STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205185	A. BUILDING _____ B. WING _____	C 07/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINE VETERANS HOME - BANGOR	**44 HOGAN RD BANGOR, ME 04401**

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F 000	INITIAL COMMENTS On 7/8/24 an unannounced on site visit was conducted at Maine Veterans Home - Bangor to investigate #ME00047925. It was determined that Maine Veterans Home - Bangor was not in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.	F 000		
F 550 SS=D	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 or resident of the United States.	F 550		

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

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F 550	Continued From page 1 §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 observations and interviews, the facility failed to ensure that a resident requiring feeding assistance was done in a dignified manner for 1 of 1 resident observed requiring feeding assistance (Resident #2). Finding: On 7/8/24 during observation of breakfast tray pass. Resident #2 was sitting in a Broda chair at one of the entrances to the dining area. Next to resident #2 was a dining room chair. A Certified Nurse's Assistant (CNA) placed Resident #2's breakfast tray on the tray table in front of him/her at 8:24 a.m. and walked away. The same CNA continued to deliver trays to the other residents in the dining room and two additional residents outside the dining area. At 8:50 a.m., the CNA approached Resident #2 standing in front of him/her and feed the resident two bites of food, put the spoon down and walked away. At 9:02 a.m., the same CNA returned and collected the uneaten tray without speaking to the resident or asking if he/she wanted more food.	F 550		

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F 550	Continued From page 2 On 7/8/24 at 9:32 a.m., the above was discussed with the Director of Nursing and Assistant Director of Nursing.	F 550		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document	F 656		

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F 656	Continued From page 3	F 656		

whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.
§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-
(iii) Be culturally-competent and trauma-informed.
This REQUIREMENT is not met as evidenced by:
Based on record review, observations, and interview, the facility failed to provide interventions outlined in the resident's care plan in the area of Self-care deficit and Nutrition for 1 of 3 sampled residents. (Resident #2)

Finding:

Resident #2 was admitted to the facility on 2/20/24 with diagnosis of Dementia and Dysphagia. The History and Physical dated 2/21/24 states he/she is a "nonverbal resident". Review of Resident #2's care plan, initiated 2/20/24, last revised 5/28/24 for self -care deficit in the area of eating has a nursing intervention of, "I am dependent. One assist. Please alternate 1 to 2 bites of food followed by a sip of liquid. If client refuses a meal, please reapproach ..." The care plan initiated on 2/29/24, last updated on 5/28/24 for nutrition has a nursing intervention of, "Assist to eat, Set up foods as needed. Feed all meals. Maintain eye contact during feeding."

On 7/8/24 observation of Resident #2 in a Broda chair at the entrance of the dining room with an

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F 656	Continued From page 4 empty chair next to him/her. At 8:24 a.m., the Certified Nurse's Assistant (CNA) placed residents #2 tray in front of him/her then walked away. At 8:50 a.m., the CNA approached resident #2, stood in front of the tray table and asked the resident, "are you going to eat some breakfast, your sleeping" the CNA then attempted to feed the resident a spoon full of puree banana muffin, which resident refused (moving his/her head). CNA then stated, "you need to wake up, is it too cold, want some water?" The CNA did not heat up the food or give the resident fluids. She then offered the resident another bite. The resident was given 2 spoonful's of food. The CNA then put down the spoon and walked away. At 9:02 a.m., the same CNA returned and collected the uneaten tray, not speaking to the resident or asking if he/she wanted more food. On 7/8/24 at 9:32 a.m., the above was discussed with the Director of Nursing and Assistant Director of Nursing.	F 656		
F 684 SS=E	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on facility policy, record reviews and interviews, the facility failed to follow physician	F 684		

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F 684	Continued From page 5	F 684		

orders for 1 of 3 sampled residents review for medications (Resident #3).

Findings:

Facilities Medication Administration Procedure dated 1/2020 states, "Assign AM and PM for medication administration times unless specified otherwise by physician services ... physician services will specify if they want medications administered every twelve hours or other hourly times ... Schedule hypothyroid medication to be administered on an empty stomach, but must be scheduled for consistency, however not before 7:00 AM unless resident prefers."

On 7/8/24 at 11:45 a.m., during an interview, Resident #3's family representative stated his/her Parkinson's medication is not being given timely with regards to doses being to close together, given with meals or as instructed by the neurologists.

Review of the scheduled mealtimes for resident #3 are as follows: Breakfast served at 8:30 a.m., Lunch at 12:30 p.m. and Dinner at 5:30 p.m.

