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F 000	INITIAL COMMENTS From 01/06/25 through 01/09/25, on-site visits were conducted at MaineGeneral Rehabilitation & Long Term Care - Glenridge for the purpose of completing the annual Long Term Care Survey Process for Federal Recertification. It was determined that MaineGeneral Rehabilitation & Long Term Care - Glenridge was not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F 000		
F 645 SS=D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires	F 645		

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

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F 645	Continued From page 1 the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability. §483.20(k)(2) Exceptions. For purposes of this section- (i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital, (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services. §483.20(k)(3) Definition. For purposes of this section- (i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1). (ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as	F 645		

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F 645	Continued From page 2 described in 435.1010 of this chapter. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 of 2 residents reviewed with a specialized mental health diagnosis, whose stay went beyond the expected 30 days, had been referred to the appropriate state-designated authority for Pre-Admission Screening & Resident Review Level II (PASRR) evaluation and determination (Resident #26). Finding: Clinical record review revealed Resident #26 was re-admitted to the facility on 8/5/24 with diagnoses to include bipolar disorder. A review of Resident #26's PASRR Level I dated 8/2/24 revealed Resident #26 had a Convalescence Categorical exemption (a time-limited 30-day exemption). Resident #26's clinical record lacked evidence that the resident had been re-evaluated for a PASRR Level II determination after the Convalescent period ended. On 1/7/25 at 1:30 p.m., the Care Manager Supervisor confirmed the finding.	F 645		
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to provide Activities of	F 677		

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Daily Living (ADL) care in the area of oral hygiene for 2 of 2 residents reviewed for dental care (Resident #40 and #10) and failed to follow the Self-care deficit care plan in the area of oral hygiene for 1 of 2 reviewed. (Resident #10)

Findings:

1. On 1/6/25 at 10:55 a.m., observation of Resident #40 sitting in the common area. His/her teeth were coated with a thick whitish substance at the gum line. At this time, in a brief interview, he/she states staff will help when needed for brushing his/her teeth.

On 1/7/25 at 10:31 a.m., observation of Resident #40 dressed, hair combed back into a ponytail and seated in a chair in the common area. His/her teeth were coated with a thick whitish substance at the gum line.

On 1/7/25 at 12:46 p.m., the Administrator, Director of Nursing (DON) and the surveyor observed Resident #40's teeth coated with a thick whitish substance at the gum line. At this time, the DON stated she will look further into Resident #40's dental care and stated he/she does refuse help or care at times.

Review of Resident #40's Quarterly Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 11/8/24 revealed he/she had a Brief Interview for Mental Status (BIMS) of 12 of 15 indicating [he/she] is moderately impaired and requires partial to moderate assistance for oral hygiene.

Review of Certified Nurses Aide (CNA) documentation from 1/1/25 - 1/7/25 indicates that

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he/she fluctuates from maximum assistance to limited assist with oral care.

Review of the most recent care plan for "Self-Care Deficit R/T Cognitive Impairment, Major neurocognitive disorder with Dementia" ... has a goal of, "[Resident] Personal hygiene needs will be met with staff assistance during the next 90-120 days" and interventions of . "[Resident] will require limited to extensive with bathing, dressing, toileting and personal hygiene."

Observations and interviews on 1/8/25 at 7:52 and 1/9/25 at 8:20 a.m., show Resident #40 appearing clean, dressed appropriately and his/her teeth without the presence of a thick whitish substance. Additionally, he/she stated staff helped him/her brush his/her teeth.

2. On 1/8/25 at 7:44 a.m., a surveyor observed Resident #10 being pushed out of the room by CNA #1. Resident #10 stated, "I want to brush my teeth", the CNA stated "Ok, you want to brush your teeth, I'll bring you back in." The resident then stated, "yeah, I didn't brush my teeth". The CNA brought the resident back and set him/her up at the sink. The CNA applied toothpaste to the toothbrush and handed it to the resident. At this time in an interview, CNA #1 stated she is one of the primary CNA's and familiar with Resident #10 stating, "[he/she] is usually up by 5:30 a.m., and I just have to bring [him/her] out. [He/she] is passionate about hygiene, I just spaced."

