STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0363	A. BUILDING: _____ B. WING _____	01/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINE VETERANS HOME - CARIBOU	163 VAN BUREN RD SUITE 2 CARIBOU, ME 04736

(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) COMPLETE DATE
P 000	Initial Comments On 1/2/24 an onsite visit was made at Maine Veterans Home - Caribou Residential Care, for the purpose of completing the State relicensure survey. It was determined that Maine Veterans Home - Caribou Residential Care is not in substantial compliance with 10-144, Chapter 113 - Regulations Governing the Licensing and Functioning of Assistive Housing programs Level IV, Private Non-Medical institutions.	P 000		
P 495	12.4 Standards for Resident Care Progress notes. The facility shall maintain ongoing progress notes at least monthly, on implementation of the service plan and for any significant changes in the resident ' s life, including any increases or declines in the resident ' s physical and mental functioning that should be considered at the time of reassessment or adjustment in the service plan. Progress notes shall begin within twenty-four (24) hours of admission and include an initial summary of basic care needs, circumstances of resident ' s placement and resident ' s adjustment to the facility. This STANDARD is not met as evidenced by: Based on record reviews and interviews it was determined that the facility did not maintain ongoing progress notes at least monthly for 2 of 3 sampled residents (Resident #1 [R1] and Resident #3 [R3]) Findings: During record review, a surveyor found R1 was admitted on 11/14/22. There was no evidence in R1's clinical record to indicate that progress notes	P 495		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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P 495	Continued From page 1 were completed. On 1/2/24 at 11:00 a.m., during an interview with the Clinical Care Coordinator, a surveyor confirmed that progress notes were not completed for R1 since admission. During record review, a surveyor found R3 was admitted on 10/19/23. There was no evidence in R3's clinical record to indicate that progress notes were completed. On 1/2/24 at 12:28 p.m., during an interview with the Resident Care Director, she stated she was unable to find documented progress notes. On 1/2/24 at 12:44 p.m., in an interview with the Clinical Care Coordinator, two surveyors confirmed that progress notes were not completed for R3.	P 495		
P 553	14.6 Dietary Services Therapeutic diets. Therapeutic diets are considered treatments and shall be ordered in writing by the duly authorized licensed practitioner. Menus for medically prescribed therapeutic diets shall be planned in writing and approved by a qualified consultant dietitian. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that physician's orders for a no added salt, mechanical soft diet with thin liquids was followed for 1 of 3 sampled residents (#3). Findings:	P 553		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0363	A. BUILDING: _____ B. WING _____	01/02/2024

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P 553	Continued From page 2 During record review a surveyor found Resident #3 (R3) was admitted on 10/19/23 with a diet order of no added salt, mechanical soft, thin liquids. There was no evidence in R3's clinical record to indicate the therapeutic diet was followed. In an interview on 1/2/24 at 12:15 p.m., the Resident Care Director reported she was unaware of R3's dietary restrictions. In an interview on 1/2/24 at 12:40 p.m., with a Personal Support Specialist, she stated R3 is served from the steam table in the dining room at mealtimes. Today R3 ate a deli ham sandwich, and potato soup. If a resident has a special diet, their meal comes in separate containers for them. She also reported that diet orders are checked daily and was unaware of R3's special diet orders. In an interview on 1/2/24 at 12:44 p.m., the Clinical Care Coordinator reported she was unaware of R3's diet orders. She showed surveyors a laminated list of each resident's diet orders which is kept in the kitchen to be referenced prior to each meal including resident's allergies. R3's orders were listed as regular diet without allergies (R3 has 2 food allergies). On 1/2/24 at 12:44 p.m., two surveyors confirmed with the Clinical Care Coordinator that R3's diet orders were not followed.	P 553		