



MAINE VETERANS' HOMES

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An independent nonprofit organization serving Maine's Veterans and families

12/12/2024

Dear Ms. Leslie,

As a result of the statement of deficiencies (SOD) received on 12/3/2024 via email, please see the attached plan of correction.

F 557 Respect, Dignity/Right to have Personal Property No residents were harmed by this finding, however some residents and staff had the potential to be impacted by the finding. Education provided to RN #1 who administered the medications via PEG tube with door open. Education will be provided to licensed staff on dignity/respect with a post education quiz for competency. The DON or designee will complete random audits to ensure compliance with ensuring resident right to be treated with respect and dignity x3 months with results being reported to the facility's QAPI committee. Completion Date: 12/31/2024

F 584 Safe/Clean/Comfortable/Homelike Environment No residents were harmed by this finding, however some residents and staff had the potential to be impacted by the finding.

A unit

Dirty ceiling tile outside room A9/10 – Ceiling tile cleaned. Housekeeping Supervisor or designee will complete random audits to ensure compliance with cleaning ceiling tiles x3 months with results being reported to the facility's QAPI committee. Completion date: 12/11/2026

Dirty ceiling tile outside room A11/12 – Ceiling tile cleaned. Housekeeping Supervisor or designee will complete random audits to ensure compliance with cleaning ceiling tiles x3 months with results being reported to the facility's QAPI committee. Completion date: 12/11/2026

Stained ceiling tile outside room A13/14 – Ceiling tile to be replaced. Maintenance Supervisor or designee will complete random audits to ensure compliance with replacement of stained ceiling tiles x3 months with results being reported to the facility's QAPI committee. Completion date: 12/31/2024

Stained ceiling tile outside room A28 – Ceiling tile to be replaced. Maintenance Supervisor or designee will complete random audits to ensure compliance with replacement of stained ceiling tiles x3 months with results being reported to the facility's QAPI committee. Completion date: 12/31/2024

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A unit (cont)

Dirty ceiling tile outside room A33/34 - Ceiling tile cleaned. Housekeeping Supervisor or designee will complete random audits to ensure compliance with cleaning ceiling tiles x3 months with results being reported to the facility's QAPI committee. Completion date: 12/11/2026

B unit

Dirty ceiling tile outside room B5/6 - Ceiling tile cleaned. Housekeeping Supervisor or designee will complete random audits to ensure compliance with cleaning ceiling tiles x3 months with results being reported to the facility's QAPI committee. Completion date: 12/11/2026

Bathroom for rooms B12, B10 and B9 floor dirty where tile meets the floor – Bathroom floors cleaned where the tile meets the floor. Education provided to staff on appropriate tools, products and techniques to utilize to clean floor. Housekeeping Supervisor or designee will complete random audits to ensure compliance with cleaning bathrooms where the tile meets the floor x3 months with results being reported to the facility's QAPI committee. Completion date: 12/11/2026

Bathroom for rooms B16 and B15 dirty floor – Bathroom floors cleaned. Education provided to staff on appropriate tools, products and techniques to utilize to clean floor. Housekeeping Supervisor or designee will complete random audits to ensure compliance with cleaning bathroom floor x3 months with results being reported to the facility's QAPI committee. Completion date: 12/11/2026

Bathroom for rooms B22, B21, B20 and B19 dirty, where tile meets floor is dirty and tile behind toilet is falling off. – Room B19 tile behind toilet adhered to wall. Maintenance Supervisor or designee will complete random audits to ensure compliance that floor/wall tiles are secure to wall x3 months with results being reported to the facility's QAPI committee. Completion date 11/22/2024 Rooms B22, B21, B20, B19 floors cleaned and where tile meets the floor cleaned. Education provided to staff on appropriate tools, products and techniques to utilize to clean floor and where tile meets the floor. Housekeeping Supervisor or designee will complete random audits to ensure compliance with cleaning bathroom floor and where tile meets the floor x3 months with results being reported to the facility's QAPI committee. Completion date: 12/11/2026

Stained ceiling tile B19 – Ceiling tile replaced. Maintenance Supervisor or designee will complete random audits to ensure compliance with replacement of stained ceiling tiles x3 months with results being reported to the facility's QAPI committee. Completion date: 11/22/2024

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B unit (cont)

Bathroom for rooms B25, B24, and B23 dirty where tile meets the floor - - Bathroom floors cleaned where the tile meets the floor. Education provided to staff on appropriate tools, products and techniques to utilize on to clean floor. Housekeeping Supervisor or designee will complete random audits to ensure compliance with cleaning bathrooms where the tile meets the floor x3 months with results being reported to the facility's QAPI committee. Completion date: 12/11/2026

