STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205064	A. BUILDING _____ B. WING _____	C 02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSS MANOR	758 BROADWAY 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) COMPLETION DATE
F 000	INITIAL COMMENTS On 2/4/25 and 2/5/25, on-site visits were conducted at Ross Manor for the purpose of investigating facility reported incident #ME00050290 and complaint #ME00050288. It was determined that Ross Manor was not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any,	F 580	**F 580** **Notify of Changes** **All residents re-evaluated for elopement risk.** **Residents found to be at risk for elopement were identified as such to physician and Resident representative. Any changes to discharge plan communicated to Resident representative.** **Education on notification of changes to Physician and resident representative: to all licensed clinical and social services staff by 3/11/2025.** **Audits of communication completed 2x/week x 6weeks, then weekly x 1 month, then monthly x 6 months.** **Review results of audit at QAPI monthly x 6 months and then per QAPI recommendation.** **Completion date: 3/11/25**	

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

Janet Edgecomb Admin 2/25/25

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 580	Continued From page 1 when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that the resident's representative was notified of a change in the resident's discharge plan, failed to notify the representative of the resident going outside the facility and failed to notify the medical provider of resident's elopement risk and exit seeking behaviors for 1 of 1 sampled resident (Resident #1) Findings: On 2/4/25 at 2:50 p.m., during an interview and record review, it was documented that the interdisciplinary team and resident representative made a decision that Resident #1 was going to need 24-hour supervision. A plan was made for	F 580		

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F 580	Continued From page 2 Resident #1 to go over to Engel Place, an assisted living memory care unit, on Saturday 1/11/25. A decision was made not to transfer Resident #1 to the memory care unit and the facility failed to notify the resident representative of this change. On 2/4/25, during a clinical record review for Resident #1, a nursing note documents that Resident #1 went out the door that morning and attempted to climb over a railing. Resident #1 was redirected back into the facility. The clinical record lacks evidence that his/her representative was made aware of this incident. On 2/4/25 at 12:35 p.m., during an interview with Resident #1's provider, who was involved in his care since admission on 1/2/25, stated that she was not aware of Resident #1 having a wander guard or that he/she was an elopement risk. She examined Resident #1 on 1/16/25 after their elopement. On 2/5/25 at 8:30 a.m., during an interview with the Administrator, the surveyor confirmed that the resident representative was not aware of the change to his/her discharge plan. On 2/5/25 at 9:00 a.m., during an interview with the Director of Nursing and the Unit Manager, the surveyor confirmed the lack of evidence that that resident representative was made aware of the incident on 1/13/25.	F 580		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that -	F 689		

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F 689	Continued From page 3 §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 record reviews and interviews, the facility failed to supervise and monitor 1 of 1 (Resident #1) wandering resident resulting in the resident eloping from the facility; wandered a mile away from the facility in 14-degree Fahrenheit weather, and being found near the Convenient MD building. Finding: On 2/4/25, a review of Resident #1's clinical record was completed. Resident #1 was admitted on 1/2/25 with a diagnosis of left frontal parietal subarachnoid hemorrhage with history of Alzheimer's disease. A Wandering Risk Assessment was completed the day of admission and indicated Resident #1 was a risk for wandering, a wander guard was put on Resident #1. On 1/3/25, staff observed Resident #1 exit seeking and wanting to leave, the resident was re-directed without incident. On 1/6/25, staff observed Resident #1 exit seeking and wanting to leave, the resident was re-directed without incident. On 1/8/25, the facility spoke with POA, and recommended Resident #1 be moved to the locked Memory Care unit for 24/7 supervision.	F 689	F 689 **Free of Accident Hazards / Supervision / Devices.** All residents were assessed for risk of elopement. Residents found to be at risk for elopement were identified as such to physician and Resident representative. Interventions Implemented based on level of risk Ascertained by elopement assessment. Education on interventions per elopement Risk assessment: to all clinical staff by 3/11/25. Audits of interventions related to risk Assessment completed 2x/week x 6weeks, then weekly x 1 month, then monthly x 6 months. Review results of audit at QAPI monthly x 6 months and then per QAPI recommendation. Completion date: 3/11/25	

