STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205115	A. BUILDING _____ B. WING _____	11/08/2023

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DEXTER HEALTH CARE	64 PARK STREET DEXTER, ME 04930

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F 000	INITIAL COMMENTS From 11/6/23 through 11/8/23 , on-site visits were conducted at Dexter Healthcare for the purpose of completing the annual Long Term Care Survey Process for Federal Recertification and to investigate complaints #ME00042970 and #ME00042972. It was determined that Dexter Healthcare was not in substantial 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	F 550		

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

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F 550	Continued From page 1 rights as a resident of the facility and as a citizen 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 that a resident requiring feeding assistance was done in a dignified manner for 1 of 2 residents observed requiring feeding assistance (Resident #18 [R18]). Finding: On 11/6/23 between 12:41 p.m. through 12:50 p.m. two surveyors observed Certified Nursing Assistant (CNA) 1 walk over to R18's table, stand next to R18, picked up a spoon, and fed R18 two spoonful's of dessert. CNA1 immediately walked away from the table. A few moments later CNA1 asked CNA2 if she would feed R18 more dessert. Two surveyors observed CNA2 walk over to R18, stand beside him/her, picked up a spoon, and fed R18 a spoonful of dessert. CNA2 immediately walked away from the table. A few moments later CNA1 walked over to R18's table again, stood next to F18, picked up a spoon, and fed R18 another spoonful of dessert. CNA1 immediately walked away from the table.	F 550		

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F 550	Continued From page 2 In an interview on 11/6/23 at 12:50 p.m., a surveyor confirmed the above finding with CNA1, and CNA2.	F 550		
F 577 SS=B	Right to Survey Results/Advocate Agency Info CFR(s): 483.10(g)(10)(11) §483.10(g)(10) The resident has the right to- (i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and (ii) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies. §483.10(g)(11) The facility must-- (i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility. (ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and (iii) Post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public. (iv) The facility shall not make available identifying information about complainants or residents. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to post in a place readily accessible to residents, family members, and legal representatives, the results of the most recent	F 577		

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F 577	Continued From page 3 survey of the facility in 1 of 1 survey books. Finding: On 11/6/23 at 1:50 p.m., a surveyor observed the survey binder located in a rack across from the living room. This binder included the State Survey results, with the most recent results from a survey dated 8/10/22, although the State Agency had completed additional surveys on 8/16/22, 3/1/23, 6/15/23, 8/30/23, and 10/17/23. A surveyor confirmed this finding with the Administrator during this observation.	F 577		
F 685 SS=D	Treatment/Devices to Maintain Hearing/Vision CFR(s): 483.25(a)(1)(2) §483.25(a) Vision and hearing To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident- §483.25(a)(1) In making appointments, and §483.25(a)(2) By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that transportation assistance was available and provided for a scheduled eye appointment for 1 of 2 Residents reviewed for eye appointments (Resident #31 [R31]).	F 685		

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F 685	Continued From page 4 Finding: On 11/7/23 at 12:14 p.m. in an interview with a surveyor, the nurse scheduler stated that R31 was supposed to have an appointment with an Eye Doctor for a Cataract surgery consult on 10/17/23. The nurse scheduler stated she was told that she could not have the van that day. She stated their facility uses transportation from two other facilities and on 10/17/23 she was told that she could not use the transportation, another facility needed it. R31's appointment had to be canceled for 10/17/23, and the nurse scheduler stated that the next available eye appointment for R31 was not until 11/17/23, one month later. This finding was confirmed with the nurse scheduler at this time.	F 685		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility	F 686		

