



May 21, 2024

Ms. Celine Donohue, Rn, Long Term Care Supervisor
Maine Department of Health and Human Services
Division of Licensing and Certification
11 State House Station
Augusta, ME 04333-0011

Dear Ms. Donohue:

In follow up to the recent complaint survey at Sandy River Center conducted on April 29, 2024, please find attached and accept the Plan of Correction submission. All alleged deficiencies will be corrected by 6/7/2024.

Please do not hesitate to contact me with any follow up questions at 207-779-6591 x 2205.

Sincerely,

Joanne M. Shaw, MSM, LNHA
Administrator, Sandy River Center

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/14/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/29/2024
NAME OF PROVIDER OR SUPPLIER SANDY RIVER CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 119 LIVERMORE FALLS RD FARMINGTON, ME 04938		
(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	F 000	F000 Sandy River Center provides this plan of Correction without admitting or denying The validity or existence of the alleged Deficiencies. The plan of correction is Prepared and executed as evidence of The facility's continued compliance wit State and Federal regulations		
F 584 SS=E	On 4/29/24 an on-site visit was conducted at Sandy River Center for the purpose of investigating complaint #ME00047131. It was determined that Sandy River Center was not in substantial compliance with 42 CFR 483, Subpart B-Requirements for Long Term Care Facilities. 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. §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);	F 584	F584 The refrigerator shelves and door shelves on Mount Blue, Sugarloaf, Mount Abraham, Rangeley Lake, Porter, Clearwater units and the first floor recreation area have been cleaned. The upper and Lower kitchenette cabinet doors on the Porter unit have been cleaned and painted. The microwaves on Mt. Abram, Rangeley and Porter units have been cleaned. The Mt. Blue Kitchenettes cabinets have been cleaned. The Dining Room tables on Rangeley Lake and Porter Units have been Cleaned. Housekeeping staff clean and Maintain on a daily basis in a clean/ Free of debris/sanitary manner for the kitchenettes including countertops, tables, and outside all equipment in mentioned Areas. A monthly deep clean of all Kitchenettes and Dining Rooms including	6/7/2024	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

Administrator

(X6) DATE

5/21/24

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 584	Continued From page 1 §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 maintain housekeeping and maintenance services necessary to maintain in good repair and sanitary condition unit refrigerators, kitchenette cabinet doors, dining tables, microwave ovens on 7 of 7 kitchenettes. (Mount Blue, Sugarloaf, Mount Abraham, Rangely Lake, Porter & Clearwater, First floor recreation) Findings: On 4/29/24 between 11:10 a.m. to 12:15 p.m., surveyor conducted a tour of the facility dining areas and kitchenettes and observed the following in - The refrigerator shelves and door shelves on the Mount Blue, Sugarloaf, Mount Abraham, Rangely Lake, Porter, Clearwater units and first floor recreation area were soiled with yellow/pink/white dried liquid - The upper and lower kitchenette cabinet doors on the Porter unit had chipped paint creating an uncleanable surface creating an uncleanable surface.	F 584	Floor scrubbing is performed by housekeeping staff. Housekeeping staff, Dietary staff and Maintenance will be Re-educated to this process. Housekeeping Manager will conduct Daily quality control inspections. The District Manager/Administrator/designee will conduct random daily audits Monday-Friday To validate cleanliness of the kitchenettes, Dining rooms, and cabinets. Results of these audits will be brought to the Monthly QAPI Committee for further Review.		

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F 584	Continued From page 2 - The microwaves on Mount Abraham, Rangely Lake and Porter units were soiled with dried food debris. - The Mount Blue unit kitchenette cabinets were soiled with crumbs of food. - Dining room tables on the Rangely Lake (2 tables) and Porter unit (2 tables) were soiled with food debris. A surveyor confirmed the findings above with the Administrator on 4/29/24 at 4:45 p.m.	F 584		
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. (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:	F 812	F812 The food items have been labeled and dated in the walk-in refrigerator, Unit refrigerators (6 units), first floor Recreation area, and kitchen. Items that could not be properly labeled or were outside usage dates were discarded immediately. The walk-in Freezer floor has been cleaned. The facility has determined that All residents have the potential to be affected. Dietary staff have been in-serviced On proper label and dating, Cleaning assignments, and Cleaning matrix. The inside Of the refrigerator will be cleaned	6/7/2024

