

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

PRINTED: 02/03/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2025
NAME OF PROVIDER OR SUPPLIER BARRON CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1145 BRIGHTON AVE PORTLAND, ME 04102		
(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 689 SS=D	On 1/30/25, an unannounced on-site visit was conducted at Barron Center for the purpose of an investigation of complaint #ME00050296. It was determined that Barron Center was in substantial compliance with 42 CFR 483, Sub-part B-Requirements for Long Term Care Facilities 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 Interviews and Record Review the facility failed to provide care, based on the comprehensive assessment and the resident's comprehensive person-centered care plan as outlined in the facility policy "Comprehensive Person-Centered Care Planning" for resident (Resident #1) resulting in an avoidable accident (fall) as reported in the facility reported incident of 1/17/25. Finding: Review of the clinical record documents that on 1/17/25, during the night shift, Certified Nursing Assistant (CNA) #1 failed to follow the resident care plan for Resident #1 and attempted to toilet with a bed pan, alone when the care plan stated that the resident was a "Max two assist". CNA#1 rolled the resident away from her and the resident	F 689	Past noncompliance: no plan of correction required.		

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 689	Continued From page 1 fell past the bed rail and onto the floor. The bed was at waist level for care. Resident sustained visible injury to her left foot, right toes, and left big toe. Resident complained of pain to touch, and pain of neck and back, and she complained that she was dizzy, and had blurred vision and lethargy. Resident sent to hospital for evaluation. Additionally, the following documents were reviewed: Incident report form completed on 1/17/25 and documentation from the Nursing Supervisor states, "Injury due to care plan not followed." "Resident care planned for Max 2 assist." Statement from CNA#1 made on 1/17/25 that states, "Having cared for the resident many times before independently, I also approached this task the same." On 1/30/25 the Administrator and the Director of Nursing (DON) stated and provided documentation of the correction actions that were taken as a result of the incident: -The resident was transported to the hospital for evaluation and treatment. Imaging done to all areas of concern and no injuries were found. Resident returned to the facility -CNA#1 was placed on paid administrative leave pending the outcome of the investigation. -Education provided to staff that day (1/17/25) by the DON -Education provided to staff on 1/22/25 by Nurse Educator -Follow-up education provided to staff on 1/27/25 by Nurse Educator -The facility has informed the union representing CNA#1 of the facility's intent to terminate the employee, with final meeting with employee and	F 689			

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F 689	Continued From page 2 termination is scheduled for this week	F 689			