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F 686	Continued From page 5 failed to ensure weekly pressure ulcer documentation was completed for 1 of 2 residents reviewed for pressure ulcers (Resident #6 [R6]. Finding: On 11/6/23, R6's clinical record was reviewed and indicated that R6 had an unstageable pressure ulcer to the left foot bunion area. The surveyor was unable to find weekly monitoring documented in the clinical record. On 11/8/23 at 11:25 a.m. during an interview with a surveyor, the Director of Nursing (DON) stated that the facility used their electronic charting system (ECS) as their pressure wound protocol for weekly monitoring and directed staff to document their assessment weekly (in the resident's treatment record). The surveyor requested information from the DON regarding the weekly assessments for R6. At 11:36 a.m., during an interview with a surveyor, the DON stated that that the pressure wound was first noted on 8/6/23 and measurements and a description of the wound was included in a nursing note. The daily and weekly assessments orders were entered into R6's treatment orders but there was no shift for assigned for the weekly assessment so therefore no one completed the weekly assessments until 9/1/23 and the wound was resolved on 9/5/23. The surveyor confirmed there was no evidence of weekly pressure wound assessments completed for the week of 8/13/23 and 8/19/23 at this time.	F 686		
F 697 SS=D	Pain Management CFR(s): 483.25(k)	F 697		

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F 697	Continued From page 6 §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on facility policy review, record review, and interview, the facility failed to monitor and document the effectiveness of PRN (as needed) pain medications for 1 of 1 sampled residents reviewed for pain control (Resident # [R} 3). Finding: The facility's policy, Pain Medications, Administering, facility last reviewed in 2/2022, indicated the purpose of this procedure was to provide guidelines for assessing resident's level of pain prior to administering analgesic pain medication. This included to conduct a pain assessment which could consist of gathering both subjective and objective data by using a pain intensity scale or FACES pain rating scale prior to administering the pain medication as ordered. Document the following in the clinical record: - Residents of the pain assessment, medication, dose, route of administration and the results of the medication. On 11/8/23, R3's clinical record was reviewed and indicated the following PRN medications were administered between 10/3/23 thru 10/13/23: On 10/5/23 at 1:36 a.m., the clinical record indicated that R3 received Acetaminophen 500 milligrams (mg). The clinical record lacked evidence of a pain assessment completed prior to	F 697		

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F 697	Continued From page 7	F 697		

the administration of the medication.

On 10/10/23 at 1:00 a.m., the clinical record indicated that R3 received Oxycodone 2.5 mg for a pain scale of 8. There was no result of effectiveness documented after the medication was given.

On 10/10/23 at 11:54 a.m., the clinical record indicated that R3 received Oxycodone 2.5 mg for back pain. The assessment lacked evidence of the pain intensity.

On 10/10/23 at 6:58 p.m., the clinical record indicated that R3 received Oxycodone 2.5 mg for pain of 9-10 in the right arm. There was no result of effectiveness documented after the medication was given.

On 10/10/23 at 7:51 p.m., the clinical record indicated that R3 received Acetaminophen 500 mg. The clinical record lacked evidence of a pain assessment prior to the administration and the result of effectiveness documented after the medication was given.

On 10/12/23 at 12:53 a.m., the clinical record indicated that R3 received Voltaren gel for joint pain. The assessment lacked evidence of the pain intensity.

On 10/12/23 at 2:53 a.m., the clinical record indicated that R3 received Acetaminophen 500 mg for pain. The assessment lacked evidence of the pain intensity.

On 10/12/23 at 1:37 p.m., the clinical record indicated that R3 received Acetaminophen 500 mg for pain of 7-8 in the right shoulder. There

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F 697	Continued From page 8 was no result of effectiveness documented after the medication was given. On 11/8/23 at 8:38 a.m., the Nurse Manager and surveyor reviewed R3's clinical record for pain medication that was ordered and administered. The surveyor confirmed the clinical record lacked evidence of documented pain assessments or follow up on results after the PRN medication was administered.	F 697		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in	F 755		

