

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

PRINTED: 02/04/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205063		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2025	
NAME OF PROVIDER OR SUPPLIER CLOVER HEALTH CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 440 MINOT AVE AUBURN, ME 04210			
(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 550 SS=D	On 1/22/25, an unannounced on-site visit was conducted at Clover Health Care for the purpose of an investigation of complaints #ME00050202, #ME00050113 and #ME00050252. It was determined that Clover Health Care is not in substantial compliance with 42 CFR 483, Sub-part B-Requirements for Long Term Care Facilities Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen			F 550			

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 550	Continued From page 1 or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the facility failed to promote care for residents in a manner that maintains each resident's dignity and respect when staff failed knock on the resident's door and announce who they were before they entered the resident's room for 1 of 4 residents reviewed (Resident #4). Finding: On 1/22/25 at 10:50 a.m., a surveyor observed a tall male facility worker, dressed in black jeans and a black shirt, enter Resident Room #69 without knocking on the door and requesting permission or announcing he would like enter before entering. He went up to the resident's door, moved the Velcro stop sign aside from across the door and went into the room and then came out with a wheeled bag of tools. On 1/22/25 at 10:58 AM, in an interview, the tall male facility worker who identified as a maintenance staff member, confirmed that he had entered the room without knocking and it was	F 550			

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F 550	Continued From page 2 a dignity issue. On 1/22/25 at 11:50 AM, in an interview, a surveyor discussed the finding with the Administrator who confirmed this was a dignity issue and the staff member should have knocked on the resident's door and announced who he was and why he was there.	F 550			
F 584 SS=E	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; §483.10(i)(4) Private closet space in each	F 584			

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F 584	Continued From page 3 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 observations and interviews, the facility failed to adequately maintain maintenance and housekeeping services necessary to maintain the facility in good repair and sanitary conditions for 2 of 4 units (Dublin Unit and Galway Unit) for 2 of 2 environmental tours (1/22/25). Findings: 1. On 1/22/25 from 10:27a.m. to 10:40 a.m., a surveyor observed the following: > Dublin Unit [core 1] - The sit-to-stand patient lift, sitting along a wall in the center area, was heavily soiled with food debris and dirt in the foot base area. > Dublin Unit [core 2] - The sit-to-stand patient lift, sitting along a wall in the center area, was heavily soiled with food debris and dirt in the foot base area. > Galway Unit - The sit-to-stand patient lift, sitting along a wall in the center area, was heavily soiled with food debris and dirt in the foot base area. On 1/22/25 at 10:45 a.m., in an interview, Registered Nurse (RN #1) confirmed the 3	F 584			

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F 584	Continued From page 4 sit-to-stand patient lifts were heavily soiled with food debris and dirt in the foot base area. 2. On 1/22/25 at 11:25 a.m., a surveyor and Certified Nursing Assistant (CNA #1) observed a commode lid on the floor leaning up against the wall in Dublin Unit (core 1) center area and broken window shades in resident rooms #29, #35, #38, and #43. At this time, CNA #1 confirmed the findings. On 1/22/25 at 11:45 a.m., in an interview, a surveyor discussed the findings with the Administrator.	F 584			
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 - §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 observation and interviews, the facility failed to ensure that the residents environment was free from the potential risk of serious accidents/tripping hazards relating to loose, unsecured linoleum flooring that had pulled up along an edge and is not secure for 1 of 4 units (Dublin unit [core 1]) for 1 of 1 day of survey. (1/22/25) Finding	F 689			

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F 689	Continued From page 5 On 1/22/25 at 11:27 a.m., 2 surveyors observed in the center of Dublin unit (core 1) an approximately 2 foot by 1 foot area of linoleum flooring missing and the edges were coming up causing a trip hazard. At his time, in an interview, Certified Nursing Assistant (CNA #6) stated that the desk that had been here had been removed and she confirmed that the linoleum was coming up and it was a trip hazard accident hazard. Additionally, she stated that there are ambulatory residents on the unit.	F 689			
F 725 SS=E	On 1/22/25 at 11:50 a.m., in an interview, a surveyor discussed the finding with the Administrator who confirmed this was a trip hazard and accident hazard and that there are ambulatory residents on the unit. Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:	F 725			

