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	205132	A. BUILDING _____ B. WING _____	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURGIN PINES	**9 LEWIS RD KITTERY, ME 03904**

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F 000	INITIAL COMMENTS From 3/10/25 through 3/12/2025, on-site visits were conducted at Durgin Pines for the purpose of a Recertification Survey. It was determined that Durgin Pines was not in substantial compliance with 42 CFR 483, Sub-part B Requirements for Long Term Care Facilities.	F 000		
F 578 SS=E	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive	F 578		

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

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information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law.
(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information.
Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.
This REQUIREMENT is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure that the resident and/or resident representative was provided with written information concerning the right to accept or refuse medical or surgical treatment and/or formulate an advanced directive, or appoint a surrogate, for 5 of 5 residents reviewed. (#10, #15, #18, #23, #47)

Findings:

1. Resident #18 was admitted in January of 2025. A review of the entire electronic medical record lacked evidence that the facility offered or provided the resident and/or resident representative with written information concerning the right to formulate an advanced directive.

2. Resident #23 was admitted in February of 2025. A review of the entire electronic medical record lacked evidence that the facility offered or provided the resident and/or resident representative with written information concerning the right to formulate an advanced directive.

Review of facility policy "Advance Directives," with

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a revision date of September, 2024, stated " The resident has the right to formulate an advance directive, including the right to accept or refuse medical or surgical treatment." Section titled "Determining Existence of Advance Directive," stated "2. The resident or representative is provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so." Section titled "If the Resident Does not have an Advance Directive," stated "1. If the resident or representative indicates that he or she has not established advance directives, the facility staff will offer assistance in establishing advance directives. b. Nursing staff will document in the medical record the offer to assist the resident's decision to accept or decline assistance."

On 3/11/25 at 11:20 a.m., in an interview with a surveyor, a social worker stated it has not been facility practice to offer to assistance to residents with formulating an advance directive. If a resident requests to complete one, staff will access the Maine Advance Directive forms online and help them complete them, then have the forms notarized. The social worker stated if an advance directive is not in the resident's record, then the resident does not have one on file.

On 3/11/25 at 11:40 a.m., in an interview with a surveyor, the Administrator, Director of Nursing, Assistant Director of Nursing, and the Social Worker, confirmed the facility does not routinely document when staff are offering to help residents complete an advance directive or when a resident declines to formulate one.

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F 578	Continued From page 3 3. Resident #10 was admitted in February of 2025. A review of the entire electronic medical record lacked evidence that the facility offered or provided the resident and/or resident representative with written information concerning the right to formulate an advanced directive. 4. Resident #15 was admitted in February of 2023. A review of the entire electronic medical record lacked evidence that the facility offered or provided the resident and/or resident representative with written information concerning the right to formulate an advanced directive. 5. Resident #47 was admitted in June of 2023. A review of the entire electronic medical record lacked evidence that the facility offered or provided the resident and/or resident representative with written information concerning the right to formulate an advanced directive. On 3/11/25 at 11:30 a.m. a surveyor met with the facility social worker and learned that discussing Advanced Directives was not something they normally did.	F 578		
F 641 SS=B	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that the Minimum Data Set (MDS) 3.0 was coded accurately in the area of "Active Diagnosis" and "High-Risk Drug Classes: Use and Indication" for 2 of 5 sampled residents	F 641		

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F 641	Continued From page 4	F 641		

for unnecessary medication review. (Resident #50 and #13)

Findings:

1. On 3/11/25, resident #50's clinical record was reviewed and indicated the resident has orders for Mirtazapine and Sertraline daily, both antidepressants. The most recent Quarterly MDS dated 1/16/25 indicates, under "Active Diagnosis" Section I6100, states that the resident did not have depression however under section "High-Risk Drug Classes: Use and Indication" Section N0415, states the resident is taking antidepressants. In addition, the Pharmacy medication regimen review dated 1/5/25 recommends a Gradual Dose Reduction (GDR) on the Mirtazapine. The provider disagreed on the GDR with an explanation of "Dose reduction is contraindicated because benefits outweigh risks for this patient and a reduction is likely to impair the resident's function and/or cause psychiatric / social instability."

On 3/11/25 at 3:44 p.m., during an interview, the Skilled MDS Coordinator confirmed the above finding

2. Resident #13's clinical record was reviewed and indicated the resident has a physician's order dated 11/20/24 for the antidepressant medication, Sertraline 50 milligrams (mg) daily. Resident #13's MDS, dated 2/24/25, under "High Risk Drug Classes: Use and Indication" Section N0415, was not coded to indicate that the resident received an antidepressant medication.