Review of the Annual MDS with an ARD of 11/8/24 revealed Resident #10 had a BIMS of 11 of 15 indicating [he/she] is moderately impaired and is dependent on staff for Activities of Daily Living including oral hygiene.

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F 677	Continued From page 5 Review of the most recent care plan for "Self-care deficit - Extensive assistance required with bathing, hygiene, dressing, and grooming R/T dementia" has an intervention of "clean mouth, brush teeth/dentures after meals and at bedtime". Review of CNA documentation from 12/24/24 - 1/8/25 states that he/she requires extensive assistance of 1 for Activities of Daily Living. Further review lacks evidence of oral care being completed after lunch on the following days: 12/24/24 through 12/28/24, 12/30/24 through 1/4/25 and 1/6/25 through 1/7/25. In addition, 1/2/25 lacks evidence of oral care being completed after breakfast. On 1/8/25 at 3:11 p.m., during an interview with Resident #10, the surveyor asked if his/her teeth are brushed every morning. He/she stated, "I wish it would be. I have to ask them. Sometimes it feels so thick. Most of the time I have to remind them." On 1/8/25 at 3:22 p.m., the above was discussed with the Administrative Director.	F 677		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary	F 690		

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incontinence, based on the resident's comprehensive assessment, the facility must ensure that-
(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;
(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and
(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.

§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.
This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the facility failed to obtain a physician's order with a supporting diagnosis for the use of an indwelling foley catheter and failed to ensure the physician order for the foley catheter included the size of the catheter and the size of the catheter balloon for 1 of 3 residents reviewed with urinary catheters (Resident #110).

Finding:

On 1/6/25 at 12:21 p.m., during an interview with

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Resident #110, he/she was unaware of why he/she has an indwelling foley catheter stating, he/she "did not have one at home ...Wish I didn't have one, they might take it out".

On 1/8/25 at 7:21 a.m., during an interview, Registered Nurse #2 (RN#2) stated she was not sure why Resident #110 had a foley catheter. At this time, Certified Nursing Aide #5 (CNA #5) stated, Resident #110 has a foley catheter due to not being able to manage his/her urinal, soaking his/her bed and his/her difficulty with getting out of bed due to his/her seizures. The Surveyor asked what the medical diagnosis was for having the foley catheter, neither RN #2 nor CNA #5 could describe.

Resident #110 was admitted on 12/4/24 with diagnosis of, Encounter for palliative care, Malignant neoplasm of brain, unspecified convulsions, abnormalities of gait and mobility, pain, pruritus, seizure disorder, cancer and anxiety. The Admission Minimum Data Set with the Assessment Reference Date of 12/11/24 revealed he/she had a Brief Interview for Mental Status of 15 out of 15 indicating [he/she] is cognitively intact. Further review, physician orders dated 12/4/24 stated, Catheter care - change catheter bag 1 Time Weekly and Follow routine catheter care two times daily for the Related Diagnoses of Unspecified Convulsions.

Review of providers notes from admission to 1/8/25 lacked evidence of the providers acknowledging the indwelling foley catheter and/or the diagnosis for the indwelling foley catheter.

On 1/8/25 at 10:01 a.m., during an interview with

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F 690	Continued From page 8 the Administrative Director, she confirmed the above stating, she was only able to find documentation of the resident having the foley upon admission but no diagnosis or provider notes relating to the indwelling foley catheter.	F 690		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for 2 of 2 kitchen tours (1/6/25 and 1/7/25). Findings: 1. On 1/6/25 from 8:49 a.m. to 9:04 a.m., 2 Surveyors toured the kitchen with the Food	F 812		

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Service Supervisor (FDS) in which the following were observed:
> The walk-in freezer had built up ice on the fans and on the ceiling.
> The hood frame above the grill had chipped and peeling paint.

On 1/6/25 at 9:04 a.m., the above was confirmed with the FSD and the Food Service Manager (FSM) who both stated the walk-in freezer was recently serviced for the built-up ice.

