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	205127	A. BUILDING _____ B. WING _____	08/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINE VETERANS HOME - SCARBOROUGH	**290 US RT 1 SCARBOROUGH, ME 04074**

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F 000	INITIAL COMMENTS From 8/28/23 through 8/31/23 on-site visits were conducted at the Maine Veteran's Home-Scarborough for the purpose of conducting the annual Long Term Care Survey Process and an investigation of complaints #ME00043766, #ME00043905, #ME00043906, #ME00044199, #ME00044280, #ME00044706, and #ME00044774. It was determined that the Maine Veteran's Home-Scarborough was not in substantial compliance with 42 CFR 483, Sub-part 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;	F 584		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 584	Continued From page 1 §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior for 3 of 3 units (units A, B and C). Finding: On 8/31/2023, at 1:50p.m, during a tour of the environment with the Facilities Manager, the following observations were made: A Unit - Resident 28's - Dresser drawer will not close B Unit - Dining Room - 2 ceiling lights over resident eating area, burned out. Hallway light covers outside of Dining Room have dead insects visible through cover. Overbed table in TV area has chipped	F 584		

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F 584	Continued From page 2 surface. Metal three drawer cabinet outside of resident 28's room has chipped surface. Hallway overhead light between resident rooms 7/8 and 9/10 had dirt visible debris. Resident 7's has dirty overbed tray table Resident 8's nightstand has heavy amount of dirt and debris on drawers. C Unit - Resident 34 has a stained ceiling tile above resident's head along the curtain track. On 8/31/2023, the above findings were confirmed with the Facilities Manager at 2:20p.m.	F 584		
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable.	F 655		

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F 655	Continued From page 3 §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure a baseline care plan summary (developed and implemented within 48 hours that included the instructions needed to provide minimum healthcare instructions necessary to properly care for the resident), was provided to the resident, and/or resident representative, for 1 of 2 residents sampled for care planning (#40). Finding: On 8/29/23 at 3:01 p.m., in an interview with a surveyor, Resident #40's family stated they were concerned that important information hadn't been shared upon the resident's admission. The family stated they did not receive a copy of Resident	F 655		

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F 655	Continued From page 4 #40's baseline care plan and did not attend a care planning meeting until "a couple weeks after" admission. A review of Resident #40's clinical record noted an admission date of 2/15/23. A progress noted, dated 3/1/23, stated the plan of care was discussed at the interdisciplinary team meeting, in which the resident's family attended. On 8/31/23 at 10:45 a.m., in an interview with a surveyor, the Social Worker reviewed Resident #40's electronic record and confirmed the baseline care plan was not shared with Resident #40's family until 2 weeks after admission. On 8/31/23 at 10:50 a.m., the finding was discussed with the Director of Nursing.	F 655		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident	F 657		

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F 657	Continued From page 5	F 657		

and their resident representative is determined not practicable for the development of the resident's care plan.
(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.
(iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.
This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the facility failed to review and revise the care plan by an interdisciplinary team (IDT), that included, to the extent possible, the participation of the resident after each assessment for 1 of 1 sampled residents (#25).

Finding:

On 8/28/23 at 9:44 a.m. during an interview, Resident #25 stated he/she did not recall going to care plan meetings.

Record review show quarterly Minimum Date Set (MDS) 3.0 assessments dated 3/31/23 and 6/28/23.

On 8/31/23 at 11:25 a.m., in an interview with a surveyor, the Social Worker reviewed Resident #25's clinical record and confirmed that the last IDT meeting was held on 4/06/23. There was a lack of evidence that Resident #25 had been invited or participated in the IDT. The Social Worker stated that the next IDT meeting was scheduled for 9/26/23.

On 8/31/23 at 11:35 a.m., the finding was

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F 657	Continued From page 6 discussed with the Director of Nursing.	F 657		
F 689 SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations and interview, and review of Material Safety Data Sheets (MSDS) the facility failed to ensure that the residents environment was free of accident hazards relating to a patient lift and a missing a safety clip for 1 of 3 days of survey (8/28/23), failed to ensure that smoking saftey assessments for 6 of 6 residents who smoke were completed (Residents #'s 8, 18, 25, 63, 74, and 85), and failed to ensure that wood working equipment and tools were properly secured for 3 of 4 days of survey (8/28/23, 8/29/23, and 8/30/23). Findings: 1. On 8/28/23 at 6:50 a.m. a surveyor observed an Viking XL patient lift on the B Unit that was missing a safety clip that secures the lift pad on the swing arm when in use, on the small bar. In an interview with C.N.A. #1, when asked about the lift, he stated it was usually used for heavier people. When asked when the last time he used the lift, he stated, "I used it this morning."	F 689		

