STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1957	A. BUILDING: _____ B. WING _____	01/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTGATE CENTER FOR REHAB & ALZHEIMI	750 UNION ST BANGOR, ME 04401

(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) COMPLETE DATE
P 000	Initial Comments On 1/23/24, an unannounced onsite visit was conducted at Westgate Center-Residential Care for the purpose of completing the State Re-licensure survey. It was determined that Westgate Center-Residential Care is not in substantial compliance with 10/144, Chapter 113-Regulations Governing the Licensing and Functioning of Assistive Housing Programs-Level IV, Private Non-Medical Institutions.	P 000		
P 278	6.5 Alzheimer's/dementia Pre-service training for Alzheimers ' /Dementia Care Units. For pre-service training, all facilities with Alzheimers ' /Dementia Care Units must provide a minimum of eight (8) hours classroom orientation and eight (8) hours of clinical orientation to all new employees assigned to the unit. The trainer(s) shall be qualified with experience and knowledge in the care of individuals with Alzheimers ' disease and other dementias. In addition to the usual facility orientation, which shall cover such topics as resident rights, confidentiality, emergency procedures, infection control, facility philosophy related to Alzheimers ' Disease/Dementia care, and wandering/egress control, the eight (8) hours of classroom orientation shall include the following topics: 6.5.1 A general overview of Alzheimers ' Disease and related dementias; 6.5.2 Communication basics; 6.5.3 Creating a therapeutic environment; 6.5.4 Activity focused care;	P 278		

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P 278	Continued From page 1 6.5.5 Dealing with difficult behaviors; and 6.5.6 Family issues. This STANDARD is not met as evidenced by: Based on employee file reviews and interview, the facility failed to provide eight hours of classroom training on Alzheimer's Disease/Dementia Care for 2 of 5 sampled employees that were working on the Residential Dementia Unit (Employee #3 and #4). Findings: 1. Employee #3's personnel record indicated that she was hired on 1/17/24 and was working with residents on the facility's Residential Dementia Unit. There was no evidence that the staff member had received the eight hours of classroom training on Dementia Care. 2. Employee #4's personnel record indicated that he was hired on 8/31/23 and was working with residents on the facility's Residential Dementia Unit. There was no evidence that the staff member had received the eight hours of classroom training on Dementia Care. The surveyor confirmed the above findings with the Resident Care Director, on 1/31/24 at 3:24 p.m.	P 278		

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P 345	7.7 Medications and Treatments Expired and discontinued medications. For medications administered by the assisted living program, residential care facility, or private non-medical institution, medications shall be removed from use and properly destroyed after the expiration date and when discontinued, according to procedures contained in Section 7.9. They shall be taken out of service and locked separately from other medications until reordered or destroyed. [III] This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure expired medications were removed from the supply available for use in 1 medication cart (Sunbury) and in 1 medication storage room. Findings: 1. On 1/31/24 at 1:45 p.m., a Certified Residential Medication Aid (CRMA) and a surveyor observed the following expired medications in the Sunbury Medication cart: an opened bottle of Vitamin D 25 micrograms with an expiration date of 12/23 and an opened bottle of Ibuprofen 200 milligrams (mg) with an expiration date of 10/23. 2. On 1/31/24 at 1:50 p.m., a CRMA and a surveyor observed the following expired medications in the medication storage room: 5 bottles of Ibuprofen 200 mg with an expiration date of 10/23. The surveyor confirmed the findings at the time of	P 345		

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P 345	Continued From page 3 the observations.	P 345		
P 365	7.15 Medications and Treatments First aid kit. A first aid kit containing supplies which may be necessary for the first aid treatment of minor injuries such as cuts, scrapes or first degree burns shall be included and available in the facility. All staff shall be instructed in the use of any item in the kit. This STANDARD is not met as evidenced by: Based on employee record reviews and interview, the facility failed to provide training for items in the first aid kit for 1 of 5 employees reviewed, (Employee #5[E5]). Finding: On 1/31/24, E5's employee file was reviewed. E5 was hired on 5/18/23 as a Personal Support Specialist (PSS). After the initial date of hire the PSS worker was promoted to the new position of PSS/Certified Residential Medication Aide (CRMA) on 4/4/22. As of 1/31/24, there lacked evidence of first aid kit training. On 1/31/24 at 3:24 p.m., in an interview with the Resident Care Director, two surveyors confirmed documentation for the first aid kit training was not in the employee record, she stated this training had not been completed.	P 365		
P 521	13.5 Staffing Employee records. Facilities must maintain individual records on all related and unrelated	P 521		

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P 521	Continued From page 4	P 521		

employees. Records shall contain the initial date of employment, date of birth, home address and telephone number, experience and qualifications, social security number, copy of current occupational license (if applicable), references and reference check information, job description, record of participation in in-service, orientation or other training programs, results of annual personnel evaluations, disciplinary actions, illness and injury records and date of and reason for termination. Records may be computerized.

This STANDARD is not met as evidenced by:
Based on employee record reviews and interview, the facility failed to ensure that employee records contained evidence of job descriptions for 3 of 5 employees reviewed, (Employee #3 [E3] #4 [E4] and #5 [E5]).

Findings:

1. employee record did not include evidence of a job description for a PSS position which would include her duties as an employee.

2. On 1/31/24, E4's employee file was reviewed. E4 was hired on 8/31/23 as a PSS, the employee record did not include evidence of a job description for a PSS position which would include her duties as an employee.
3. On 1/31/24, E5's employee file was reviewed. E5 was hired on 5/18/23 as a PSS. After the initial date of hire the PSS worker was promoted to the new position of PSS/Certified Residential Medication Aide (CRMA) on 4/4/22. As of

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P 521	Continued From page 5 1/31/24, there lacked evidence of a job description for the new position. On 1/31/24 at 3:24 p.m., in an interview with the Resident Care Director, two surveyors confirmed these findings.	P 521		