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	205117	A. BUILDING _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARIBOU REHAB AND NURSING CENTER	10 BERNADETTE ST 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) COMPLETION DATE
F 000	INITIAL COMMENTS On 6/24/24 through 6/26/24, on-site visits were conducted at Caribou Rehab and Nursing Center for the purpose of completing a staggered early morning entrance for the annual Long Term Care Survey Process for Federal Recertification, and complaint #ME00047413. It was determined that Caribou Rehab and Nursing Center was not in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.	F 000		
F 640 SS=D	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. §483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.	F 640		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 07/19/2024

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 640	Continued From page 1 §483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following: (i)Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. §483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to transmit a quarterly Minimum Data Set (MDS) electronically to the State MDS database within 14 days of completion date for 1 of 1 system selected residents reviewed for Resident Assessment (Resident #14 [R14]). Finding: R14's quarterly MDS, with a target date of 5/16/24, was completed on 5/17/24. This assessment was required to be electronically submitted to the State MDS database within 14 days (by 5/31/24) but was not submitted until	F 640		

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F 640	Continued From page 2 6/26/24, 26 days late. On 6/26/24 at 11:04 a.m., during an interview with a surveyor, the MDS Coordinator stated that she just submitted R14's quarterly MDS; she wasn't sure why it wasn't transmitted and was unaware that it didn't transfer until the surveyor asked about it.	F 640		
F 695 SS=E	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to provide respiratory care consistent with professional standards of practice by failing to ensure that respiratory equipment was clean, for 3 of 3 days of survey for Resident #33 (R33), R13, R35, R24, and R48). Findings: 1. On 6/24/24 at 9:01 a.m., a surveyor observed that R33's O2 concentrator filter was heavily soiled with dust and debris. On 6/25/24 at 1:17 p.m., a surveyor observed that R33's O2 concentrator filter was heavily soiled with dust and debris, and a trash receptacle containing a plastic trash bag was directly in front of the filter, the plastic trash bag was pulled toward/ against the filter. On 6/26/24 at 7:45 a.m., a surveyor	F 695		

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F 695	Continued From page 3	F 695		

observed that R33's O2 concentrator, the filter was observed to be heavily soiled with dust and debris.

2. On 6/24/24 at 9:48 a.m., a surveyor observed that R13's oxygen (O2) concentrator filter was heavily soiled with dust. On 6/25/24 at 8:55 a.m., a surveyor observed that R13's O2 concentrator filter was heavily soiled with dust.

2. On 6/24/24 at 9:57 a.m., a surveyor observed that R35's O2 concentrator filter was heavily soiled with dust. On 6/25/24 at 12:04 p.m., a surveyor observed that R35's O2 concentrator filter was heavily soiled with dust.

3. On 6/24/24 at 9:58 a.m., a surveyor observed that R24's O2 concentrator filter was heavily soiled with dust and debris. On 6/25/24 at 1:12 p.m., a surveyor observed that R24's O2 concentrator filter was heavily soiled with dust and debris. On 6/26/24 at 7:37 a.m., a surveyor observed that R24's O2 concentrator filter was heavily soiled dust and debris.

4. On 6/24/24 at 2:58 p.m., a surveyor observed that R48's O2 concentrator filter was soiled with dust. On 6/25/24 at 2:17 p.m., a surveyor observed that R48's O2 concentrator filter was soiled with dust.

On 6/26/24 at 8:37 a.m., during an interview with a surveyor, Registered Nurse #1 (RN1) stated that cleaning the filters on the O2 concentrators is part of a Charge Nurse weekly task. A surveyor and RN1 then observed the above mentioned 02 concentrator filters and the surveyor confirmed that they were dusty.

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F 695	Continued From page 4 On 6/26/24 at 9:16 a.m., during an interview with the Director of Nursing (DON), a surveyor confirmed with the DON that the O2 concentrator filters are dusty even though there was a weekly treatment for the task. The DON and surveyor then observed R35's O2 concentrator's dusty filters.	F 695		
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	F 761		

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F 761	Continued From page 5	F 761		

Based on observations and interviews, the facility failed to ensure expired medications were removed from the available for use supply, for 1of 2 Medication Carts reviewed (B Wing Medication Cart), and 2 of 2 Medication Storage Rooms reviewed (B Wing Medication Storage and C-D Wing Medication Storage).

Findings:

On 6/24/24 at 1:53 p.m., review of the C-D Wing Medication Storage Room revealed on the shelf and available for use:
1 bag containing Prochlorperazine 25 milligram (mg) suppositories with an expiration date of 2/24
1 box Premarin vaginal cream conjugated estrogens 0.625mg/gram with an expiration date of 4/30/24
1 bag containing Acetaminophen Suppositories 650mg with an expiration date of 6/23
In the locked narcotic cabinet, on the shelf and available for use:
1 blister pack of Hydrocodone and Acetaminophen 5mg-325mg with an expiration of 4/5/24

A surveyor observed and confirmed the above findings with Registered Nurse #1 at the time of the observation.

