STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205004	A. BUILDING _____ B. WING _____	C 05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIBBARD SKILLED NURSING & REHABILITATION CENTER	1037 WEST MAIN STREET DOVER FOXCROFT, ME 04426

(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 5/13/25, an unannounced visit was conducted at Hibbard Skilled Nursing and Rehabilitation Center for the purpose of investigating complaints #ME00051407 and #ME00051556. It is determined that Hibbard Skilled Nursing and Rehabilitation Center is not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F 000	F657: The care plan for this resident is updated for the safety risk of handling hot liquids. Comprehensive auditing of incidents and accidents for the prior 30 day period for completeness of care plans. Education for nurse managers and RAI coordinators for updating care plans regarding a significant change.	
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review	F 657	The Director of Nursing or designee to audit weekly that incidents and accidents are care planned appropriately. The results of audits will be reviewed by QAPI group to determine timing of future audits. The deficiency identified through F657 will be corrected by 6/20/2025.	

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

Temp Administrator — 5/31/2025

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 657	Continued From page 1 assessments. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to update and revise a resident's care plan to reflect a new safety concern with the resident handling of hot fluids for 1 of 1 resident reviewed (Resident #1 [R1]). Finding: On 5/13/25, a review of R1's clinical record indicated that on 3/26/25 the resident accidentally spilled hot coffee on his/her right lateral thigh sustaining a second degree burn. R1 is diagnosed as a functional quadriplegic and has been able to independently handled his/her own coffee cup. A review of R1's current care plan does not address the new potential safety risk for the resident safely handling hot coffee or any hot beverage independently. On 5/13/25 at 2:15 p.m., in an interview with the Director of Nursing Services, he stated the resident's care plan was not updated to address safety issues with the resident's use of hot coffee.	F 657		