STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205095	A. BUILDING _____ B. WING _____	C 09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENNEBUNK CENTER FOR HEALTH & REHABILITATION, LLC	**158 ROSS RD KENNEBUNK, ME 04043**

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F 000	INITIAL COMMENTS On 9-3-24, an unannounced on-site visit was conducted at Kennebunk Center for Health and Rehabilitation for the purpose of an investigation of facility reported incidents #ME00048465 and #ME00048567. It was determined that Kennebunk Center for Health and Rehabilitation was in substantial compliance with 42 CFR 483, Sub-part B-Requirements for Long Term Care Facilities	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in	F 755		

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

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F 755	Continued From page 1 sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on record review, interviews, and facility policy, the facility failed to ensure that two people, who are authorized to administer medications, signed the Narcotic Bound Book Shift Count page indicating that they counted all the controlled substances at the change of shift for multiple shifts between 8/14/24 and 9/3/24 (total of 56 shifts) for 1 of 4 units reviewed for drug diversion (Sagamore). Findings: Review of the facility policy "Controlled Substances" dated "10/07" states: "At each shift change, a physical inventory of controlled medications, as defined by state regulation, is conducted by two licensed clinicians and is documented on an audit record." On 8/16/24, the Department of Licensing and Certification received a facility reported incident indicating during shift change on 8/16/24 at 16:00, a 30ml bottle of Ativan could not be located. Review of provided "Sagamore Unit shift count log" lacked documented evidence that a shift change count was conducted by two qualified staff on the following days 8/14/24 at 15:00 during oncoming shift. 8/15/25 at 23:00 during outgoing shift.	F 755		

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F 755	Continued From page 2 8/16/24 at 07:00 during oncoming shift and at 15:00 for the outgoing shift. 8/27/24 at 07:00 during oncoming shift and at 23:00 for the outgoing shift 8/29/24 at 07:00 during oncoming shift and at 15:00 for the outgoing shift 9/1/24 at 24:00 during outgoing shift 9/2/24 at 23:00 during oncoming shift 9/3/24 there is no documentation of outgoing or oncoming shift Further review of the shift count log revealed "Status of count exact yes/no" space was left blank 42 of 56 shifts. On 9/3/24 at 9:00a.m., a surveyor and the Director of Nursing (DON) reviewed Sagamore Unit Narcotic Book. At this time the DON confirmed there is no documented evidence the shift count was completed for the above dates. She stated that it is her expectation that both people that have counted sign the log and that they enter a 'Y" or a "N" for the count being correct or incorrect. She said that we have been doing audits and it is a common thing to find that there are not always two signature and that the 'Y" or the "N" is not entered. On 9/3/24 at 9:45a.m., Licensed Practical Nurse (LPN) #1 stated that she came on duty this morning (9/3/24) at 7:00a.m., and did the shift count with the departing nurse, but neither of them signed the narcotic count. On 9/3/24 at 10:17a.m., LPN #2 stated stated that the correct change of shift count process is that there are always 2 sets of eyes on both the book and the medication, and that both nurses sign the book.	F 755		

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F 755	Continued From page 3 On 9/3/24 at 10:35a.m., RN #1 stated that the correct change of shift count process is that there are always 2 sets of eyes on both the book and the medication, and that both nurses sign the book. On 9/3/24 at 10:45a.m., Med Tech (MT) stated that the correct change of shift count process is that there are always 2 sets of eyes on both the book and the medication, and that both people counting sign the book. On 9/3/24 during an interview with the DON, the surveyor confirmed the lack of documentation of shift to shift counting of controlled substance medications.	F 755		
F 761 SS=D	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	F 761		

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F 761	Continued From page 4	F 761		

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, interviews, and record review the facility failed to provide a 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 for 1 of 1 observation.

Findings:

On 8/16/24, the Department of Licensing and Certification received a facility reported incident indicating during shift change on 8/16/24 at 16:00, a 30ml bottle of Ativan could not be located.

On 9/3/24 at 9:15 a.m. while completing an investigation of missing Ativan, an observation of the locked refrigerator in the locked Medication Room, a surveyor observed that there was no separate, locked box that is attached to the refrigerator for storage of Controlled Substances. There was no controlled substances present at that time.

On 9/3/24 at 11:00a.m. in an interview with the Director of Nursing, she stated that there had never been a seperate locked box in that refrigerator.

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F 761	Continued From page 5 On 9/3/24 at 11:05a.m. the above were confirmed with the Director of Nursing.	F 761		