STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205067	A. BUILDING _____ B. WING _____	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVE'S EDGE INC	26 SCHOONER STREET DAMARISCOTTA, ME 04543

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F 000	INITIAL COMMENTS From 10/21/24 through 10/23/24, on-site visits were conducted at Cove's Edge Inc. for the purpose of a Recertification Survey and investigating complaint #ME00048408. It was determined that Cove's Edge Inc. was not in substantial compliance with 42 CFR 483, Sub-part B Requirements for Long Term Care Facilities.	F 000		
F 584 SS=B	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; §483.10(i)(3) Clean bed and bath linens that are in good condition;	F 584		

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

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 584	Continued From page 1 §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 facility policy, interviews, record review, the facility failed to label resident's personal belongings and keep them safe and secure for 2 of 3 residents reviewed for personal property. (Resident #15 and #34) Findings: 1. On 10/21/24 at 7:28 a.m., during an interview Resident #15 stated he/she is missing 5 nightshirts and has told multiple staff about this, and no one has come to talk to him/her about it. On 10/22/24 at 12:00 p.m., during an interview with the Environmental Services Supervisor, she states laundry only knows about 2 missing nightshirts. When asked what the process of finding missing items, she states they first check the resident's room, laundry room, and then other residents' rooms. If it is not found, they will call the family to see if they have taken it home. If they still cannot find the item, they will replace it if requested by family or resident. When specifically	F 584		

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F 584	Continued From page 2	F 584		

asking about Resident #15's missing nightshirts, she states they have not found it in laundry and have not done anything further.

Resident #15's medical record contained a "History of Personal Possessions" form which lacked evidence of documented clothing. The "Cove's Edge CNA (Certified Nursing Aid) Admission" form indicates the CNA had labeled Resident #15's clothing. In addition, the "Missing Items" form in laundry states Resident #15 is missing only one Turquoise T-Shirt.

Facility policy titled "Personal Property" revised 1/2024 states, "All personal clothing and possessions are identified with the residents name".

2. On 10/21/24 at approximately 8:00 a.m. during an interview, with Resident #34, stated that he/she has had some of his/her personal clothing go missing since he/she has been at the facility and most had come back but he/she was still missing a 'sleep T' that was blue with horizonal stripes. He/she stated the loss had been reported to laundry.

On 10/22/24 at approximately 9:00 a.m.. a surveyor observed the laundry room and asked how lost items from the resident's laundry were searched for. Laundry worker #1 stated that when they receive word that a resident is missing an item, they enter the information in a log that is kept on a clip board on the shelf above the dryers. The information entered is the bed number, the item and a description. There is no place for the resident's name or a date the loss was reported. The item for Resident #34 was listed, but they have not yet found it. Laundry

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F 584	Continued From page 3 worker #1 stated that items that do not have a resident tag on them are placed across the hall in the folding room. An observation of the folding room did not contain the missing item. She stated that they will just continue to look in other residents' clothes because items do get placed in the wrong rooms. On 10/22/24 at approximately 11:30 a.m., the Director of Nursing presented the Personal Property Policy dated 9/97. The Director of Nursing stated that all residents' clothes will be marked upon entry, and a list of clothing and other properties will be placed in the residents' record, either electronically or in the physical chart. On 10/22/24 at approximately 1:15 p.m., the Director of Nursing confirmed there was lack of documentation and follow through with residnet's lost clothing stating, she had found a blank inventory sheet in Residents #34's room.	F 584		
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 interviews, the facility failed to ensure the resident environment remained as free of accident hazards, as is	F 689		

