

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

PRINTED: 01/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205132		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/22/2023	
NAME OF PROVIDER OR SUPPLIER DURGIN PINES				STREET ADDRESS, CITY, STATE, ZIP CODE 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			F 000			
F 812 SS=D	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. 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

TITLE

(X6) DATE

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

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F 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			