On 3/12/25 at 11:47 a.m., during a telephone interview with the Skilled MDS Coordinator, a

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F 641	Continued From page 5 surveyor confirmed that the MDS was inaccurately coded for Resident #13.	F 641		
F 657 SS=E	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to review and revise the care plan by an interdisciplinary team (IDT), that included, to the extent possible, participation of the resident	F 657		

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F 657	Continued From page 6	F 657		

and/or his/her representative after each assessment for 7 of 9 reviewed for care planning. (Resident #1, #49, #40, #32, #13, #55 and #3).

Findings:

1. On 3/10/25 at 11:34 a.m., during an interview, Resident #1 stated he/she is not invited or remembers having care plan meetings.
Review of Resident #1's IDT care plan meeting notes stated IDTs occurred on 4/24/24, 7/24/24, 10/23/24, 11/22/24 and on 3/5/25. The medical record lacked evidence that he/she was invited and/or participated in his/her IDT meetings.

2. On 3/10/25 at 11:49 a.m., during an interview, Resident #49 stated his/her representative attends the IDT meetings via phone, but he/she is not invited.
Review of Resident #49's IDT care plan meeting notes stated IDTs occurred on 2/5/24, 7/10/24, 10/16/24 and on 1/15/25. The medical record lacked evidence that he/she was invited and/or participated in his/her IDT meetings. In addition, the IDT meeting which occurred on 7/10/24 stated Resident #49 did not attend because "Resident out facility, during meeting time, but aware of schedule".

3. On 3/10/25 at 12:32 p.m., during an interview, Resident #40 stated he/she has not been involved or had a care plan meeting since admission.
Review of Resident #40's medical record showed he/she had 2 recent admissions. The IDT care plan meeting notes stated IDTs occurred on 1/17/25 and on 2/14/25. The medical record lacked evidence that he/she was invited and/or participated in his/her IDT meetings.

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F 657	Continued From page 7 4. On 3/10/25 at 1:24 p.m., during an interview, Resident #32 stated he/she is not invited or familiar with any care plan meetings. Review of Resident #32's IDT care plan meeting notes stated IDTs occurred on 5/15/24, 7/31/24, 10/23/24, and on 1/23/25. The medical record lacked evidence that he/she was invited and/or participated in his/her IDT meetings. On 3/11/25 at 2:12 p.m., during an interview, the Director of Social Services confirmed the above findings. 5. A surveyor reviewed the clinical documentation of Resident #13, which included review of a comprehensive Admission Minimum Data Set (MDS) 3.0 assessment dated 11/26/24. The surveyor could not locate evidence that a care plan meeting was held by the IDT that included, to the extent possible, participation of Resident #13 and/or his/her representative to review and revise the care plan. 6. On 3/10/25 at 1:42 p.m., during an interview, Resident #55 stated he/she is not invited to care plan meetings and would attend if he/she was invited. Review of the clinical documentation for Resident #55, included a comprehensive Admission MDS assessment dated 11/6/24 and a Significant change MDS dated 1/6/25. Resident #55's care plan meeting notes indicated that an IDT meeting occurred on 1/6/25. The surveyor could not locate evidence that a care plan meeting was held by the IDT for the assessment dated 11/6/24 and that Resident #55 was invited and/or participated in his/her IDT meeting that occurred on 1/6/25.	F 657		

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F 657	Continued From page 8 7. On 3/10/25 at 2:41 p.m., during an interview, Resident #3 stated he/she is not invited to care plan meetings and would attend if he/she was invited. Review of Resident #3's IDT care plan meeting notes indicated that IDTs occurred on 1/10/24, 4/10/24, and 9/11/24. The medical record lacked evidence that he/she was invited and/or participated in his/her IDT meetings. On 3/12/25 at 12:25 p.m., during an interview, the Director of Social Services confirmed the above findings.	F 657		
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:	F 812		

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F 812	Continued From page 9 Based on observation, interview and the facility's "Dietary Dress Code Policy", the facility failed to ensure facial hair protection was worn on 1 of 3 days of survey. Finding: On 3/10/25 from 9:34 a.m. to 9:50 a.m., an initial kitchen tour was conducted in which the following finding was observed and confirmed with the Food Service Director: > There were 2 male kitchen workers with facial hair that was not wearing facial hair protection while preparing food in the kitchen. A review of the Dietary Dress Code Policy - updated 10/31/23, states All employees are required to wear a hair net or hat and beard guard (when appropriate) in food prep areas. On 3/10/25 at 2:20 p.m., in an interview with the Administrator, two surveyors discussed the above finding.	F 812		