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F 689	Continued From page 7 On 8/28/23 at 7:25 a.m., this finding was confirmed with Registered Nurse # 1. The lift was removed from patient use. On 8/28/23 at 11:08 a.m., this finding was discussed with the Director of Nursing. 2. On 8/28/23 at approximately 09:55 a.m., during an interview Resident #25 reported that he/she smokes. When asked where he/she went to smoke, Resident #25 stated he/she goes to the curve at the entrance and doesn't always feel safe due to traffic. Resident #25 stated residents are not allowed to smoke on the facility property. The facility provided a list that indicated the following residents #8, 18, 25, 63, 74, 85, are smokers. On 8/31/ 23 at 10:50 a.m. in an interview with two surveyors, Registered Nurse #2, she stated that the facility does not complete smoking assessments on residents that smoke. She reported that the residents that smoke have the smoking materials in their rooms. On 8/31/23 at 10:52 a.m. these findings were discussed with the Director of Nursing. She confirmed that the facility does not conduct smoking assessments on the residents that smoke. She stated that they ask residents to turn in smoking materials to staff, however they refuse. She also stated the facility bought smoking bibs, however, the residents refuse to wear them.	F 689		

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F 689	Continued From page 8	F 689		

3. On 8/30/23 a surveyor observed an area on the B company that was in the dining room across the door to the unit kitchen area where food is prepared without a door. A table in this area was set up as a wood working station.

There were various glues, wood filler, paints, screws and tools on the table including:

Two bottles of Gorilla Glue
Two bottles of wood glue
Tubes of acrylic art paint
Minwax Stainable wood filler
Three Styrofoam cups filled with small/individual flip top paints
A tool to open up cans of paint
One hammer
A clear plastic bag full of long screws
Under the table there was a plastic milk crate that contained a real saw with blades, a tool bag, and various tools. There were three hammers hanging over the side of a milk crate.
Another milkcrate contained 9 cans of various interior and exterior paints.
To the side of the table there was shelving unit that contained small acrylic paint bottles

A review of MSDS sheets was completed with the following noted:

The MSDS for High Gloss Enamel Interior/Exterior Paint and Primer, Base C
Section 2 Hazards Identification:
Keep out of reach of children.
Obtain special instructions before use. Do not handle until all safety precautions have been read and understood. Wear protective gloves protective clothing and eye or face protection. Do

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F 689	Continued From page 9 not breathe vapor. Do not eat, drink or smoke when using thing product. Store locked up WARNING: Adequate ventilation required when sanding or abrading the dried film. Section 4. First Aid Measures: Includes: Eye Contact: Immediately flus eyes with plenty of water, occasionally lifting the upper and lower eyelids, Check for and remove any contact lenses Continue to rinse for at least 10 minutes. Get medical attention. Inhalation: Remove victim to fresh air and keep in a position comfortable for breathing... Get medical attention Skin Contact: Flush contaminated skin with plenty of water. Remove contaminated clothing and shoes ... Continue to rinse for at least 10 minutes. Get medical attention. Ingestion: Wash out mouth with water. Remove dentures if any. If material has been swallowed and the exposed person is conscious, give small quantities of water to drink. Stop if the exposed person feels sick as vomiting may be dangerous. Do not induce vomiting unless directed to do so by medical personnel ... Get medical attention. Advice on general occupational hygiene: Eating, drinking and smoking should be prohibited where the material is handled, stored, and processed. Conditions for safe storage, including any incompatibilities: Store in original container protected from direct sunlight in a dry, cool and well-ventilated area away from incompatible materials and food and drink.	F 689		

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F 689	Continued From page 10 The MSDS sheet for Ceiling Paint Flat Interior notes: Section 2 Hazards Identification: This material is considered hazardous by the OSHA Hazard Communication Standard Signal Word: Danger Precautionary Statements: General: Read label before use. Keep out of reach of children. Prevention: Obtain special instructions before use. Do not handle until all safety precautions have been read and understood. Wear protective gloves protective clothing and eye or face protection. Do not breathe vapor. Do not eat, drink or smoke when using thing product. WARNING: Adequate ventilation required when sanding or abrading the dried film. Section 4. First Aid Measures: Includes: Eye Contact: Immediately flush eyes with plenty of water, occasionally lifting the upper and lower eyelids, Check for and remove any contact lenses Continue to rinse for at least 10 minutes. Get medical attention. Inhalation: Remove victim to fresh air and keep in a position comfortable for breathing... Get medical attention. Skin Contact: Flush contaminated skin with plenty of water. Remove contaminated clothing and shoes ... Continue to rinse for at least 10 minutes. Get medical attention. Ingestion: Wash out mouth with water. Remove dentures if any. If material has been swallowed and the exposed person is conscious, give small	F 689		

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quantities of water to drink. Stop if the exposed person feels sick as vomiting may be dangerous. Do not induce vomiting unless directed to do so by medical personnel ... Get medical attention.

