STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205124	A. BUILDING _____ B. WING _____	C 05/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BREAKWATER COMMONS	**100 COMMONS DRIVE ROCKLAND, ME 04841**

(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 5/28/2025, an unannounced onsite visit was conducted at Breakwater Commons to investigate facility reported incident #ME00051606. It was determined that Breakwater Commons was not in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.	F 000		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.	F 690		

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

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F 690	Continued From page 1 §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to obtain a physician order to change an indwelling urinary catheter (Foley catheter) for 1 of 3 residents reviewed for indwelling urinary catheters (Resident #1). Finding: Resident #1 has diagnoses to include benign prostatic hyperplasia (enlarged prostate), retention of urine, urinary tract infection, and Foley catheter. Review of Resident #1's clinical record revealed a nursing progress note, dated 4/29/25, stating, "Resident complained of pain with [his/her] foley catheter. Foley was not flowing. This nurse flushed foley with no relief. Foley catheter 16 french was changed out. Balloon filled with 10 cc [cubic cenimeters]. Resident stated relief from pain. No issues with the foley change. Resident tolerated well. 750 urine output." Further review of Resident #1's clinical record lacked evidence of a provider order for an as-needed (PRN) Foley catheter change. On 5/28/25 at 1:51 p.m., during an interview, Nurse Practitioner (NP) #1 stated she was unaware of the above Foley catheter change on	F 690		

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F 690	Continued From page 2 4/29/25. On 5/28/25 at 4:28 p.m. during a telephone interview, NP #2 stated a nurse should have an order to change a foley catheter and that he was not made aware of the above concerns with Resident #1's Foley catheter, did not give an order for a PRN Foley catheter change on 4/29/25, and was not contacted about it until the next day when the Director of Nursing called him. On 5/28/25 at 5:04 p.m. during a telephone interview, Licensed Practical Nurse (LPN) # 1 stated Resident #1's catheter slipped out and there was no liquid in the balloon, so she used a PRN order to change the Foley catheter and stated she did not check Resident #1's orders to ensure there was a PRN order prior to changing the Foley catheter.	F 690		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (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. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete;	F 842		

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F 842	Continued From page 3 (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(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- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (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. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments;	F 842		

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F 842	Continued From page 4	F 842		

(iii) The comprehensive plan of care and services provided;
(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;
(v) Physician's, nurse's, and other licensed professional's progress notes; and
(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.
This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that clinical records were complete and contained accurate information for 1 of 3 residents reviewed for indwelling urinary catheters (Resident #1).

Findings:

1. Resident #1 has diagnoses to include benign prostatic hyperplasia (enlarged prostate), retention of urine, urinary tract infection, and indwelling urinary catheter (Foley catheter).

Review of Resident #1's active physician orders revealed an order with a start date of 1/13/25 for, "Intake and Output (I & O) 2 Times Daily ..."

Review of the April and May 2025 Treatment Administration Records (TAR) revealed I & O is scheduled daily at 5:00 a.m. and 6:00 p.m. Further review of the April 2025 and May 2025 TAR lacked documentation of intake and lacked evidence that output was recorded on the following dates:
-4/1/25 at 5:00 a.m.
-4/6/25 at 5:00 a.m.
-4/8/25 at 5:00 a.m.
-4/11/25 at 5:00 a.m.

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F 842	Continued From page 5 -4/27/25 at 6:00 p.m. -5/7/25 at 6:00 p.m. On 5/28/25 at 11:15 a.m., during an interview with 2 surveyors, the above finding was discussed with the Regional Quality Improvement Specialist. At this time, the Regional Quality Improvement Specialist stated I&O should be entered on the TAR by the nurse and should include any I&O documented by the Certified Nursing Assistant (CNA) because the provider reviews the TAR, not CNA documentation to determine urinary output. 2. Review of Resident #1's clinical record revealed the following nursing progress note, dated 5/8/25 by the East Unit Manager (EUM): "Resident advised this RN that [he/she] 'felt like [he/she] had to urinate.' This RN assessed resident's catheter bag to see if there was urine draining into the bag. Bag contained very little urine... Unable to flush tubing. This RN removed catheter...Following sterile procedure for insertion of catheter, this RN inserted a 16 Fr [French] into resident's bladder...Secured tubing to left leg...Urine flowing freely into catheter bag." Further review of the clinical record revealed the progress note did not specify a late entry and was not entered until 5/13/25 at 11:23 a.m. On 5/28/25 at 11:15 a.m., during an interview, the Regional Quality Improvement Specialist stated the above progress note was entered late because during the facility's investigation of an incident concerning Resident #1, the facility discovered the EUM had not documented the above concern on 5/8/25 when it occurred.	F 842		

