STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205168	A. BUILDING _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORCHARD PARK REHAB & LIVING	107 ORCHARD ST FARMINGTON, ME 04938

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F 000	INITIAL COMMENTS From 10/10/23 through 10/12/23, on-site visits were conducted at Orchard Park Rehabilitation and Living Center for the purpose of completing the annual Long Term Care Survey Process for Federal Recertification and to investigate complaints #ME00044777 and #ME00045134. It was determined that Orchard Park Rehabilitation and Living Center was not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F 000		
F 558 SS=E	Reasonable Accommodations Needs/Preferences 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 3 of 26 sampled residents observed for 1 of 3 days of survey (Residents #8, 5, and 18). Findings: On 10/10/23 at 10:18 a.m., a surveyor observed Resident #8 sitting in his/her wheelchair. Resident #8's call bell was wrapped around the siderails of his/her bed. The resident was not able to reach the call bell. On 10/10/23 at 10:42 a.m., a surveyor observed Resident #5 lying in bed and his/her call bell was laying on the floor. The Resident was not able to	F 558		

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

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F 558	Continued From page 1 reach the call bell. On 10/10/23 at 10:42 a.m. a surveyor observed Resident #18 sitting in his/her wheelchair. Resident #18's bed was pushed against the wall and the call bell was wrapped around the side rail closest to the wall. The resident was not able to reach the call bell. On 10/10/23 at 11:32 a.m. the above findings were confirmed with Registered Nurse #1. At this time Registered Nurse #1 placed the call bells within reach of these three residents. On 10/10/23 at 11:44 a.m. the above findings were discussed with the Director of Nursing/Acting Administrator.	F 558		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.	F 584		

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F 584	Continued From page 2 §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in a sanitary, orderly, and comfortable interior for the laundry rooms, the basement floors, the ice machine, doors and door frames, ceiling tiles, privacy curtains and patient lifts for 1 of 1 environmental tours. Findings: On 10/12/23 from 8:15 a.m. to 8:50 a.m., an environmental our was conducted with the Maintenance Director, in which the following findings were observed:	F 584		

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F 584	Continued From page 3 > The laundry room had a washing machine base that had chipped/missing paint and wash rusty creating an uncleanable surface. The cement floor behind the washing machines had chipped/missing paint creating an uncleanable surface. > The dryer room had two wall vents that were rusty and dusty/dirty. The floor mat was ripped open in many places creating an uncleanable surface. The wall mounted air conditioning unit was dirty/dusty. > The basement ramp, the basement floor, the basement nursing storage floor and the basement kitchen storage floor had chipped/missing paint creating uncleanable surfaces. > There were eight(8) untreated cement blocks under the ice machine holding it off the floor. >The kitchen door had chipped/missing paint creating an uncleanable surface. >The dining room floor had dirt and food debris around all the edges. > There were two(2) ceiling tiles by the Nurse's station that had brown stains on them. > The Reliant 350 patient sit-to-stand lift had food debris and dirt in the foot base area. > The Reliant 600 patient lift was missing the leg protectors and the legs had chipped/missing paint creating uncleanable surfaces. > Resident Room 101 - The privacy curtains were missing hooks and sections were hanging down and in disrepair. > Resident Room 102 - The bathroom wall had ripped/torn surfaces exposing sheetrock by the sink. The bathroom baseboard heater had chipped/missing paint and was rusty. The privacy curtains were missing hooks and sections were hanging down and in disrepair. There was a small section of laminate floor missing in the middle of	F 584		

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F 584	Continued From page 4	F 584		

the room. Bed 1 had a mattress pad extension that was ripped in many locations creating an uncleanable surface.
> The linen closet by Resident Room 102 had trash and debris on the floor.
> The storage closet by Resident Room 102 had dirty gloves on the floor.
> Resident Room 103 - The privacy curtains were missing hooks and sections were hanging down and in disrepair.
> Resident Room 104 - The privacy curtains were missing hooks and sections were hanging down and in disrepair. The bathroom door frame had chipped/missing paint creating an uncleanable surface.
> Resident Room 105 - The privacy curtains were missing hooks and sections were hanging down and in disrepair.
> Resident Room 107 - The bathroom wall had ripped/torn surfaces exposing sheetrock by the sink. The baseboard heater had chipped/missing paint creating an uncleanable surface.
> There were ten(10) cracked/broken hallway floor tiles by the beauty parlor.
> There were sixteen(16) cracked/broken hallway floor tiles by Resident Room 122.
> There were twenty(20) cracked/broken hallway floor tiles by the shower room.
> Resident Room 113 - The privacy curtains were missing hooks and sections were hanging down and in disrepair.
> Resident Room 119 - The privacy curtains were missing hooks and sections were hanging down and in disrepair.
> Resident Room 117 - The bathroom door frame had chipped/missing paint creating an uncleanable surface. The bathroom wall had ripped/torn surfaces exposing sheetrock. The bathroom baseboard heater had chipped/missing

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F 584	Continued From page 5 paint and was rusty creating an uncleanable surface. On 10/12/23 at 8:50 a.m., in an interview, the Maintenance Director confirmed the findings.	F 584		
F 689 SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and review of Safety Data Sheets (SDS), the facility failed to ensure that the residents environment was free from the potential risk of accident relating to a patient lift and missing safety clips. In addition, the facility failed to ensure that a chemical was properly secured for 3 of 3 observations for 1 of 3 days of survey (10/10/23) Findings: 1. On 10/10/23 at 11:10 a.m., a surveyor observed the unlocked linen closet which had a bottle of 100% Acetone Nail Polish Remover "Onyx Brand" on a shelf inside the closet. Safety Data Sheet for 100% Acetone Nail Polish Remover "Onyx Brand" noted: Section 2: Hazard Identification. 2.1. Hazard Classification - Flammable Liquid and	F 689		