Section 7 Handling and Storage:
Advice on general occupational hygiene: Eating, drinking and smoking should be prohibited where the material is handled, stored, and processed.

Conditions for safe storage, including any incompatibilities: Store in original container protected from direct sunlight in a dry, cool and well-ventilated area away from incompatible materials and food and drink.

The MSDS sheet for Titebond II Premium Wood Glue
Section 4. First Aid Measures: Includes:

Eye Contact: Immediately flush eyes with plenty of water, occasionally lifting the upper and lower eyelids, Check for and remove any contact lenses Continue to rinse for at least 10 minutes. Get medical attention.

Inhalation: Remove victim to fresh air and keep in a position comfortable for breathing... Get medical attention if needed.

Skin Contact: Flush contaminated skin with plenty of water. Remove contaminated clothing and shoes ... Continue to rinse for at least 10 minutes. Get medical attention.

Ingestion: Wash out mouth with water. Remove dentures if any. If material has been swallowed and the exposed person is conscious, give small

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quantities of water to drink. Do not induce vomiting unless directed to do so by medical personnel. Get medical attention if needed.

Section 7 Handling and Storage:

Advice on general occupational hygiene: Eating, drinking and smoking should be prohibited where the material is handled, stored, and processed.

Conditions for safe storage, including any incompatibilities: Store in original container protected from direct sunlight in a dry, cool and well-ventilated area away from incompatible materials and food and drink.

The MSDS sheet for Minwax Stainable Wood Filler

Section 2 Hazards Identification:
Read label before use. Keep out of reach of children.

Section 4. First Aid Measures: Includes:
Eye Contact: Immediately flush eyes with plenty of water, occasionally lifting the upper and lower eyelids, Check for and remove any contact lenses Continue to rinse for at least 10 minutes. Get medical attention if irritation occurs.

Inhalation: Remove victim to fresh air and keep at rest in a position comfortable for breathing. Get medical attention if needed.

Skin Contact: Flush contaminated skin with plenty of water. Remove contaminated clothing and shoes ... Continue to rinse for at least 10 minutes. Get medical attention if symptoms occur.

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Ingestion: Wash out mouth with water. Remove dentures if any. If material has been swallowed and the exposed person is conscious, give small quantities of water to drink. Do not induce vomiting unless directed to do so by medical personnel. Get medical attention if symptoms needed.

Advice on general occupational hygiene: Eating, drinking and smoking should be prohibited where the material is handled, stored, and processed.

Conditions for safe storage, including any incompatibilities: Store in original container protected from direct sunlight in a dry, cool and well-ventilated area away from incompatible materials and food and drink.

Conditions for safe storage, including any incompatibilities: Store in original container protected from direct sunlight in a dry, cool and well-ventilated area away from incompatible materials and food and drink.

The Safety Data sheet for Original Gorilla Glue noted:

Section 2: Hazard Identification:
Harmful if inhaled, causes skin irritation, causes serious eye irritation, may cause allergy or asthma symptoms or breathing difficulties if inhaled, may cause an allergic skin reaction, may cause respiratory irritation, suspected of causing cancer.
Signal Word: Danger
Precautionary Statements:
Keep out of reach of children.
Do not breathe vapors, mist, or spray.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINE VETERANS HOME - SCARBOROUGH	290 US RT 1 SCARBOROUGH, ME 04074

(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 689	Continued From page 14 If inhaled: Remove person to fresh air and keep at a rest position comfortable for breathing. If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Call a poison control center or doctor if you feel unwell. Section 7: Handling and Storage: Avoid breathing vapours. Use only outdoors or in a well-ventilated area. Do not handle until all safety precaution have been read and understood. Conditions for safe storage, including any incompatibilities: Store locked up. Store in a well ventilated place. Keep container tightly closed. The MSDS sheet for Royal Brush Acrylic noted: Section 4: First Aid Measures: Eye Contact: Quickly and gently blot material from eyes. Ingestion: If product is swallowed or gets in mouth do not induce vomiting; wash mouth with water ang give some water to drink. If symptoms develop or if doubt contact a poisons information centre or a doctor. The MSDS sheet for Atelier Interactive Artists' Acrylic Paint noted: Section 4. First Aid Measures: Ingestion: Have affected person drink two glasses of water. Never give anything by mouth to an unconscious person.	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205127	A. BUILDING _____ B. WING _____	08/31/2023