Bathroom B28 - sink broken with pieces on cabinet - Replacement sink pieces ordered and have been delivered and will be installed. Maintenance Supervisor or designee will complete random audits of bathroom sinks in resident rooms to ensure are in good condition x3 months with results being reported to the facility's QAPI committee. Completion date: 12/31/2024

Bathroom for rooms B31, B32, B30, B29 strong urine smell and dirty floor - Bathroom floors cleaned which also eliminated strong urine smell. Education provided to staff on appropriate tools, products and techniques to utilize to clean floor. Housekeeping Supervisor or designee will complete random audits to ensure compliance with cleaning bathroom floor x3 months with results being reported to the facility's QAPI committee. Completion date: 12/11/2026

Bathrooms for B36, B35, B34, and B33 floor looks unclean - - Bathroom floors cleaned. Education provided to staff on appropriate tools, products and techniques to utilize to clean floor. Housekeeping Supervisor or designee will complete random audits to ensure compliance with cleaning bathrooms floors x3 months with results being reported to the facility's QAPI committee. Completion date: 12/11/2026

Spa Room - chipped drywall along wall next to shower - Area patched and painted. Maintenance Supervisor or designee will complete random audits to ensure walls throughout facility are patched and painted x3 months with results being reported to the facility's QAPI committee. Completion date: 12/6/2024

C unit

Stained and dirty ceiling tile above Kitchen area - Ceiling tile replaced. Maintenance Supervisor or designee will complete random audits to ensure compliance with replacement of stained ceiling tiles x3 months with results being reported to the facility's QAPI committee. Completion date: 12/9/2024

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C unit (cont)

Stained ceiling tile above windows in Kitchen - Ceiling tile replaced. Maintenance Supervisor or designee will complete random audits to ensure compliance with replacement of stained ceiling tiles x3 months with results being reported to the facility's QAPI committee. Completion date: 12/9/2024

Patched hole on wall near windows – Area patched and painted. Maintenance Supervisor or designee will complete random audits to ensure walls throughout facility are patched and painted x3 months with results being reported to the facility's QAPI committee. Completion date: 12/9/2024

Excessive insects/debris in hanging lights in main hallway – Insects/debris removed from lights. Maintenance Supervisor or designee will complete random audits to ensure light fixture covers do not have dead insects visible x3 months with results being reported to the facility's QAPI committee. Completion date: 12/9/2024

Room C1/2 patched paint holes on walls – Walls will be patched and painted. Maintenance Supervisor or designee will complete random audits to ensure walls throughout facility are patched and painted x3 months with results being reported to the facility's QAPI committee. Completion date: 12/31/2024

Room 6 several patched holes on wall near TV - Walls will be patched and painted. Maintenance Supervisor or designee will complete random audits to ensure walls throughout facility are patched and painted x3 months with results being reported to the facility's QAPI committee. Completion date: 12/31/2024

Room 10 – Floor mat folded near bed with split end. Mat discarded and replaced with new mat. Maintenance Supervisor or designee will complete random audits to ensure safety mats are without signs of wear, tears, or other damage x3 months with results being reported to the facility's QAPI committee. Completion date: 12/9/2024

Paint chipped off the wall outside 23/24 – Walls patched and painted. Maintenance Supervisor or designee will complete random audits to ensure walls throughout facility are patched and painted x3 months with results being reported to the facility's QAPI committee. Completion date: 12/10/2024

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D unit

Dirty ceiling tile in Main Hallway near Birdcage - Ceiling tile cleaned. Housekeeping Supervisor or designee will complete random audits to ensure compliance with cleaning ceiling tiles x3 months with results being reported to the facility's QAPI committee. Completion date: 12/11/2026

F 761 Label/Store Drugs and Biologicals No residents were harmed by this finding, however some residents and staff had the potential to be impacted by the finding. The medication improperly stored was immediately removed. The medication not dated was immediately thrown away and a new one started and dated. Education will be provided to licensed staff on medication storage per policy with post education quiz for competency. The DON or designee will complete random audits to ensure compliance with policy x3 months with results being reported to the facility's QAPI committee. Completion Date: 12/31/2024

Thank you for your review of the proposed plan of correction. As stated above, the proposed correction dates are identified for each area with 12/31/2024 being the final date.

