STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205109	A. BUILDING _____ B. WING _____	C 04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARSHALL HEALTH CARE AND REHAB	**16 BEAL STREET MACHIAS, ME 04654**

(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 4/23/24, an on-site visit was conducted at Marshall Health Care and Rehab for the purpose of investigating facility reported incidents #ME00045286, #ME00047050, #ME00047049, #ME00047205 and complaint #ME00047156. It was determined that Marshall Health Care and Rehab was not in substantial compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F 000		
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.	F 607		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Siana Schoppee	Administrator	05/16/2024

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 607	Continued From page 1 §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced by: Based on facility policy review, the facility reportable incident report, the facility 5 day follow up report, the facility working schedule review, and interviews, facility failed to protect residents during their investigation by allowing the alleged perpetrator to work 5 of 5 scheduled shifts (4/1/24, 4/2/24, 4/3/24, 4/4/24, and 4/5/24), prior to investigation completion. Finding: The facility's " Abuse, Neglect, Exploitation, or Misappropriation of Property- Reporting and Investigating" policy, revised 2/2023, indicated the following: Under Investigation Allegations, the policy indicated "Any employee who has been accused of resident abuse is placed on leave with no resident contact until the investigation is complete." During surveyor review of the initial report, dated 4/5/24; the facility reported an abuse allegation against a Certified Nurse Assistant [CNA] after receiving written statements of complaint from Resident [R]1 and a family member. The initial report indicated the Administrator became aware of the allegation on 4/1/24. A review of written statements indicated CNA gave a written statement on 4/3/24 as part of the investigation. A review of the facility's completed investigation indicated the facility concluded the investigation	F 607		

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F 607	Continued From page 2 on 4/10/24. A review of the working schedule for 3/31/24 through 4/4/24 indicated that CNA worked 4/1/24, 4/2/24, 4/3/24, and 4/4/24 (while under investigation). On 4/25/24 at 11:40 a.m., in an interview, CNA stated he/she did not know he/she was under investigation because he/she was not asked to leave work and continued working daily through 4/5/24. The surveyor confirmed that CNA was allowed to work providing resident care before the investigation was completed at this time.	F 607	■ The accused CNA was removed from that assignment on 04/01/2024 and then suspended pending a full investigation on 04/05/2024. ■ All residents have the potential to be affected by this practice. ■ To ensure compliance going forward Marshall Healthcare's "Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating" Policy was reviewed by all Managerial Staff. A mandatory in-service was also provided to all staff regarding the identification and reporting processes for suspected resident abuse as well as other major reportable incidents; abuse, neglect, exploitation, and misappropriation prevention; Residents' Rights Maine State Regulations; Resident Care Policies and Resident Grievance reporting processes. Educational materials were provided by the facility. ■ All reportable incidents and investigations, formal complaints, and Grievances will be reviewed daily for completion and appropriate intervention implementation. All reportable incidents and investigations, formal complaints, and Grievances will also continue to be reviewed and reported at monthly Quality Assurance and Performance Improvement (QAPI) meetings. ■ The Administrator and/or Designee will ultimately be responsible for this process going forward.	04/05/2024 05/10/2024 05/10/2024