On 6/24/24 at 2:45 p.m., review of the B-Wing Medication Storage Room revealed on the shelf and available for use:
1 bag containing Bisacodyl 10mg suppositories, 5 suppositories had an expiration date of 4/24, and 5 suppositories had an expiration date of 6/23
1 bottle 44 milliliter Deep Sea Premium Saline nose spray 0.65% with an expiration date of 5/24
2 boxes Acetaminophen suppositories 650mg

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F 761	Continued From page 6 with an expiration date of 4/24 1 bottle Pain Relief Acetaminophen 250mg / Aspirin 250mg / Diphenhydramine 38mg with an expiration date of 2/24 1 bottle Loratadine 10mg with an expiration date of 12/23 Review of the B-Wing Medication Cart revealed available for use: 1 bottle Loratadine 10mg with an expiration date of 12/23 A surveyor observed and confirmed the above findings with Registered Nurse #2 at the time of the finding.	F 761		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment	F 880		

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F 880	Continued From page 7 conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of	F 880		

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F 880	Continued From page 8	F 880		

infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.
This REQUIREMENT is not met as evidenced by:
Based on observations, and interviews the facility failed to maintain an Infection Control Program designed to help prevent cross contamination and/or development of infection by maintaining a safe and sanitary environment related to enhanced barrier precautions (EBP's) pertaining to Resident's with urinary Foley catheters for 3 of 3 days of survey (6/24/24, 6/25/24, and 6/26/24).

Findings:

On 6/24/24, from 7:30 a.m. to 3:45 p.m., surveyors observed no personal protective equipment (PPE) other than gloves or signage notifying of EBP's for Resident #48 (R48) who had a urinary Foley catheter or any other Resident who had urinary Foley catheters.

On 6/25/24 at 10:32 a.m., a surveyor observed no PPE other than gloves or signage notifying of EBP's for R10 who had a urinary Foley catheter or any other Resident who had urinary Foley catheters.

On 6/25/24 at 11:11 a.m., a surveyor could not find any documentation pertaining to the use of Enhanced Barrier Precautions (EBP's).

On 6/25/24 at 1:52 p.m. in an interview with the Director of Nursing (DON) and Assistant Director of Nursing, a surveyor confirmed that the facility is not using EBP's for Resident's who have a

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F 880	Continued From page 9 urinary Foley catheter and does not have a plan in place for the use EBP's. The DON stated that the use of EBP's are not being used for urinary Foley catheters or anything else. On 6/25/24 at 2:13 p.m., during an interview with a surveyor, R48 stated that staff just emptied the urinary Foley catheter bag and the staff member was wearing a uniform and no protective gown. On 6/26/24 at 3:30 p.m., a surveyor observed no PPE other than gloves or signage notifying of EBP's for R10 who had a urinary Foley catheter or any other Resident who had urinary Foley catheters On 6/26/24 at 3:33 p.m., during an interview with a surveyor, Registered Nurse #1 (RN1) stated she did not know what EBP's were. The surveyor asked RN1 about what PPE was worn when she performs urinary Foley catheter care to which the response was gloves, and if she was inserting a urinary Foley catheter, the equipment would be sterile.	F 880		
F 945 SS=D	Infection Control Training CFR(s): 483.95(e) §483.95(e) Infection control. A facility must include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program as described at §483.80(a)(2). This REQUIREMENT is not met as evidenced by: Based on employee files review and interviews, the facility failed to develop and implement an	F 945		

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F 945	Continued From page 10 education program that included annual training on the Infection Control program standards, policies, and procedures for 1 of 5 Certified Nursing Assistants (CNA) reviewed (CNA1). Finding: On 6/25/24, CNA1's employee file and Inservice record was reviewed. CNA1's last documented Combined Inservice, which included training on the Infection Control program standards, was 12/6/22. On 6/25/24 at 2:45 p.m., during an interview with a surveyor, the Clinical Assistant stated that she was unable to find evidence that CNA1 completed the Combined Inservice in (December) 2023. On 6/26/24 at 3:12 p.m., during an interview with a surveyor, the Staff Educator stated that CNA1 completed the Infection Control training yesterday but it should have been done in 2023, but it was not. The surveyor confirmed this finding during these interviews.	F 945		

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T 001	Initial Comments On 6/24/24 through 6/26/24, on-site visits were conducted at Caribou Rehab and Nursing Center for the purpose of completing a staggered early morning entrance for the annual Long Term Care Survey Process for Federal Recertification, and complaint incident #ME00047413. It was determined that Caribou Rehab and Nursing Center was not in substantial compliance with 10-144 CMR 110 State of Maine Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities.	T 001		
T 383	14.A.1. Social Services Staff Social Services Staff Social services will be provided by social workers holding current and valid licenses as required by State law. This Regulation is not met as evidenced by: Based on record review and interviews, the facility failed to employ a Licensed Social Worker for this facility. Finding: On 6/25/24, Social Services employee file was reviewed which indicated that on 10/30/21, Social Services transferred from the role of a Certified Nursing Assistant to Social Services. On 6/26/24 at 1:44 p.m., during an interview with a surveyor, Social Services stated that she was not a Licensed Social Worker (through the State of Maine). On 6/26/24 at 2:59 p.m., during an interview with the Administrator, a surveyor confirmed that the facility does not have a State of Maine Licensed Social Worker providing	T 383		

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T 383	Continued From page 1 services at this facility.	T 383		