STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205018	A. BUILDING _____ B. WING _____	C 10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AROOSTOOK HEALTH CENTER	**15 HIGHLAND AVE MARS HILL, ME 04758**

(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 10/3/24, an on-site visit was conducted at Aroostook Health Center for the purpose of investigating complaint #ME00047618. It was determined that Aroostook Health Center was not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F 000		
F 677 SS=D	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 and interviews the facility failed to provide residents with oral care for 3 of 6 residents observed. Findings: On 10/3/24 during a complaint investigation, facility tour and anonymous resident interviews a surveyor observed and was told by residents that the facility is not offering or providing oral care daily. On 10/3/24 at 10:30 a.m. during an interview/observation with a resident who will remain anonymous it was observed that his/her dentures were not clean. They appeared to be caked with a white unknown substance the resident stated that the only concern he/she has it that they do not brush his/her teeth. He/she has false teeth and stated that every few days they may come in and take them to brush them, a lot of the girls don't like to touch false teeth they say	F 677		

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

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F 677	Continued From page 1 if they take them, it will make them throw up and I can't do it myself, my hands will not hold them, and I don't want to drop them and break them. I would like them to be brushed every day the food gets stuck under my dentures and the taste in my mouth isn't always that good when they aren't' brushed. His/her care plan was reviewed, and the care plan does address that he/she does have upper and lower dentures and that they need extensive assist of 1 staff to assist with care. On 10/3/24at 10:55 a.m. during an interview/observation with a resident who will remain anonymous it was observed visually and olfactorily the resident did not have any oral care that day. During the interview the resident stated that they do not help him/her brush their natural teeth it was noted that resident did have bad breath while talking to surveyor, when asked when the last time they helped him/her brush his/her teeth he/she was not able to recall them helping him in a while. They stated they would like their teeth brushed every day; their natural teeth are important to be taken care of. His/her care plan was reviewed, and oral care is care planned under two identified problems (dental problems and nutritional problems) On 10/3/24 at 11:55 a.m. during an interview/observation with a resident who will remain anonymous it was observed that his/her dentures were not cleaned prior to this meal. When he/she started talking to this surveyor it was observed that his/her teeth were not clean and had an unknown substance on them and between his/her teeth. His/her care plan was reviewed, the care plan identifies that he/she wears upper and lower	F 677		

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F 677	Continued From page 2 dentures, and the intervention is for staff to provide mouth care as per personal hygiene. He/she is coded as needing limited to extensive assist of 1 staff for personal care daily. On 10/3/24 at 3:00 p.m. during the exit interview with the Director of Nursing and the Administrator the Surveyor confirmed that oral care had not been completed as care planned for 3 of the 6 residents interviewed.	F 677		