STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205158	A. BUILDING _____ B. WING _____	R 07/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREGORY WING OF ST ANDREWS VILLAGE	145 EMERY LANE BOOTHBAY HARBOR, ME 04538

(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 On 7/10/24, an unannounced on-site visit was conducted at Gregory Wing at St. Andrews Village to follow up on the deficiencies cited at the annual Long Term Care Survey Process for Federal Recertification for 5/15/24 It was determined that Gregory Wing at St. Andrews Village was not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	{F 000}		
{F 695} SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to follow the physician order for 1 of the 3 sampled residents reviewed for respiratory (#24). Finding: 1. On 7/10/24 at 12:16 p.m. observation of Resident #24's wearing a nasal cannula with the oxygen concentrator set at 2 liter per minute (LPM). Review of the medical record contained a physician order dated 11/21/23 for "O2 (oxygen) every day and night shift for COPD (Chronic Obstructive Pulmonary Disease) 3 liters per	{F 695}	**F 695** All residents have the potential to be effected by this deficient practice. Based on observation, Resident #24 wearing a nasal cannula with oxygen concentrator set at 2 liter per minute (LPM). Review of the medical record contained a physician order dated 11/21/23 for "02 (oxygen) every day and night shift for COPD (Chronic Obstructive Pulmonary Disease) 3 liters per minute via NC (nasal cannula). Nurse adjusted the oxygen to reflect the current physician orders at 3 LPM. Immediately on 7/10/24. All oxygen orders checked and going forward all orders will be double checked to ensure compliance. Completion Date: 7/10/2024	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cheryl Winterbarth — TITLE: Administrator — (X6) DATE: 7/24/24

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.

Cheryl Winterbarth

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{F 695}	Continued From page 1 minute via NC (nasal cannula)". On 7/10/24 at 12:37 p.m., both the surveyor and the Registered Nurse (RN) observed Resident #24's Oxygen concentrator set at 2 LPM. The RN adjusted his/her oxygen to reflect the current physician orders at 3 LPM.	{F 695}	A weekly audit to include oxygen, tubing, orders and leader flow will be conducted weekly for 4 weeks. Audit monthly for three months by Administrator or designee to ensure that all oxygen orders are correctly entered into the electronic medical record. The Administrator or designee will report audit results to the Quality Patient Resident Safety Committee for three quarters.	
{F 755} SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and	{F 755}	**F 755** All residents have the potential to be effected by this deficient practice. On 7/10/24 during review of the Zimmerli Unit narcotic bound book #4 started on 6/25/24, Surveyor noted on page18 that on 7/6/24 the narcotic Oxycodone 5 milligrams (mg) was removed however not signed by the nurse. Page 19 had a new narcotic, Oxycodone 2.5 mg, with 60 ½ tabs added. This entry was lacking the date, time and 2 nurse's signatures for receiving the medication.	

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{F 755}	Continued From page 2 §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews the facility failed to establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation and failed to determine that drug records are in order and that an account of all controlled drugs are maintained for 1 of 2 units reviewed for narcotic storage (Zimmerli Unit). Finding: On 7/10/24 at 9:49 a.m., during review of the Zimmerli Unit narcotic bound book #4 started on 6/25/24, Surveyor noted on page 18 that on 7/6/24 the narcotic Oxycodone 5 milligrams (mg) was removed however not signed by the nurse. Page 19 had a new narcotic, Oxycodone 2.5mg, with 60 ½ tabs added. This entry was lacking the date, time and 2 nurses signatures for receiving the medication. At this time, the above was discussed with the Registered Nurse and the Nurse Manager of the unit.	{F 755}	Pharmaceutical vendor will provide education for nurses and medtechs regarding bound policy/procedure and reviewing counting procedures will be completed by: Completion Date: August 1, 2024 A weekly audit will be conducted for 4 weeks and then an audit monthly for three months by Director of Nursing or designee to ensure that reconciliation of controlled medication counts are correct. The Administrator or designee will report audit results to the Quality Patient Resident Safety Committee for three quarters.	