STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205187	A. BUILDING _____ B. WING _____	07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIPER SHORES	15 PIPER ROAD SCARBOROUGH, ME 04074

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F 000	INITIAL COMMENTS From July 10, 2023 to July 12, 2023, on-site visits were conducted at Piper Shores to complete the annual Long Term Care Survey Process for Federal Recertification and investigating complaint #ME00043714. It was determined that Piper Shores is not in compliance with 42 CFR Part 483, Subpart B-Requirements for Long Term Care Facilities.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen	F 550		

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

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 550	Continued From page 1 or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure resident's dignity by requiring a resident wear a clothing protector after stating that she/he does not want to wear one on 1 of 4 observations in the dining room. (#19). Findings: On 7/11/2023 at 8:10 a.m. in the dining room, a surveyor observed Resident #19 being wheeled into place at a table by a staff member and placed a clothing protector on the resident. Resident #19 stated "No, I don't want to wear this." Staff member said, "Oh you have to wear this, you would not want to get your sweater all dirty." On 7/11/23 the dignity issue was confirmed by the surveyor at the time of the observation the with the Infection Preventionist and at 5:00 p.m., the dignity issue was discussed with the Administrator.	F 550		
F 558 SS=D	Reasonable Accommodations Needs/Preferences	F 558		

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F 558	Continued From page 2 CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that a call bell was accessible to 1 of 40 sampled residents observed for 1 of 3 days of survey (Resident #22). Findings: On 7/10/2023 at approximately 11:30a.m. a surveyor observed Resident #22 sitting in her/his wheel chair with the brakes on, approximately 6 feet away from her/his bed and the call bell was lying on the resident's bed. Resident is not able to move wheel chair on her own. This was called to the attention of and confirmed with CNA#1 and reported to RN#1. and confirmed with the Administrator at 12:15p.m.	F 558		
F 582 SS=C	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;	F 582		

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F 582	Continued From page 3 (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.	F 582		

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F 582	Continued From page 4 (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Skilled Nursing Facility Advance Beneficiary Notices (SNFABN) Form 10055, which included appeal rights and liability of payment, were provided at least 2 days prior to the resident's last covered day, for 3 of 3 residents whose Medicare Part A services were discontinued, and remained in the facility (#39, #201, #202). Findings: 1. Resident #39's Medicare Part A coverage for skilled services ended on 7/5/2023. The medical record lacked evidence that Resident #39 or his/her legal representative was provided a SNFABN when the Medicare A coverage for skilled services was discontinued. The resident remained living in the facility. 2. Resident #201's Medicare Part A coverage for skilled services ended on 4/21/2023. The medical record lacked evidence that Resident #201 or his/her legal representative was provided a SNFABN when the Medicare A coverage for skilled services was discontinued. The resident remained living in the facility. 3. Resident #202's Medicare Part A coverage for skilled services ended on 5/15/2023. The medical record lacked evidence that Resident #202 or his/her legal representative was provided a SNFABN when the Medicare A coverage for	F 582		

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F 582	Continued From page 5 skilled services was discontinued. The resident remained living in the facility. On 7/12/2023 at 12:00 p.m., in an interview with a surveyor, the Licensed Clinical Social Worker confirmed that the facility did not deliver a Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) when Medicare Part A coverage for skilled services ended and the residents remained in the facility.	F 582		
F 623 SS=C	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when-	F 623		

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F 623	Continued From page 6 (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part	F 623		

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F 623	Continued From page 7 C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to issue a written transfer/discharge notice, which included information regarding appeal rights and the name and address of the Office of the State Long-Term Care Ombudsman, to residents or their representative for 1 of 1 sampled residents transferred/discharged by the facility to an acute care hospital (Resident #11).	F 623		

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F 623	Continued From page 8 Finding: On review of the clinical record, the surveyor noted Resident #11 was transferred to an acute care facility on 5/2/2023 for evaluation and treatment of complications associated with an indwelling urinary catheter, and again on 6/10/2023, for evaluation and treatment of altered mental status and abdominal pain. The clinical record lacked evidence that the facility had provided a transfer/discharge notice to the resident and his/her representative. On 7/12/2023 at 3:20 p.m., in an interview with a surveyor, the facility's Director of Nursing, Clinical Assessment Manager, and Licensed Clinical Social Worker confirmed transfer/discharge notices are not provided to residents and their representatives, upon transfer to an acute care facility. In addition, it was confirmed that the facility is not providing notice of resident transfers/discharges to the Office of the State Long-Term Care Ombudsman.	F 623		
F 625 SS=C	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;	F 625		

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F 625	Continued From page 9 (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to issue a bed hold notice for a facility initiated transfer/discharge to a resident, or his/her legal representative, for 1 of 1 sampled residents transferred to an acute care facility (#11). Finding: Documentation in Resident #11's clinical record indicated that he/she was transferred to an acute hospital on 5/2/2023 and returned to the facility the same day. The resident was again transferred to an acute hospital on 6/10/2023 and subsequently admitted. The clinical record lacked evidence that the facility issued a written bed hold policy/notice to the resident and/or legal representative for either transfer. On 7/12/2023 at 2:25 p.m., in an interview with a surveyor, the Clinical Assessment Manager	F 625		

