

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

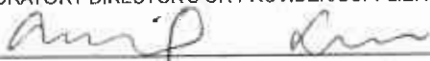
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FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>205068</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>01/18/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SPRINGBROOK CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>300 SPRING ST</b><br><b>WESTBROOK, ME 04092</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | (X5)<br>COMPLETION<br>DATE                                         |
| F 000                                                         | INITIAL COMMENTS<br><br>On 1/18/2024, an unannounced on-site visit was conducted at Springbrook Center for the purpose of an investigation of complaints #ME00046090 & #ME00046096. It was determined that Springbrook Center was not in substantial compliance with 42 CFR 483, Sub-part B-Requirements for Long Term Care Facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | F 000                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                    |
| F 842<br>SS=D                                                 | Resident Records - Identifiable Information<br>CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)<br><br>§483.20(f)(5) Resident-identifiable information.<br>(i) A facility may not release information that is resident-identifiable to the public.<br>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.<br><br>§483.70(i) Medical records.<br>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-<br>(i) Complete;<br>(ii) Accurately documented;<br>(iii) Readily accessible; and<br>(iv) Systematically organized<br><br>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-<br>(i) To the individual, or their resident representative where permitted by applicable law;<br>(ii) Required by Law; | F 842                                                                      | Resident #1 discharged from the facility. The event occurred in the past and cannot be corrected.<br><br>The Director of Nursing (DON) or designee will review all hospital transfers and ensure the resident record reflects the patient's condition and the date and time the patient transferred in or out of the facility.<br><br>The DON or designee will educate licensed nurses on policies OPS402 Clinical Record: Charting and Documentation and OPS404 Discharge and Transfer.<br><br>The DON or designee will audit hospital transfers weekly for four weeks then monthly for three months to ensure the resident record reflects the patient's condition and the date and time the patient transferred in or out of the facility and report findings at the monthly QAPI meeting. |  | 2/16/24                                                            |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



ADMINISTRATOR

2/5/24

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.

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| F 842                                                         | <p>Continued From page 1</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and interviews, the</p> | F 842                                                                      |                                                                                                                          |                            |                                                                    |

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| F 842                                                         | <p>Continued From page 2</p> <p>facility failed to ensure that the clinical records were complete and contained accurate documentation for 1 of 1 sampled residents ( #1).</p> <p>Findings:</p> <p>On 1/18/2024, during review of Resident #1 clinical record, it was discovered in the providers documentation of their visit on 12/11/2023, that the resident left the facility post 911 call made by the residents case manager because "was not getting the medical care needed". The medical record lacked documentation of the resident's condition other than the provider's note. In addition, the medical record lacked documentation that the resident left the facility on 12/11/2023, and that the resident returned to the facility on 12/12/2023.</p> <p>On 1/18/2024 at 12:15 p.m., in an interview with the Director of Nursing, he stated that any resident who needed to be taken from the facility as a result of a 911 call, no matter who made it, needed documentation in the clinical record as to their condition. He agreed that Resident #1's record lacked any documentation of condition or the fact that she left the facility. He also agreed that on 12/12/2023, when the resident returned to the facility, the record lacked documentation of her return or mention of her condition on returning.</p> <p>On 1/18/2024, the above information was confirmed with the Director of Nursing and the Administrator at 12:30 p.m.</p> | F 842                                                                      |                                                                                                                          |                            |                                                                    |