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F 725	Continued From page 6 (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on interviews and staffing reviews, the facility failed to ensure sufficient direct care staff were scheduled and on duty to meet the needs of residents that reside in the facility. This has the potential to affect all residents needing assistance with Activities of Daily Living (ADLs"). Findings: On 1/22/25 at 9:30 a.m., in an interview with a surveyor, Resident #4 stated he/she ambulates with assistance but sometimes he/she can't because there is not enough staff to walk him/her when he/she needs to get up. He/she stated she normally gets up and goes to the bathroom but the staff has had to use a bed pan when they don't have enough available staff to assist him/her. He/she stated that he/she and their roommate had to wait a long time for their call bells to be answered because the staff would say that they don't have enough people and that nursing couldn't always get them up to take them to the bathroom, resulting in staff using the bedpan with him/her and the roommate. On 1/22/25 at 10:10 a.m., in an interview, RN (Registered Nurse) #2 stated the facility has often been staffed under required state staffing ratios.	F 725			

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F 725	Continued From page 7 RN #1 stated on 1/6/25, he/she had 3 admissions on the Belfast unit and was aware there were 1-2 more admissions on the other units. RN #1 stated "We don't have enough staffing to meet ratios and we're getting admissions. How can they do that?" On 1/22/25 at 10:20 a.m., in an interview, Certified Nursing Assistant (CNA) #3 stated that they are short staffed at the facility and that the staff feel rushed to get work done because they are short staffed, so some of the care might not get completed, such as baths, nail care/grooming and teeth brushing. On 1/22/25 at 10:30 a.m., in an interview, CNA-M #2 (Medication Technician) stated he/she spends more time on the floor helping the CNA's and this does affect his/her assignment. For example, he/she doesn't always get to reorder medications which results in residents running out and staff having to take doses from the emergency medication box. On 1/22/25 at 10:33 a.m., in an interview, an Licensed Practical Nurse (LPN) stated that they are short staffed throughout the facility. The LPN stated the staff on the unit do really well. They come in early and stay late but they are getting very tired. The LPN stated care is being let go, such as baths, nail care and teeth brushing, and stated things of that nature might not get completed due to the short staffing. On 1/22/25 at 10:45 a.m., in an interview 10:45 a.m., CNA #7. stated inadequate staffing makes working on the weekends difficult. CNA #7 stated he/she is often the only regular staff on duty with other staff being from agencies or floated from	F 725			

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F 725	Continued From page 8 other units. CNA #7 stated usually there are 3 CNA's on and 4 are needed. The unit has a lot of residents who require sit to stand or hooyer lifts, which require 2 staff to use. On 1/22/25 at 10:47 a.m., in an interview, RN #1 stated that they are short staffed at the facility and don't have the staffing numbers they are supposed to have. Even when they do have the number (required minimum state ratios), baths, nail care, teeth brushing and things of that sort do not get done. RN #1 stated a lot of the residents get bed baths instead of their baths or showers when the unit is short staffed. On 1/22/25 at 11:10 am, in an interview, CNA #1 stated "The problem with staffing is not always the numbers, it's about a lot of agency (staff). It's like having an orientee and getting them up to par with their assignment." CNA #1 stated it is sometimes hard to toilet and change every resident every 2 hours. He/she stated meals are served 45 minutes late because staff are busy providing care and toileting residents. CNA #1 stated "It's hard to keep up. If (residents) are in bed and unable to get up, I would use a bed pan. It's hard to get another person," for lift assistance. A review of the staffing schedules, daily resident census, and an interview, the facility failed to ensure staffing minimums were met in accordance with the "State of Maine Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities," Chapter 9.A.4.A., for 19 days out of 53 days reviewed for minimum staffing from 12/1/24 through 1/22/25. (See State tag ST-T-0222).	F 725			

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F 725	Continued From page 9 On 1/23/25 at 1:55 p.m., in a phone interview, a surveyor discussed the staffing findings with the Administrator who confirmed the findings at this time.	F 725			
F 812 SS=D	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 interviews and a sample lunch test tray, the facility failed to ensure the food served from the kitchen was monitored throughout the meal service to ensure foods were maintained at adequate and proper hot temperatures to ensure palatable food for meals. Additionally, the facility failed to ensure the residents nutritional needs/diets were assessed and identified before receiving meals from the kitchen. This has the potential to affect all residents.	F 812			