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F 755	Continued From page 9 sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the Medical Provider wrote an electronic prescription and provided it to the pharmacy timely for a narcotic medication for 1 of 5 residents reviewed for unnecessary medications (Resident # [R] 3). This failure resulted in R3 having to wait 7 days in order to receive the medication. Finding: R3's clinical record was reviewed on 11/6/23. It included written physician orders, dated 10/3/23, for Oxycodone for pain as needed (PRN)/three times a day. On 10/4/23, a telephone order was written for clarification for the Oxycodone order to be PRN three times a day. On 10/6/23, a fax was sent to the Medical Provider by the facility asking if the Oxycodone could be scheduled versus as needed. This fax also indicated that an E-script (electronic prescription) was needed please! On 10/9/23, the facility sent another fax to the Medical Provider indicating that R3's family member was concerned that he/she has not been able to have the Oxycodone yet. The writer of this fax called the pharmacy and was told the pharmacy was still waiting for an E-script for this medication. On 10/10/23, the facility sent another fax to the Medical Provider, again, asking for an E-script. The Medical Provider followed up on the 10/6/23 fax on 10/10/23 increasing the	F 755		

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F 755	Continued From page 10 Oxycodone to 5 mg (even though an increase was not requested) and the 10/9/23 fax on 10/11/23. Ultimately, the lack of timely communication resulted in R3 not receiving Oxycodone until 10/11/23 at 8:00 p.m. due to the delay in the Medical Provider sending the pharmacy an E-script. On 11/8/23 at 8:38 a.m., during an interview with the Nurse Manager, a surveyor confirmed this finding.	F 755		
F 761 SS=D	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	F 761		

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F 761	Continued From page 11	F 761		

be readily detected.
This REQUIREMENT is not met as evidenced by:
Based on observation and interview, the facility failed to ensure expired medications were removed from the supply available for use in 1 of 1 medication supply room (medication supply storage room behind nursing station), and 1 of 2 medication carts (medication cart A).

Findings:

On 11/8/23 between approximately 2:15 p.m. and 2:40 p.m., during a medication supply review with the Certified Nursing Aid-Medications (CNA-M), two surveyors observed the following:

In the medication supply room behind the nursing station:

- One vial of Humulin R (liquid vial of insulin) 10 ml (milliliter), located in a refrigerator, labeled cubex stock that was available for use with an expiration date of September 2023

- One vial of Humulin 70/30 (liquid vial of insulin) 10 ml, located in a refrigerator, labeled cubex stock that was available for use with an expiration date of September 2023

-One bottle of Fish Oil (a dietary supplement) 1200 mg (milligrams) 100 soft gel bottle that was available for use with an expiration date of April 2023

-One bottle of Ibuprofen (a nonsteroid anti-inflammatory medication used to treat fever and pain) 200 mg, 1000 tablet bottle that was available for use with an expiration date of

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F 761	Continued From page 12 October 2023 In medication cart A: -One aerosol container of Albuterol Sulfate Inhalation Aerosol (an inhaled medication to prevent and treat difficulty breathing), 90 mcg (micrograms) per actuator 8.5 mg that was available for use for Resident # 8 with an expiration date of September 2023 On 11/8/23 at 2:40 p.m., a surveyor confirmed the above findings with the CNA-M, and Director of Nursing (DON). The DON removed the medications from use at the time of finding.	F 761		
F 770 SS=E	Laboratory Services CFR(s): 483.50(a)(1)(i) §483.50(a) Laboratory Services. §483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter. This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a Physician ordered lab was completed and/or completed timely for a urine test for 2 of 2 residents reviewed with urinary symptoms (Resident #3 (R3) and R44). Findings: 1. On 11/6/23, R3's clinical record was reviewed	F 770		

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F 770	Continued From page 13	F 770		

and included the following physician orders:

- On 10/3/23, an order was written by the provider for a "Urine Fungal" lab test.
- On 10/17/23, a telephone order was written that directed staff to "obtain a urine sample for Urinary Tract Infection (UTI)/also second sample for Fungus."
- On 10/31/23, an order was written by the provider for a " urinalysis (UA) if possible" which was entered on R3's treatment sheet to be completed on 11/2/23.

The surveyor was unable to find a urine result for the 10/3/23 and 10/17/23 urinal fungal/fungus test and unable to find the results of the 10/31/23 physician order for the UA. On 11/6/23 at 11:10 a.m., during an interview with a surveyor, the Nurse Manager (NM) stated that the 10/31/23 urine order that was to be completed on 11/2/23 was not obtained and was not sent to the lab until 11/5/23. She stated that the physician saw the resident on 10/31/23 and it was ordered because the resident had urinary complaints.