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F 689	Continued From page 15 Inhalation: Inhalation of vapour may cause irritation; move to fresh air. If irritation persists, consult a physician. Eye Contact: Direct eye contact may cause slight irritation; flush eyes with large amounts of cool water. If irritation persists, consult a specialist. The MSDS sheet for Delta Ceramcoat Acrylic Craft Paint noted: Section 7: Handling and Storage: Good industrial hygiene practice requires that exposure be maintained beow the TLV. This is preferabley achieved through the provision of adequate ventilation. When exposure cannot be adequately controlled in this way, personal respiratory protection should be employed. The B Unit had 33 Residents at the time of survey. Of these 33 residents 13 residents had diagnoses including dementia, Alzheimer's, and mild cognitive impairment. On 8/31/23 at approximately 8:50 a.m. the Director of Nursing confirmed the above findings were accident hazards. The wood working equipment and tools were removed from the area.	F 689		
F 842 SS=B	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent	F 842		

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F 842	Continued From page 16	F 842		

agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.

§483.70(i) Medical records.
§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-
(i) Complete;
(ii) Accurately documented;
(iii) Readily accessible; and
(iv) Systematically organized

§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-
(i) To the individual, or their resident representative where permitted by applicable law;
(ii) Required by Law;
(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;
(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.

§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.

§483.70(i)(4) Medical records must be retained

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F 842	Continued From page 17	F 842		

for-
(i) The period of time required by State law; or
(ii) Five years from the date of discharge when there is no requirement in State law; or
(iii) For a minor, 3 years after a resident reaches legal age under State law.

§483.70(i)(5) The medical record must contain-
(i) Sufficient information to identify the resident;
(ii) A record of the resident's assessments;
(iii) The comprehensive plan of care and services provided;
(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;
(v) Physician's, nurse's, and other licensed professional's progress notes; and
(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.
This REQUIREMENT is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure that clinical records were complete and contained accurate information for 1 of 1 sampled residents regarding offering snacks to a resident that had an NPO (nothing by mouth) order.

Findings:

1. A review of the clinical record of Resident #77 noted an admission date of 7/14/21. The physician orders dated 2/10/2023 include an order for NPO (nothing by mouth).

A review of Certified Nursing Assistant charting from 5/02/23 through 8/302/23 revealed the following:

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F 842	Continued From page 18	F 842		

The C.N.A. documentation showed that on 2/11/23 Breakfast 0% eaten: 0% declined altogether, no reason.

The C.N.A. documentation showed that on the following dates an AM (morning) snack was offered but declined on:
5/01/23, 5/10/23, 5/17/23, 5/18/23,5/19/22, 5/22/23, 5/31/23, 8/01/23, 8/07/23, 8/08/23, 8/14/23, 8/19/23, 8/13,23, 8/17/23, 8/19/23, 8/20/23, 8/24/23, and 8/26/23,

The C.N.A. documentation showed that on the following dates an HS (bedtime) snack was offered but declined on:
5/02/23, 5/05,/23 5/06/23, 5/07/23 ,5/08/23, 5/09/23, 5/10/23, 5/13/23, 5/15/23, 5/19/23, 5/20/23, 5/21/23, 5/24/23, 5/26/23, 5/27/23, 5/29/23, 5/24/23, 6/02/23, 6/03/23, 6/04/23, 6/07/23, 6/14/23, 6/16/23, 6/17/23, 6/18/23, 6/24/23, 6/25/23, 6/26/23, 6/27/23, 6/30/23, 7/4/23, 7/08/23, 7/09/23, 7/10/23, 7/13/23, 7/14/23, 7/17/23, 7/23/23, 7/26/23, 7/28/23, 7/29/23, 7/31/23, 8/01/23, 8/02/23, 8/04/23, 8/06/23, 8/12/23, 8/13,23, 8/17/23, 8/19/23, 8/20/23, 8/21/23, 8/24/23, 8/30/23.

On 8/31/23 at 8:25 a.m., Nurse Manager #1 confirmed that Resident #77 is NPO. A surveyor discussed the findings that many C.N.A. documentation notes indicate snacks were offered. Nurse Manager #1 stated the facility has many new travelers.

On 8/31/23 at approximately 4:50 p.m., in an interview with staff including the Director of Nursing and Administrator, the above findings were discussed.