2. On 1/7/25 at 8:08 a.m., during an additional tour of the kitchen, 2 surveyors and the FSD observed the following:
> The dishwasher hood exhaust vent coated with thick dust and visible dust clusters.
> The prewash sink had an empty rinse aid dispenser on the wall with one of the fluid lines, which enters the dishwasher, had a visibly soiled face cloth, tinged off white with brown colored edges, wrapped around the line. At this time, the FSD stated maintenance was aware, and they had a part on order, but he was not sure how long it has been in that condition.

On 1/7/25 at 8:32 a.m., during observation of the dishwasher temps, the Maintenance staff and the FSD entered the dish room. The maintenance staff removed the soiled face cloth from the line, and stated, it was not leaking at all.

On 1/7/25 at 8:43 a.m., during an interview, the FSM stated she was not sure why the face cloth was on the line.

On 1/8/25 at 9:13 a.m., during an interview with the maintenance staff, the Administrative Director and 3 surveyors, the maintenance staff stated, I

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F 812	Continued From page 10 guess at one time it was leaking, I was not notified about it. I don't have a work order for it ... I told them to let me know if it leaks again. On 1/8/25 at 10:00 a.m., during an interview with both the Administrative Director and the FSM, the FSM provided the surveyor with the "Warewash Service Report" dated 12/11/24 and stated UNX (servicing company) looked at the whole area including the prewash sink and rinse line and didn't have any problems. Upon review, the Warewash Service Report lacked evidence of the prewash sink and rinse line review. The FSM stated the face cloth must have been placed on the line after the servicing date of 12/11/24.	F 812		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment	F 880		

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F 880	Continued From page 11 conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of	F 880		

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F 880	Continued From page 12 infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on interviews, facility policy, and observations, the facility failed to maintain and implement an infection control program to help prevent the development and transmission of disease and infection. Findings: The Infection Control Program page 18 under Procedures for Contact Precautions indicates "Staff will utilize gloves and gowns when in the patient's room and/or providing direct patient care." 1. On 1/6/25 at 10:22 a.m., a surveyor observed a contact precaution sign on Resident #22's door instructing all staff to wear Personal Protective Equipment (PPE) for contact with the patient or the patient's environment. A PPE cart was located outside the room which included gloves, gowns and instructions for staff on donning and doffing PPE. At this time, a surveyor observed a Housekeeping Staff member inside Resident #22's room cleaning the floor and wiping down objects wearing only gloves. A surveyor intervened and asked the Housekeeping Staff member if Resident #22 was on contact precautions and what should be worn. The Housekeeping Staff member stated that she is not working directly with the resident and only needs to wear gloves.	F 880		

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	205139	A. BUILDING _____ B. WING _____	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINEGENERAL REHAB & LONG TERM CARE - GLENRIDGE	40 GLENRIDGE DRIVE AUGUSTA, ME 04330

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On 1/6/25 at 10:36 a.m., the above was discussed with the Cove Unit Nurse Manager who stated that only staff providing incontinence care for Resident #22 need to wear both gloves and gown.

On 1/6/25 at 10:39 a.m. during an interview with the Clinical Nursing Supervisor/Infection Preventionist about the Contact Precautions sign and PPE cart located outside Resident #22's room. He confirmed that all staff, including Housekeeping should be wearing both gloves and gown when entering the room.

On 1/6/25 at 3:00 p.m., a surveyor discussed the above findings with the Administrator who confirmed that all staff who will have contact with the resident or the resident's environment should be wearing both gloves and gown when entering a contact precautions room.

On 1/7/25 at 9:00 a.m. a surveyor observed Certified Nurses Aide #3 (CNA) and CNA #4 enter the room of Resident #22 wearing only gloves assisting Resident #22 with her breakfast tray. When CNA #3 and CNA #4 exited the room. A surveyor asked about the Contact Precautions sign posted outside of Resident #22's room. CNA #3 and CNA #4 stated that both gloves and gown are only needed with incontinence care. CNA #4 stated that Resident #22 has Extended-Spectrum Beta-Lactamase (ESBL) in the urine.

On 1/7/25 at 9:06 a.m., a surveyor discussed the above finding with the Cove Unit Nurse Manager who stated that only gloves and gown are needed for Resident #22 when providing incontinence care.