On 11/7/23 at 2:00 p.m., during an interview with a surveyor, the Director of Nursing (DON) stated that for the 10/17/23 order, the facility sent two urine samples to the lab but the lab only processed part of the order. The DON stated that the order that was dated 10/31/23 for the urinalysis was entered into R3's physician orders to be completed on 11/2/23 but the licensed nurse signed it off as being held but no one realized it had not been completed at that time so it was sent 3 days later on 11/5/23. She would look into the 10/3/23 order.

On 11/8/23 at 7:57 a.m., during an interview with

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	205115	A. BUILDING _____ B. WING _____	11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEXTER HEALTH CARE	64 PARK STREET DEXTER, ME 04930

(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 770	Continued From page 14 a surveyor, the NM stated she was unable to find the results of the 10/3/23 and 10/17/23 fungal/fungus urine tests. The surveyor confirmed that the lab tests were not completed as ordered and there was no physician order that discontinued the lab orders. 2. On 11/7/23, R44's clinical record was reviewed and included the following physician orders: On 8/11/23, an order was written by the provider for a "urinalysis reflex sediment + culture" for symptoms of urinary tract infection. On 8/18/23, an order was written by the provider for "urinalysis reflex sediment + culture" for weakness. The surveyor was unable to find a urine result for the 8/11/23 urinalysis order. On 11/7/23 at 2:29 p.m., during an interview with a surveyor, the Director of Nursing (DON) stated that the 8/11/23 urine order was not obtained and sent to the lab until the new urinalysis order of 8/18/23.	F 770		
F 776 SS=D	Radiology/Other Diagnostic Services CFR(s): 483.50(b)(1)(i)(ii) §483.50(b) Radiology and other diagnostic services. §483.50(b)(1) The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own diagnostic services, the services must meet the applicable	F 776		

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F 776	Continued From page 15 conditions of participation for hospitals contained in §482.26 of this subchapter. (ii) If the facility does not provide its own diagnostic services, it must have an agreement to obtain these services from a provider or supplier that is approved to provide these services under Medicare. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that a physician order for an x-ray was completed timely for 1 of 1 resident (Resident #13 [R13]). Finding: On 11/8/23, R13's clinical record was reviewed. Documentation in the physician orders indicated that on 8/1/23, the physician ordered an x-ray of R13's left wrist and thumb related to potential fracture, increased pain and decreased mobility. The x-ray was scheduled on 8/2/23 for Mobile Lab to come to the facility and take the x-ray per order. Documentation in the radiology report, dated 8/6/23 (4 days after the order), indicated no fracture or dislocation. A review of R13's daily pain monitoring indicated there was no increase in his/her pain level while waiting for an x-ray and documentation on R13's Medication Administration Record indicated no as needed pain medication were administered. On 11/8/23 at 8:05 a.m., in an interview with the surveyor, the Director of Nursing confirmed that the Mobile x-ray company did not take the x-ray timely and as scheduled because the x-ray company told her they were down on staff.	F 776		
F 880 SS=D	Infection Prevention & Control	F 880		

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F 880	Continued From page 16 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; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a	F 880		

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F 880	Continued From page 17 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 observations, and interview the facility failed to ensure that proper hand sanitizing and proper food handling during lunch service was followed for 1 of 2 lunch service observations in the dining room (11/6/23). Findings: On 11/6/23 between 12:41 p.m. through 12:50 p.m., two surveyors observed Certified Nursing	F 880		

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F 880	Continued From page 18 Assistant (CNA) 1 contaminate her hands while clearing tables after lunch service. She picked up and handled used trays of food, dirty plates, bowls, and utensils, and placed them on a meal cart. CNA1 did not wash or sanitize her hands after contaminating them. CNA1 immediately walked over to R18 and was observed feeding him/her a spoonful of dessert with her contaminated hands. Two surveyors observed that CNA1 did not wash or sanitize her hands after touching dirty plates, bowls, and utensils. A surveyor discussed this finding at the time of observation with CNA1.	F 880		