a.m., during the initial tour of the kitchen with the Food Service Director/Dietician the following findings were observed and confirmed: The kitchen had dirty/dusty ceiling vents in all areas of the kitchen. The exhaust vent just across from the prep sink had a long piece of dust/debris blowing in the wind of the exhaust fan. The reach-in fridge had a small container of bacon that was undated and unmarked. On 12/20/2023 at 12:40p.m. During the return observation of the Kitchen with the Food Service Director/Dietician, it was observed and confirmed that there was a build-up of a foreign material on the blade guard of the food slicer. The Food Service Director stated that it looks like some kind of plastic material.	F 812	F 812 **Dirty/Dusty Vents** • No Residents were impacted by this deficient act. • All ceiling vents were cleaned on 12/19/23. • Preventative Maintenance plan initiated for cleanings. • Education provided to staff with "Read and Sign." • Random audits will be completed by Dietary Staff. • Completion Date: 1/12/24 **Undated/Unmarked Food** • No Residents were affected by this deficiency. • Unmarked bacon was removed on 12/18/23. • "Read and Sign" done to provide adequate education. • Random audits will be done and monitored by Dietary Director. • Completion Date: 1/15/24. **Blade Guard** • No Residents or Staff were impacted by this deficient act. • Food Slicer was cleaned on 12/20/23. • Signage above slicer redone regarding cleaning expectations. • Random audits will be done. • Blade guard will be replaced. • Anticipated delivery of new blade guard to arrive on 1/15/24. • Completion Date: 1/16/24.	

PLEASE READ AND SIGN 1/8/24

We received a deficiency from our recent state survey.

The deficiency findings state:

"The kitchen had dirty/dusty ceiling vents in all areas of the kitchen. The exhaust vent just across from the prep sink had a long piece of dust/debris blowing in the wind of the exhaust fan"

It is everyone's responsibility to make sure our kitchen stays clean and we keep an eye on our ceilings/vents. Monthly audits with the Director will be conducted. A quarterly cleaning schedule with Maintenance will be scheduled during off hours.

Christine Burke 1/8/24

1/8/24

Wanda R. Mcsmith 1/8/24

LuAnn Bonsey 1/8/24

1/8/24

1/11/24

1/11/24

1/11/24

11/12/24

1/12/24

1/12/24

Cheryl Tracy 1/12/24

MAIN KITCHEN QUARTERLY CEILING VENT CLEANING SCHEDULE

MONTH/YEAR	FOOD SERVICE DIRECTOR INITIAL	ENVIROMENTAL SERVICE DIRECTOR INITIAL
MARCH 2024		
JUNE 2024		
SEPTEMBER 2024		
DECEMBER 2024		

*ALL ceiling vents must be checked. All dust/debris must be immediately removed.

MAIN KITCHEN QUARTERLY CEILING VENT CLEANING SCHEDULE

MONTH/YEAR	FOOD SERVICE DIRECTOR INITIAL	ENVIROMENTAL SERVICE DIRECTOR INITIAL
MARCH 2025		
JUNE 2025		
SEPTEMBER 2025		
DECEMBER 2025		

*ALL ceiling vents must be checked. All dust/debris must be immediately removed.

MAIN KITCHEN QUARTERLY CEILING VENT CLEANING SCHEDULE

MONTH/YEAR	FOOD SERVICE DIRECTOR INITIAL	ENVIROMENTAL SERVICE DIRECTOR INITIAL
MARCH 2026		
JUNE 2026		
SEPTEMBER 2026		
DECEMBER 2026		

*ALL ceiling vents must be checked. All dust/debris must be immediately removed.

PLEASE READ AND SIGN 1/8/24

We received a deficiency from our recent state survey.

"The reach in fridge had a small container of bacon that was undated and unmarked"

No personal food items in reach in fridge, no to-go containers, no plastic bags, no personal drinks.

Every food and drink item must be labeled and dated properly in the kitchen. Please date all opened drinks

Random audits will be conducted by Management

Thank you for understanding!

Christine Burke 1/8/24

1/8/24

1/8/24

1/8/24

1/8/24

1/11/24

1/11/24

1/12/24

11/10/24

1-12-24

1-12-24

1/12/24

RANDOM REFRIGERATOR AUDIT SHEET

* Random audit at any time of the day preformed by Director

DATE	LOCATION	INITIAL

Updated 1/8/24

ATTENTION

SLICER MUST BE CLEANED AND SANITIZED IMMEDIATELY AFTER EACH USE

COVER MUST BE PLACED BACK ON

FedEx

FedEx® Tracking

UPDATED DELIVERY

Monday

1/15/24 by end of day
Estimated between
1:00 PM - 5:00 PM

Initially expected: Tuesday, 1/16/24

EARLY

DELIVERY STATUS

On the way

TRACKING ID

060319683180599

FROM
Addison, IL US

Label Created
1/11/24 1:52 PM

WE HAVE YOUR PACKAGE
NILES, IL
1/11/24 12:00 AM

ON THE WAY
HURON, OH
1/12/24 12:36 PM

OUT FOR DELIVERY

TO
KITTERY, ME US
Estimated between
1:00 PM - 5:00 PM

↓ View travel history

Want updates on this shipment? Enter your email and we will do the rest!

YOUR EMAIL

SUBMIT

MORE OPTIONS

Partstown®

REMIT TO

PARTS TOWN, LLC
27787 NETWORK PLACE
CHICAGO, IL 60673-1277
Phone: 800-438-8898
Phone: 630-620-1635
Fax: 888-513-0259

Credit Card Pro Forma Invoice

Invoice #2101380320

Billing Address

Continuum Health Services
9 Lewis Rd
KITTERY ME 03904-5410
USA

Shipping Address

Continuum Health Services
Christine Burke
9 Lewis Rd
KITTERY ME 03904-5410
USA

Customer Number 0101096837

Shipping Method Ground Saver

Sales Order	Invoice Date	Order Date	Ship Date	Invoice Terms	Customer PO	Web Order Number
501305964	01/11/2024	01/11/2024	01/11/2024	Credit Card	WEB 0100387453	0100387453

Part Number	Description	WH	Ship Qty	UoM	B/O Qty	Unit Price USD	Ext Amount USD
HOB00-913067	IKITMEAT GRIP Track ID: 060319683180599	USPT	1	EA	0	281.33	281.33
HOB00-915596	I KITSLIDE ROD SUPPORT HANDLE Track ID: 060319683180599	USPT	1	EA	0	174.35	174.35

Christine Burke xxxx-5340

Total Gross	455.68	USD
Total Freight	30.02	USD
Total Tax	25.06	USD
Total Amount	510.76	USD

ALL SHORTAGES, DEFECTS, OR ERRORS MUST BE REPORTED WITHIN FIVE (5) DAYS.NO RETURNS ACCEPTED WITHOUT OUR AUTHORIZATION.RETURNS DUE TO CUSTOMER ERROR ARE SUBJECT TO A RESTOCKING CHARGE AND THE OUTBOUND. FREIGHT CHARGE IS OWED BY THE CUSTOMER.ALL WARRANTY PARTS MUST BE RETURNED WITHIN THIRTY (30) DAYS. PLEASE REFER TO PARTS TOWN ORDER NUMBER OR INVOICE NUMBER ABOVE WHEN SENDING CORRESPONDENCE OR DELAYS MAY OCCUR.