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F 689	Continued From page 4 On 1/9/25, staff observed Resident #1 exit seeking and wanting to leave, the resident was re-directed without incident. On 1/13/25, staff observed Resident #1 exit through the front door and the resident was re-directed back into the facility without incident. On 1/15/25, in the early morning hours staff observed Resident #1 exit seeking with his/her belongings packed in a clear bag and stated they wanted to leave and go home, the resident was re-directed without incident. On 1/15/25 at approximately 10:30 p.m. Resident #1 eloped and was missing for 2-3 hours. Documentation on the facility's elopement investigation indicated that at 10:30 p.m. Resident #1 was observed in their bed with his/her eyes closed. At 11:30 p.m. the nurse found that Resident #1 was not in his/her room. A search of the facility was done, and Resident #1 was not found. Upon inspection of his/her room it was noted the window in his/her room was open and the window screen was on the ground outside. Local law enforcement and management were called, a search of the local area was completed, and Resident #1 was returned to the facility at approximately 1:15 a.m. -1:30 a.m. The facility reports state that a complete assessment was done and did not identify any new injuries or areas of concern. The facility assigned a 1 on 1 staff to sit with Resident #1 for the remainder of his/her stay at the facility. On 2/4/25 at 8:13 p.m., during an interview with the Charge Nurse, she stated that on 1/15/25 in	F 689		

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F 689	Continued From page 5	F 689		

the early morning before shift change at 6:00 a.m., Resident #1 was carrying around a bag with his/her clothes and trying to get out the door on the 701 and 708 hallway saying that he/she wanted to go home. She stated that she told the Director of Nursing and the Unit Manager that Resident #1 was trying to get out that morning.

On 1/16/25 Resident #1 returned to the facility at approximately 1:15 a.m. by the Police, Resident #1 was found at the beginning of the main road near the Convenient MD building (approximately 1 mile from facility). When Resident #1 returned his/her temperature was documented at 93.2. The on-call provider was called and was made aware that Resident #1 eloped from the facility and was out in the community for about 2-3 hours (exact time unknown, last seen at 10:30 p.m.) in 14-degree Fahrenheit weather. A video conference was held with the on-call provider who gave orders to treat his/her hypothermia and to continue the warming blankets and monitoring their vital signs and to notify the provider of any change in condition.

During interviews throughout this investigation the surveyor identified that the facility was aware of Resident #1's attempts to leave the facility, with one occasion being successful on 1/13/25 with Resident #1 exiting the building through the door and attempting to climb a railing. They were aware the morning of 1/15/25 that Resident #1 packed his/her belongings and had stated that he/she wanted to go home. In the late night of the 15th with the last visual of Resident #1 being at 10:30 p.m. Resident #1 did elope out his/her bedroom window and was gone/missing for approximately 2-3 hours on a 14-degree Fahrenheit night and who was not dressed in

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F 689	Continued From page 6 appropriate winter clothing. On 2/5/24 at 9:10 a.m. during an interview with the Director of Nursing and the Unit Manager the surveyor confirmed that they were aware of Resident #1's increased elopement risk and Resident #1 eloping on 1/15/25.	F 689		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(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 agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(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(h)(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	F 842	**F 842** **Resident Records – Identifiable Information.** **Review of all incident documentation for month Of February completed by 2/27/25.** **Education provided to all licensed clinical staff related to the importance of accurate and complete Medical records.** **Audits of all incident documentation weekly x 6 weeks then monthly.** **Review results of audit at QAPI monthly x 3months and then per QAPI recommendation.** **Completion date: 3/11/25**	

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F 842	Continued From page 7 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(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained 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(h)(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 review and interviews, the facility failed to ensure that clinical records were	F 842		

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F 842	Continued From page 8 complete and contained accurate information for 1 of 1 resident reviewed for elopement. (Residents #1). Finding: During an anonymous interview Resident #1 had the following days of exit seeking behaviors: On the afternoon of 1/3/25, on the morning of 1/6/25, on the morning of 1/9/25 and on the morning of 1/15/25 before shift change Resident #1 packed up his/her belongings and was making the statement that he/she was going home. On 2/4/25 at 8:13 p.m. During an interview with the charge nurse, she described what the resident was doing on 1/15/25 in the early morning. Resident #1 packed their clothing and was carrying around this bag that contained his/her clothing and trying to get out the door on the 701 and 708 hallway saying that he/she wanted to go home, this incident was not documented in the clinical record. On 2/5/25 at 9:00 a.m., during a review of Resident #1's clinical records with the Director of Nursing and a Unit Manager the surveyor confirmed the clinical records lacked evidence that a nurse's note was completed for Resident #1 with each elopement/exit seeking attempt.	F 842		