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F 842	Continued From page 6 On 5/28/25 at 1:47 p.m., during an interview, the EUM stated she had a really busy day and did not document the progress note until 5/13/25. 3. Review of Resident #1's active physician orders revealed an order with a start date of 3/26/25 for, "Insert indwelling catheter (16 french) Every Twenty-Eight Days starting 3/26/25 ..." Review of Resident #1's April 2025 TAR revealed his/her indwelling catheter was changed, according to the above order, on 4/23/25. Review of Resident #1's clinical record revealed a nursing progress note, by the East Unit Manager (EUM), dated 5/8/25 stating, "Resident advised this RN that [he/she] 'felt like [he/she] had to urinate.' This RN assessed resident's catheter ... Unable to flush tubing. This RN removed catheter ... Following sterile procedure for insertion of catheter, this RN inserted a 16 Fr into resident's bladder..." Further review of the clinical record lacked evidence of a provider order for the indwelling catheter insertion on 5/8/25. On 5/28/25 at 1:47 p.m., during an interview with 2 surveyors, and in the presence of the Regional Quality Improvement Specialist, the EUM stated she had received a verbal order from NP #1 for the catheter change and didn't enter the order and should have.	F 842		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control	F 880		

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F 880	Continued From page 7	F 880		

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 §483.71 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

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F 880	Continued From page 8 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, observations, interviews, facility policy, and Center for Disease Control (CDC) guidance the facility failed to maintain and implement an infection control program to help prevent the development and transmission of infectious disease for 9 of 9 residents reviewed for foley catheters. (Residents #1, #2, and #3, #4, and #5, #6, #7, #8, and #9). Findings: Review of facility policy "Infection Control: Multi-Resistant Organism (MDROs) Policy" dated	F 880		

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F 880	Continued From page 9	F 880		

4/18/24 states "Enhanced Barrier Protection (EBP): Gowns and gloves are worn during high-contact resident care activity. Examples of high-contact activity are: .. Providing device care .. Device care would include, ... Catheters ... Residents being treated for an active MDRO infection will be placed on Contact Precautions. EBP is indicated for anyone with chronic wounds and indwelling medical devices regardless of MDRO status ...."

1. Resident #1 has diagnoses to include urinary tract infection requiring an indwelling urinary catheter.

Review of Resident #1's care plan, most recently updated on 5/13/25, revealed, " ...has an Infection related to Urinary tract infection ...Contact precautions ..."

Review of Resident #1's hospital discharge summary, dated 5/16/25, revealed, "Urine positive for klebsiella and e. Coli [Escherichia coli] ..."

On 5/28/25 at approximately 12:00 p.m., an observation of Resident #1's room lacked signage/Personal protective equipment (PPE) for transmission-based precautions (TBP).

On 5/28/25 at 11:55 a.m., during an interview, Registered Nurse #1 stated there are no residents on the East Wing on any precautions.

On 5/28/25 at 1:43 p.m., during an interview, a surveyor discussed the above finding with the Regional Quality Improvement Specialist, and she stated Resident #1 should be on contact TBP.

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F 880	Continued From page 10	F 880		

On 5/28/25 at 2:45 p.m. during an interview, the Infection Preventionist (IP) stated that the facility currently does not have any residents on TBP. At this time, a surveyor reviewed the above finding with the IP, and the IP stated Resident #1 should be on contact TBP.

During an interview on 5/28/25 at 4:05 p.m., Certified Nursing Assistant (CNA)1 stated she was never made aware that Resident #1 was on contact precautions.

2 Review of "Center for Disease Control: Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) updated July 12, 2022 states" Post clear signage on the door or wall outside of the resident room indicating the type of Precautions and required PPE (e.g., gown and gloves). For Enhanced Barrier Precautions, signage should also clearly indicate the high-contact resident care activities that require the use of gown and gloves. Make PPE, including gowns and gloves, available immediately outside of the resident room. Ensure access to alcohol-based hand rub in every resident room (ideally both inside and outside of the room). Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room."

Review of facility provided "Foley Catheter" list revealed Residents #1, #2, #3, #4, #5, #6, #7, #8 and #9 had indwelling foley catheters.

During an observation of above resident rooms

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F 880	Continued From page 11 on 5/28/25 between 12:00 and 12:20 p.m., with two surveyors and Quality Improvement Specialist (QIP) revealed the following: East Wing -Room 123B, belonging to Resident #2, lacked signage at the door, no PPE available for use. -Room 123A, belonging to Resident # 3, lacked signage at the door, no PPE available for use. -Room 124-1, belonging to Resident #1, lacked signage at the door, no PPE available for use. -Room 128 belonging to Resident #6, lacked signage at the door, no PPE available for use. Room 121 belonging to Resident #8 revealed a sign on the footboard of the bed stating "Enhanced Barrier Precautions." There is no signage at the door and no PPE available for use. South Wing -Room 209-A belonging to Resident #5 revealed a sign attached to footboard stating "Enhanced Barrier Precautions." There is no signage at the door and a bag hanging over the back of the door that is empty. There is no PPE available for use. -Room 214-1 belonging to Resident #4 revealed an "Enhanced Barrier Sign" face down on the floor behind the door. There is no PPE available for use. -Room 223 belonging to Resident #9 revealed no sign on door, and no PPE available for use. At this time QIP confirmed above findings. During an interview on 5/28/25 at 11:28 a.m., QIP stated facility follows Lipincott for Enhanced Barrier Precautions. At this time provided surveyor with "Clinical & Nursing Services Policy (Not otherwise Specified) dated 10/18 states " The Lippincott Manual of Nursing Practice will be utilizes as a reference guide for standard clinical information and procedures. The Lippincott	F 880		