Patricia Nutting, Administrator

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

PRINTED: 12/03/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER MAINE VETERANS HOME - SCARBOROUGH			STREET ADDRESS, CITY, STATE, ZIP CODE 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 000	INITIAL COMMENTS	F 000			
F 557 SS=D	From 11/18/24 to 11/20/24, on-site visits were conducted at Maine Veteran's Home of Scarborough to complete the annual Long Term Care Survey Process for Federal Recertification and investigating complaints #ME00045305, #ME00048565, and #ME00048691. It was determined that Maine Veteran's Home of Scarborough is not in compliance with 42 CFR Part 483, Subpart B-Requirements for Long Term Care Facilities. Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on record review, observation, and interviews, the facility failed to ensure that a resident was treated with dignity and respect for 1 of 26 residents reviewed. (Resident #44) Finding: Review of Quarterly Minimum Data Set (MDS), dated 9/26/24, revealed Resident #44 has a Brief Interview for Mental Status (BIMS) 15 of 15 indicating he/she is cognitively intact. On 11/18/24 at 9:57 a.m. observation of	F 557			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Dahnum Notting

Administrator

12/12/2024

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 557	Continued From page 1 Registered Nurse (RN) #1 giving Resident #44 medications via Percutaneous Endoscopic Gastrostomy (PEG) Tube. Privacy was not provided as the bedroom door was open, the surveyor observed residents and staff passing the room at this time. On 11/19/24 at 1:45 p.m., during an interview Resident #44 states he/she prefers to have privacy when receiving medication administration or feedings through his/her PEG Tube. On 11/19/24 at 2:00 p.m. the above information was discussed with the Director of Nursing.	F 557			
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,	F 584			

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F 584	Continued From page 2 and comfortable interior; §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 interviews, the facility failed to adequately maintain maintenance services necessary to maintain the facility in good repair and sanitary condition for three of three units. Findings: On 11/0/24 at approximately 10:00a.m. during the environmental rounding with the Facility Manager and the Administrator the following concerns were found: Unit A Dirty ceiling tile outside room A9/10 Dirty ceiling tile outside room A11/12 Stained ceiling tile outside room A13/14 Stained ceiling tile outside room A28 Dirty ceiling tile outside room A33/34	F 584			

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F 584	Continued From page 3 Unit B Dirty ceiling tile outside room B5/6 Bathroom for rooms B12, B10 and B9 where the tile meets the floor is dirty Bathroom for rooms B16 and B15 dirty floor Bathroom for rooms B22, B21, B20 and B19 is dirty, where tile meets the floor is dirty, tile behind toilet is falling off. Stained ceiling tile B19 Bathroom for rooms B25, B24 and B23 is dirty where the tile meets the floor. Bathroom B28 - sink is broken with broken pieces sitting on top of the wall cabinet Bathroom for rooms B31, B32, B30 and B29 has a strong urine smell and dirty floor Bathroom for rooms B36, B35, B34 and B33 - floor looks unclean. Spa room - along wall next to shower has chipped drywall. dirty floor Unit C Stained and dirty ceiling tile above Kitchen area Stained ceiling tile above windows in Kitchen Patched hole on wall near windows Excessive insects/debris in hanging lights in main hallway Room 1/2 patched paint holes on walls Room 6 - several patched holes on wall near TV Room 10 - Floor mat folded near bed with split end - (Facility has addressed the need and ordered new mats) Paint chipped off the wall outside 23/24 Dirty ceiling tile in Main Hallway near Birdcage The above list was confirmed with the Administrator at approximately 10:30a.m	F 584			

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F 761 F 761 SS=D	Continued From page 4 Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to adequately store, date and properly dispose of open biologicals according to manufacturer specifications in 2 of 2 medication carts observed on 1 of 3 units (Unit C). Findings 1. On 11/18/24 at 12:17 p.m., observation of Unit	F 761 F 761			

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F 761	Continued From page 5 C's medication cart for rooms 21-40 with the Registered Nurse (RN #1), the surveyor noted an opened bottle of Acidophilous with manufactures directions of "refrigerate after opening" and an undated Lantus/Glargine pen with manufactures directions of, "use within 28 days after initial use". At this time, RN #1 confirmed the Acidophilous was not stored according to manufacturer's directions and the Insulin pen was not dated with an open date. 2. On 11/18/24 at 12:21 p.m., observation of Unit C's medication cart for rooms 1-20 with the Licensed Practical Nurse (LPN #1), the surveyor noted an opened bottle of Acidophilous with manufactures directions of "refrigerate after opening". At this time, LPN #1 confirmed the Acidophilous was not stored according to manufacturer's directions.	F 761			