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F 880	Continued From page 14	F 880		

On 1/7/25 at 3:30 p.m. during an interview with the Administrator. She stated that Resident #22's precaution sign has been changed to Enhanced Barrier Precautions which would only require gloves and gown when providing incontinence care for Resident #22.

2. On 1/8/25 at 10:50 a.m., during an interview with Licensed Practical Nurse #1 (LPN#1), she states that she would use the "purple top wipes" to clean shared glucometers and shared medical equipment contaminated with Clotridoides Difficile Colitis (C.Diff).

On 1/8/25 at 11:00 a.m., during an interview with CNA#1, she states that she was unaware how often staff would clean shared equipment, she then states she would use the purple top wipes to clean shared equipment contaminated with C.Diff.

On 1/8/25 at 11:06 a.m., during an interview with CNA #2, She states that is unaware what disinfectant to use to properly clean shared equipment for residents with C.Diff or Methicilin-Resistant Staphylococcus Areus (MRSA).

On 1/8/25 at 11:17 a.m., during an interview with Registered Nurse #1 (RN#2), She states she is unaware of how to disinfect clean shared equipment for residents with C.Diff.

On 1/8/25 at 11:30 a.m., during an interview with the Clinical Nursing Supervisor/Infection Preventionist, with 4 surveyors present, he states that he has been in this role for 4 years and does not provide education relating to infection control practices to the staff. The surveyor asked how he would properly disinfect shared medical

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F 880	Continued From page 15 equipment contaminated with C.Diff. The Infection Preventionist stated he would use "purple top wipes". At this time the surveyor requested the Infection Preventionist to obtain the purple top wipes. Upon review, the purple top wipes are the "Super Sani Cloth Germicidal Wipes". Further review by both surveyor and the Infection Preventionist shows that the sani cloth is not effective against C.Diff. At this time the Infection Preventionist confirmed that the purple top wipes would not be effective against residents with C.Diff. Further review of the facility policy "Infection Control" last revised on 5/24 states the role of the Infection Preventionist is to "Work with Staff Development Coordinator to develop in-service education programs pertinent to infection control and sanitation issues". On 1/8/24 at 12:20 p.m., during an interview with the Administrator Director, the above information was discussed.	F 880		
F 881 SS=E	Antibiotic Stewardship Program CFR(s): 483.80(a)(3) §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. This REQUIREMENT is not met as evidenced by: Based on facility policy, record reviews, and	F 881		

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F 881	Continued From page 16	F 881		

interviews, the facility failed to implement its Antibiotic Stewardship Program (ASP) that includes antibiotic use protocols and a system to effectively monitor antibiotic use. This has the potential to affect all residents receiving an antibiotic.

Findings:

Review of the facility policy "Infection Control" last revised on 5/24 states; the facility will "Track and trend both infection control rates and antibiotic use...Assess appropriate and safe use of antibiotics ...Assess best practices through research, accessing pharmacists and other experienced or trained in antibiotic stewardship to ensure evidenced based practice for the long-term care facility." Furthermore, the role of the Infection Preventionist is to "Work with the Medical Director to monitor culture report, investigate any potential clusters or outbreaks, and monitor physician use of antibiotics as deemed appropriate".

On 1/8/25 at 11:30 a.m., during an interview with the Clinical Nursing Supervisor/Infection Preventionist. He discusses tracking infections residents have and what antibiotic they are originally on, but does not track if a culture was completed, what the culture indicated/what the organism is, if it is the correct antibiotic, which residents are on precautions and why, he does not cohort if practicable, and does not communicate with Medical Doctors and Pharmacists regarding antibiotic usage.
Review of Infection Preventionist monthly log for antibiotics lacks evidence of the Infection Preventionist following through on the antibiotic use, the trends of infections and or organisms,

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F 881	Continued From page 17 clusters of infections, and type of antibiotics used. On 1/8/24 at 12:45 p.m., during an interview with the Director of Nursing, she discusses that they are not tracking the use of Multi-Drug Resistant Organisms per the facility antibiotic stewardship policy and procedure. On 1/8/25 at 12:20 p.m., during an interview with the Administrator Director the above information was discussed.	F 881		