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F 880	Continued From page 12 Manual of Nursing will be updated annually or when new additions are published. North Country Associates will utilize the Maine CDC website for infection control issues ..." During in interview on 5/28/25 at 1:30 p.m., The Director of Nursing (DON) was asked to the facilitys Lippincott Manual. At the time DON stated that she did not know where it was as the had been looking for it the other day.	F 880		
F 940 SS=D	Training Requirements CFR(s): 483.95 §483.95 Training Requirements A facility must develop, implement, and maintain an effective training program for all new and existing staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles. A facility must determine the amount and types of training necessary based on a facility assessment as specified at § 483.71. Training topics must include but are not limited to- This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to implement and maintain an effective training program for nursing staff in the areas of urinary catheter care, as part of the facility's follow-up to their facility reported incident dated 5/12/25. Additionally, the facility failed to implement and maintain an effective training program for nursing staff contracted through a staffing agency, in the areas of urinary catheter care and infection prevention, for 2 of 2 staff reviewed during an investigation of a facility-reported incident (Licensed Practical Nurse [LPN] #2, #3).	F 940		

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F 940	Continued From page 13	F 940		

Findings:

1. The facility's 5-day follow-up, submitted to the state agency on 5/19/25, states, " ...The clinical coordinator will educate licensed staff on foley catheter policies and procedures ..."

Upon entrance to the facility, the survey team requested evidence of the above education. A folder, containing educational materials titled, Flushing Urinary Catheters, Catheter Care Competency, Urinary Catheter or Urinary Tract Infection Critical Element Pathway, and Urinary Catheter Care Education for RNs [Registered Nurses]; and facility Policy, "Urinary Catheters Insertion and Maintenance," was provided by the Director of Nursing Services (DNS). "Scheduled Friday 5/30 2pm" was written on a Post-It note on the cover of the folder.

On 5/28/25 at 9:52 a.m., during an interview, the East Unit Manager (EUM) stated she conducted a debriefing with her staff following the incident, but staff has not received any education and that the Educator is responsible for conducting education.

On 5/28/25 at 10:18 a.m., during an interview, RN #2 stated that she has not received education following the incident and that the Educator is responsible for staff education.

On 5/28/25 at 1:47 p.m., during an interview, the Regional Quality Specialist stated that skills checklists for nurses and Certified Nursing Assistants (CNA) were established but have not been implemented.

On 5/28/25 at 3:43 p.m, during an interview, the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205124	A. BUILDING _____ B. WING _____	C 05/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BREAKWATER COMMONS	**100 COMMONS DRIVE ROCKLAND, ME 04841**

(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 940	Continued From page 14	F 940		

DNS stated the Educator gathered information and gave it to the unit managers to provide education. At this time, the DNS confirmed education had not been implemented prior to the survey team entrance today.

2. Review of "Reportable Incident Form," dated 5/12/25, indicates LPN #1 was a witness to the incident dated 5/11/25.

Review of LPN #1's "Core Mandatory Clinical Assessment" competency, completed 2/23/25 by the staffing agency lacked evidence of education on urinary catheter care.

Review of LPN #2's "Core Mandatory Clinical Assessment" competency, completed 2/23/25 by the staffing agency lacked evidence of education on urinary catheter care.

During an interview on 5/28/25 at 2:32 p.m., Nurse Educator stated at the time of the incident she was asked to find education for foley care, which she did. She made 4 folders that included all the education resources she gathered. She was never directed to start education, just to gather the information. Confirmed only facility staff receive new hire orientation.

On 5/28/25 at 3:32 p.m. during an interview, the DNS and the IP stated agency staff do not receive an orientation or education, other than a handbook emailed to them, and the facility relies on competencies provided by the staffing agency.

On 5/28/25 at 4:03 p.m., during a telephone interview, LPN #2 stated she has the option for education through her staffing agency but has not

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F 940	Continued From page 15 been offered any training by the facility. On 5/28/25 at 4:21 p.m., during a telephone interview, LPN #1 stated she was the dayshift nurse on the day the facility-reported incident occurred, and that she has not had any training on urinary catheter care, transmission-based precautions (TBP), or enhanced barrier precautions (EBP). LPN #1 then stated that she wears gloves to provide catheter care but does not wear a gown unless a resident is on TBP. When a surveyor asked what Enhanced Barrier Precautions require, LPN #1 stated she knows EBP are regarding skin tearing and skin health and means residents are at an increased risk of friction, shearing, and pressure ulcers, so staff need to keep an extra eye on the resident's bottom and provide good incontinence and perineal care.	F 940		