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F 689	Continued From page 4 possible, related to a patient lift on 2 of 2 units (Periwinkle and Hummingbird) and for 1 of 3 days of survey. (10/21/24) Findings: 1. On 10/21/24 at 6:16 a.m., during a tour of the Periwinkle unit, two surveyors observed a Easy Way Smart patient lift, available for use, which was missing one of the safety clips on an arm. 2. On 10/21/24 at 6:23 a.m., during a tour of the Hummingbird unit, two surveyors observed a Easy Way Smart patient lift, available for use, which was missing one of the safety clips on the an arm. The surveyor reported the unsafe lifts to nursing at approx. 6:38 a.m. on 10/21/24. He/she stated that the Maintenance Director would be notified when he arrives. On 10/21/24 at 7:23 a.m., the above missing safety clips were discussed with the Senior Facilities Manager. On 10/21/24 at 7:26 a.m., observation of the Periwinkle easy lift to have both safety clips in place. On 10/21/24 at 7:33 a.m., during an interview, the Senior Facilities Manager stated both lifts have the safety clips in place.	F 689		
F 761 SS=E	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	F 761		

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F 761	Continued From page 5 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 observation, facility policy, record review and interviews the facility failed to adequately ensure medications were monitored and stored at appropriate temperatures in 1 of 1 refrigerator observed. Finding: On 10/21/24 at 11:45 a.m., a surveyor observed the medication refrigerator temperature logs with Registered Nurse (RN). Review of these temperature logs from 7/2024 through 10/2024 showed temperatures were not being monitored properly, with the following information missing:	F 761		

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F 761	Continued From page 6 > July 2024 temperatures are documented out of range for 30 out of the 30 days > August 2024 is missing temperature readings for 5 out of 31 days and temperatures are documented out of range for 31 out of 31 days > September 2024 is missing temperature readings for 3 out of 30 days and temperatures are documented out of range for 30 out of 30 days > October 2024 is missing temperature readings for 5 out of 21 days and temperatures are documented out of range for 21 out of 21 days reviewed. Facility policy and procedure for Storage of Medications dated 5/1/2018 states under procedure subsections J "Medication storage conditions are monitored on a regular basis by the facility and corrective action taken if problems are identified". Subsection L states, "All medications are maintained within temperature ranges noted in the United States Pharmacopeia ... Refrigerated 36°F to 46°F." Subsection E states, "The facility should maintain a temperature log in the storage area to record temperatures at least once a day". On 10/21/24 during an interview, the above information was confirmed with the Director of Nursing.	F 761		
F 825 SS=D	Provide/Obtain Specialized Rehab Services CFR(s): 483.65(a)(1)(2) §483.65 Specialized rehabilitative services. §483.65(a) Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech-language	F 825		

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F 825	Continued From page 7	F 825		

pathology, occupational therapy, respiratory therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as set forth at §483.120(c), are required in the resident's comprehensive plan of care, the facility must-

§483.65(a)(1) Provide the required services; or

§483.65(a)(2) In accordance with §483.70(f), obtain the required services from an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act.
This REQUIREMENT is not met as evidenced by:
Based on interviews and record review, the facility failed to provide specialized rehabilitative services or obtain the required services from an outside resource that is a provider of specialized rehabilitative services for 1 of 2 residents reviewed for rehabilitative services. (#43)

Findings:

On 10/21/24 at 2:12 p.m. during an interview, Resident #43, stated that he/she was admitted to the facility on 10/3/24, and thought he/she was there for rehab but had not seen anyone from Physical Therapy (PT) or Occupational Therapy (OT).

Review of the medical record contained a Physician order dated 10/7/24 for PT and OT evaluation.

On 10/22/24 at approximately 11:30 a.m., in an

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F 825	Continued From page 8 interview with the PT/OT staff that were working on the unit, a surveyor asked if they had provided therapy for Resident #43. They stated that they could not because he/she is waiting for an evaluation prior to starting his/her therapy. On 10/22/24 at approximately 11:45 a.m., in an interview with the Admissions Coordinator, she stated the facility has been waiting on an available staff member to complete the Therapy Evaluation for Resident #43. On 10/22/24 approximately 12:00 p.m., during an interview, the Administrator stated they had lost their contract with the prior Therapy company and decided to bring the staff in house, and they have had difficulty staffing the Therapy Department. At this time, the Administrator confirmed Resident #43 had been waiting since 10/7/24 for a therapy evaluation.	F 825		