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F 812	Continued From page 10 Findings: On 1/22/25 at 9:30 a.m., in an interview, Resident #4 stated that the food was always cold and he/she has to have nursing heat it up for him/her and it didn't taste good when it came cold and it usually was mushy. On 1/22/25 at 10:00 a.m., in an interview, Certified Nursing Assistant (CNA #2) stated that the food does not come hot a lot of the time and there are complaints from residents about the food not being hot so the staff have to heat it up for the residents. On 1/22/25 at 10:33 a.m., in an interview, Licensed Practical Nurse (LPN) stated that when food is served to some units from the kitchen, the nursing staff has to reheat all the food for the residents because it is not hot enough for the residents. The residents complain that the food is cold, mushy and does not taste good when it is cold. On 1/22/25 at 10:47 a.m., in an interview, Registered Nurse (RN #1) stated that the staff have to heat the food up all the time on the certain units because the food comes cold from the kitchen. She stated that the trays are served from a kitchen cart now instead of being served by kitchen staff on the units. On 1/22/25 at 11:06 a.m., in an interview, the Kitchen Supervisor stated that the day before they will distribute the menus to the units and the nurses/CNAs will interview all the residents and return them to the kitchen. The meal tags will come in and be printed and put on the carts. She	F 812			

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F 812	Continued From page 11 says what is happening now is some of them are not done so they're not sure what to put out so they put out a regular meal. She said in fact there are two new admits on Belfast unit who have not been done so they're not sure what diet plan and meal to send so they send out a regular meal. She said if there is no info that is what they do. She says sometimes they deliver on the Clare unit at 8:30 a.m. and they are still serving breakfast at 10:15 a.m. She also stated that temperatures are only taken in the kitchen and they are not taken on the units during the meal at all. The surveyor asked does that mean that they do not know if the food is held to the appropriate temperature to when it is served. She stated that when it leaves the kitchen it is hot but they don't know what the temperature is by the time the nursing staff serves it to the residents and if it's not hot enough they can always heat it up in a microwave on the units. She stated that the kitchen staff has been cut by almost 1/2 so they don't even go out and serve on the units anymore they just tray and serve up that way on carts. She said they don't have enough staff to go behind nursing and try to figure out what the residents want at this time. At this time, the kitchen supervisor confirmed that they didn't monitor the food temperatures once the food leaves the kitchen to actual meal service time and that they serve regular meals without knowing what the resident die plan and request. On 1/22/25 at 9:00 a.m., a surveyor asked for a test tray and received the last tray served from the Clare unit at 12:32 p.m. The meal consisted of meatloaf, a baked potato, asparagus, and mixed vegetables. The hot plate cover underneath the plate, the hot plate cover over the food and the plate was not hot or even warm. 2	F 812			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2025
NAME OF PROVIDER OR SUPPLIER CLOVER HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 440 MINOT AVE AUBURN, ME 04210		
(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 812	Continued From page 12 surveyors took and observed the temperatures of the meal and the asparagus and the mixed vegetables were 90° Fahrenheit and cold and mushy and not palatable. On 1/22/25 at 3:45 p.m., the surveyors discussed the findings with the administrator who confirmed that the food was not appropriately cooked and not appropriately hot.	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 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	F 880			

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F 880	Continued From page 13 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 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 observations and interviews, the facility	F 880			

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F 880	Continued From page 14 failed to maintain an Infection Control Program designed to provide a sanitary environment to help prevent the development and transmission of disease and infection related to linen handling for 2 of 2 observations (Clare Unit and Dublin Unit) for 1 of 1 day of survey. (1/22/25) Findings: The facility's "Community Infection Control Policy - Assisted Living and Skilled" last date reviewed: 8/23/24. Handling of Soiled and Clean Linens: Laundry must be held away from the body at all times. Soiled laundry must be bagging rooms and when carried in the hallways. 1. On 1/22/25 at 9:30 a.m., a surveyor observed Certified Nursing Assistant (CNA #4) on the Clare Unit carrying a small bag of soiled lined in her gloved right hand with a visibly soiled bundle of unbagged linen on top of the bag to the soiled utility room. At this time, in an interview, CNA #4 confirmed that the heavily soiled linen was not put in the bag as it should have been. She stated she had come from a room on the unit. On 1/22/25 at 10:50 AM, in an interview, the surveyor discussed the finding with RN #1 who confirmed this was an infection control issue. 2. On 1/22/25 at 10:43 a.m., a surveyor observed Certified Nursing Assistant (CNA #5) carrying clean linen against her body on the Dublin Unit [core one]. At this time, in an interview, the CNA #5 confirmed that she was carrying clean linen against her body and put the linen in a soiled linen hamper. On 1/22/25 at 10:50 a.m. a surveyor discussed the finding with RN #1 who confirmed this was an infection control issue.	F 880			

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F 880	Continued From page 15 On 1/22/25 at 11:50 a.m., in an interview, the Administrator confirmed that these issues were infection control issues.	F 880			