A review of Resident #3's clinical record containing Provider orders and the Medication Administration Record (MAR) indicated the following medications Sinemet and Levothyroxine were given at incorrect times/or with meals:

1. A provider order dated 12/22/23 for Levothyroxine Sodium (Hypothyroid medication) 75 microgram (mcg) tablet by mouth daily at 7:00 a.m. for hypothyroidism.
On 6/8/24 the Levothyroxine dose was given at 8:54 a.m.

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F 684	Continued From page 6	F 684		

On 6/9/24 the Levothyroxine dose was given at 8:48 a.m.
On 6/21/24 the Levothyroxine dose was given at 8:26 a.m.
On 7/1/24 the Levothyroxine dose was given at 8:31 a.m.
On 7/3/24 the Levothyroxine dose was given at 8:29 a.m.
On 7/4/24 the Levothyroxine dose was given at 8:06 a.m.
On 7/6/24 the Levothyroxine dose was given at 8:17 a.m.
On 7/7/24 the Levothyroxine dose was given at 8:22 a.m.
On 7/8/24 the Levothyroxine dose was given at 8:10 a.m.

2. A Provider order dated 6/5/24 for (Sinemet) Carbidopa - Levodopa 25 milligram (mg)-250mg table, give 1 tablet by mouth five times a day 5:30 a.m., 9:00 a.m., 12:00 p.m., 3:00 p.m., 7:00 p.m. for Parkinsonism.
On 6/6/24 the 3:00 p.m. Sinemet dose was given at 5:15 p.m.

3. A provider order dated 6/6/24 for Sinemet 25mg -250mg table, give 0.5 tablet by mouth at 10:00 p.m. "Administration Instructions: Leave current timing of medications per neurologists."
On 6/8/24 the Sinemet was given at 7:47 p.m.

4. New Provider orders dated 6/18/24 for (Sinemet) Carbidopa - Levodopa 25 milligram (mg)-250mg table, give 1 tablet by mouth five times a day 7:00 a.m., 10:00 a.m., 2:00 p.m., 4:30 p.m., 7:00 p.m. for Parkinsonism. "Administration Instructions: Leave current timing of medications per neurologists. Do not give with meals" and the order for Sinemet 25mg -250mg

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F 684	Continued From page 7	F 684		

table, give 0.5 tablet by mouth at 10:00 p.m. "Administration Instructions: Leave current timing of medications per neurologists. Do not give with meals."
On 6/19/24 the 2:00 p.m. Sinemet dose was given at 11:47 a.m., and the 10:00 p.m. dose was given at 8:56 p.m.
On 6/21/24 the 7:00 a.m. Sinemet dose was given at 8:26 a.m.
On 6/22/24 the 10:00 p.m. Sinemet dose was given at 8:36 p.m.
On 6/25/24 the 10:00 a.m. Sinemet dose was given at 12:17 p.m.
On 7/1/24 the 7:00 a.m. Sinemet dose was given at 8:32 a.m.
On 7/3/24 the 7:00 a.m. Sinemet dose given at 8:30 a.m., the 10:00 a.m., dose was given at 8:37 a.m.
On 7/6/24 the 10:00 p.m. Sinemet dose was given at 7:00 p.m.
On 7/7/24 the 10:00 p.m. Sinemet dose was given at 7:09 p.m.

5. A new Provider order dated 7/3/24 for Sinemet 25mg -250mg table, give 1 tablet by mouth five times a day 7:00 a.m., 10:00 a.m., 2:00 p.m., 4:30 p.m., 7:00 p.m. for Parkinsonism. "Administration Instructions: ***Alert *** DO NOT GIVE WITH MEALS/FOOD -Leave current timing of medications per neurologists."
On 7/4/24 the 7:00 a.m. Sinemet dose was given at 8:06 a.m.
On 7/5/24 the 10:00 a.m. Sinemet dose was given at 11:08 a.m.
On 7/6/24 the 7:00 a.m. Sinemet dose was given at 8:17 a.m.
On 7/7/24 the 7:00 a.m. Sinemet dose was given at 8:22 a.m., the 2:00 p.m., dose was given at 3:32 p.m.

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F 684	Continued From page 8 On 7/8/24 the 7:00 a.m. Sinemet dose was given at 8:11 a.m. On 7/8/24 at 2:15 p.m., during an interview, the Director of Nursing confirmed the above medication times were given outside of the provider orders.	F 684		