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F 689	Continued From page 6 Vapor Irritating to eyes Vapors may be irritating to eyes, nose, throat, and lungs May cause central nervous system depression. Section 4: First aid measures Eye contact: In case of contact with substance, immediately flush skin or eyes with running water for at least 20 minutes. If symptoms persist, call a physician. Skin contact: Wash skin with soap and water. Remove and wash contaminated clothing before re-use. If symptoms persist, call a physician. Inhalation: Move person to fresh air. If symptoms persist, call a physician. Ingestion: Rinse mouth. Drink plenty of water. Do not induce vomiting. Consult a physician. On 10/10/23 at 11:12 a.m., in an interview, Registered Nurse #1 confirmed that the bottle of 100% Acetone Nail Polish Remover "Onyx Brand" was left accessible to residents and was an accident/hazard. 2. On 10/10/23 at 12:05 p.m., a surveyor observed a Reliant 450 patient lift that was missing two (2) of six(6) safety clips on the lift/swing arm which is used to secure the lift sling/pads on the lift/swing arm when in use. On 10/10/23 at 12:05 p.m., in an interview, the Interim Director of Nursing confirmed that the patient left was missing two (2) of six(6) safety clips and this was an accident hazard. 3. On 10/10/23 at 12:50 p.m., a surveyor observed the unlocked soiled utility room which had a quart bottle of 3M Neutral Cleaner on the counter top. Safety Data Sheet for 3M Neutral Cleaner	F 689		

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F 689	Continued From page 7 Concentrate noted: Section 2: Hazard Identification. 2.1. Hazard Classification - Serious eye damage/irritation. Prevention: Wear eye/face protection. Wash thoroughly after handling. Section 4: First aid measures Inhalation: Remove person to fresh air. If you feel unwell, get medical attention. Skin contact: Wash with soap and water. If signs/symptoms develop, get medical attention. Eye contact: Immediately flush with large amounts of water. Remove contact lenses if easy to do. Continue rinsing. Get medical attention. If swallowed: Rinse mouth. If you feel unwell, get medical attention. On 10/10/23 at 12:50 p.m., in an interview, the Interim Director of Nursing confirmed that the quart bottle of 3M Neutral Cleaner Concentrate was left accessible to residents in the unlocked soiled utility room and this was an accident hazard. On 10/10/23 at 1:10 p.m., the above findings were discussed with the Administrator.	F 689		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.	F 812		

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F 812	Continued From page 8 (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for ceiling lights, ceiling tiles, ceiling vents, the hood exhaust system, wall mounted air conditioning units, the food mixer, shelving, the walk-in cooling unit, the walk-in freezer and the ice machine for 1 of 3 days of survey. (10/10/23) Findings: On 10/10/23 from 9:00 a.m. to 9:45 a.m., an initial kitchen tour was conducted with the Food Service Director in which the following findings were observed: > The cart storage area had three ceiling tiles with dried liquid spatter on them. The exhaust vent was dusty/dirty. > The utility closet had a dusty/dirty ceiling exhaust vent. The ceiling light lens cover had large amount of dust/debris in it. > The kitchen office ceiling light lens cover was heavily soiled with dust/dirt. > The exhaust hood filters were dusty/dirty. > There were eleven(11) ceiling tiles above a food preparation area that had dried liquid spatter and	F 812		

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F 812	Continued From page 9 dust on them. > There were two(2) wall mounted air conditioners, one(1) over a clean dish area and one(1) over a food preparation area, that were heavily soiled with dust/dirt. > The food mixer had dried liquid residue and food debris on the base. > The air handler room had a ceiling light lens cover that was cracked/broken. > The kitchen dry storage room had shelving that had chipped/missing paint, exposing wood, which created uncleanable surfaces. > The walk-in refrigerator cooling unit fan was dusty/dirty. > The walk-in freezer had large amounts of ice build-up on an opened box of food, on an electrical heater cord, on the floor by the door and on the door. > The inside of the ice machine storage bin had a black residue build-up on it. On 10/10/23 at 9:45 a.m., in an interview, the Food Service Director confirmed the findings.	F 812		
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	F 880		

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F 880	Continued From page 10 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 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.	F 880		

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F 880	Continued From page 11 §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 interviews, and record review, the facility failed to assess and have measures in place to monitor and prevent the growth of Legionella and other opportunistic waterborne pathogens in the facility resulting in the potential for harm to all residents in the facility. Finding: On 10/12/23, the facility's Legionella Prevention Program policy developed July 2019 was reviewed. Under procedure - The following employees will be on the Water Management Team: The Administrator, the Infection Control Specialist, the Maintenance Director and the Corporate Plant Manager. The policy indicates to 1. Describe your building water systems. 2. Describe your building water systems using a flow diagram. 3. Identify areas where Legionella could grow & spread on the flow diagram. 4. Decide where Control Measures	F 880		

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F 880	Continued From page 12 should be applied & how to monitor them. 5. The elements of the program will be reviewed at least once per year. There was no evidence of a description and diagram of the water management system that identified areas of potential growth and spread of Legionella or other opportunistic waterborne bacteria. There was no evidence that the Water Management Program was reviewed by the water management team annually. On 10/12/23 at 10:00 a.m. during an interview with a surveyor, the Maintenance Director stated when asked about the facility's Water Management Program and Legionella Prevention Program, "I do not know what Legionella is and I have no knowledge of that system check here and I have no knowledge that there is any policy or procedure in the facility. I have had nothing to do with that at this facility." On 10/12/23 at 10:27 a.m., the Administrator confirmed the facility does not have a water management program and prevention in place.	F 880		