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F 625	Continued From page 10 stated bed hold notices are not provided to Life Care Members (residents of the facility who enter into a separate agreement upon admission to independent living) at the time of transfer to an acute care hospital "because they will always have a bed held for them." On 7/12/2023 at 3:20 p.m., in an interview with a surveyor, the facility's Director of Nursing, Clinical Assessment Manager, and Licensed Clinical Social Worker confirmed that when a resident is transferred to an acute care hospital, bed hold notices are not provided to non-Life Care Members, or their legal representative, and that their beds may be held if paid for privately.	F 625		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).	F 656		

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F 656	Continued From page 11 (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review the facility failed to ensure that a residents careplan was implemented, for 1 of 1 sampled resident reviewed for suicidal ideation (#39). Findings; On 7/11/2023 a surveyor reviewed resident #39's care plan and noted: Category: 9 Behavior Problem lists "Do not leave a gait belt in [Resident #39s] room." On 7/11/2023 at 12:17 pm a surveyor observed	F 656		

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F 656	Continued From page 12 CNA#3 exit Resident #39s private bathroom with a gait belt. On 7/11/2023 at 12:40 pm a surveyor interviewed CNA#3 who confirmed that the gait belt was retrieved from resident's bathroom. CNA #3 confirmed that the gait belt is normally found in resident's room and they were unaware of the care plan stating gait belt was not be left in the room. On 7/11/2023 at 12:46 pm a surveyor interviewed CNA#1 and CNA#4 together and both confirmed the gait belt was normally stored in resident's room. They were both unaware it was in the care plan to remove this item from the room after use. On 7/11/2023 at approximately 4:00 pm, an interview was conducted with Resident #39, he/she was able to confirm that the gait belt is left in his/her room, and was able to point out the places that staff leave it. On 7/11/2023 at 3:45 pm a surveyor confirmed with Clinical Assessment Manager that the identified items in Resident #39's care plan was not removed per their policy and resident #39's care plan.	F 656		
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart.	F 756		

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F 756	Continued From page 13 §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews, the facility failed to follow up on a pharmacist recommendation timely, and failed to keep all copies of Medication Regimen Reviews (MRR) in the resident's permanent health record for 1 of 5 residents reviewed for medications (Resident #24).	F 756		

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	205187	A. BUILDING _____ B. WING _____	07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 756	Continued From page 14 Finding: On 7/11/23, Resident #24's clinical record was reviewed. On 7/11/23 at 3:07 p.m. a surveyor requested from the Clinical Assessment Manager (CAM), the Consultant Pharmacist's (CP) MRR recommendations completed in May of 2023 as it was not able to be located in the resident's permanent record. On 7/12/23 at 10:27 a.m., the CAM provided a surveyor with the CP MRR recommendation completed by the CP on 5/3/23. Between 5/1/23 and 5/3/23, the CP completed a Consultant Report comment that indicated, "continues to be at moderate or high risk of falls. Continues with foley [a flexible tube that drains urine from the bladder] - which is now chronic? Still on tamsulosin [a medication to help with urinary retention] with recommendation that indicated, "Please consider dc (discontinuing) the tamsulosin if plan is to keep foley long term". This resident has been taking, as ordered by the Medical Provider, tamsulosin 0.4 milligrams by mouth every evening for a diagnosis of BPH with urinary obstruction [benign prostatic hyperplasia, or enlarged prostate, with urinary retention]. The clinical record lacked evidence that this recommendation was addressed by the Medical Provider as of 7/12/23. On 7/12/23 at 10:27 a.m., during an interview with the CAM, a surveyor confirmed this finding. The CAM stated she doesn't recall seeing the recommendation from the CP. On 7/12/23 the CAM stated she printed the original CP's MRR recommendation; however, the recommendation was not addressed by the Medical Provider, or	F 756		

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F 756	Continued From page 15 could not be located at the facility or in the resident's permanent record.	F 756		
F 880 SS=F	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 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;	F 880		

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F 880	Continued From page 16 (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 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 record review and interview, the facility failed to ensure its water management program was implemented and effective to prevent the growth of Legionella or other waterborne pathogens. This has the potential to affect all residents. Additionally, the facility failed to ensure proper hand hygiene post perineal care for 1 of 1	F 880		

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F 880	Continued From page 17 resident observed during care. (# 17). Finding: 1. A review of the facility's water management policies and procedures, "Control Locations Management Log," stated "Microbial sampling to validate the water management program," with specific testing for Legionella, to be completed at a minimum frequency of quarterly. A review of laboratory reports from the facility's contracted water management company indicated the last testing for Legionella bacteria was completed on 9/15/21. On 7/11/23 at 2:00 p.m., in an interview with the surveyor, the Administrator, the Manager of Plant Operations, and the Director of Plant Operations, Maintenance and Security, confirmed that testing to monitor the effectiveness of the water management program had not been completed since 2021, which was not in compliance with company policy. 2. On 7/11/2023 at 12:01 pm a surveyor observed both CNA#5 and CNA#1 assist resident #17 providing perineal care while wearing gloves. They did not perform hand hygiene or remove the gloves before they helped resident #17; finish dressing, arrange items on the table, smooth the hair, make the bed, and tidy up the room. On 7/11/2023 at 12:15 pm a surveyor interviewed CNA#5 and asked when hand hygiene should be performed. CNA#5 said after pericare and realized after she said this that she did not do this while being observed.	F 880		

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F 880	Continued From page 18 On 7/11/2023 at 12:25 pm a surveyor interviewed CNA#1 and asked when hand hygiene should be performed. CNA#1 also stated after pericare and also realized she did not do this while being observed. On 7/11/2023 at 3:46 pm, the above was confirmed with Clinical Assessment Manager.	F 880		