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F 812	Continued From page 3 Based on observations and interviews, the facility failed to properly store, label and date food in the walk-in refrigerator and unit refrigerators for 6 units, first floor recreation area and kitchen 1 of 1 days of survey (4/29/24). Findings: On 4/29/24 between 11:10 a.m. to 12:15 p.m., the unit kitchenettes were observed to contain unlabeled, expired, and/or out of date food items which were available for resident use. Mount Blue: - A gallon sized zip lock bag with a crumbled chocolate chip cookie - 1 plain muffin covered with plastic on a plate. - 1 package of Ball Park franks, undated - 1 small plastic container of Philadelphia Garden Vegetable dip - 1 12-ounce bottle of Cholula Hot sauce, undated - 1 12-ounce bottle of Brianna's, Raspberry Poppy Seed Dressing - 1 10-ounce jar of Cinnamon Apple Jelly - 2 small containers of tuna, date expired 4/28 - 1 sandwich covered in plastic wrap. - 1 10-ounce container of Dark Chocolate Hummus - 1 1.5-quart container of Breyers mint chocolate chip ice cream - 1 1.44 Quarts of Turkey Hill Vanilla Ice Cream - 1 medium sized cup of frozen chocolate shake - 1 small open container of strawberry pureed Sugarloaf:	F 812	daily at the time the temperature Are checked. Inside unit kitchenette Cabinets will be cleaned when Snacks are delivered. The inside/outside microwave cleaning Has been placed on the daily Schedule. Dietary Manager will monitor daily Checklist of cleaning and kitchenette Rounding. Daily checklists will be Reviewed by the Administrator/designee. Registered Dietitian will conduct Monthly sanitation audit separate From the DM audits listed. Weekly sanitation audits will be completed x 1 month, then Bi-weekly sanitation audit x 1 Month or until compliant. Results of these audits will be reported to The monthly QAPI committee until resolved.		

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F 812	Continued From page 4 - 1 small cardboard container full of brown rice with green mold Mount Abraham: - 1 container of Heinz Tomato Ketchup - 1 jar of Hannaford Stuffed Manzanilla Spanish Olives - 1 15-ounce container of On the Border salsa - 1 24-ounce bottle of Wish Bone Creamy French Dressing - 1 24-ounce bottle of Hidden Valley Ranch dressing - 1 12-ounce plastic container of Heluva Good Dip French Onion - 1 small container of pureed squash - 1 sandwich wrapped with white paper. - 1 10 ounce Wholly Guacamole Avocado Verde dip - 2 small containers of pineapple, - 1 jar of Smucker's Sugar Free Red Raspberry jam - 1 6-ounce container of Yoplait Original blackberry harvest yogurt, Best by date 3/19/24 First floor Recreation: - 1 small glass container with brown liquid - 1 12-ounce bottle of Rose's Grenadine syrup - 1 64-ounce V8 Splash Berry Blend Juice - 1 14-ounce jar of Great Value Pizza Sauce dated 2/7/24. - 1 16-ounce bottle of Synergy Raw Kombucha Golden Pineapple Rangely Lake: - 1 1.5 Quart of Hood Classic Trio Ice Cream	F 812			

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F 812	Continued From page 5 - 1 16-ounce Great Value Whipped Topping, date open 3/14/24. - 1 container of Friendly's Chocolate Chip ice cream - 1 container of Great Value Strawberry ice cream - 1 Quart container of Lactaid Cookies and Cream ice cream Porter: - Large Italian sandwich wrapped in paper. - Small bowl of cream soup dated 4/22 - 4/26. - Upper and lower kitchen cabinet doors with peeled paint, creating an uncleanable surface. Clearwater: - 1 jar of Old El Paso Jalapeno Slices - 2 jars of homemade jelly - 1 container of Pink Peppermint ice cream During a tour of the kitchen with the Food Service Director, the following findings were observed and confirmed: The following was observed in the reach in refrigerator: - 1 container of Ham salad dated 4/25 - 4/28 - 1 quart of Lactaid Fat Free Milk, undated - 1 gallon of Oakhurst Dairy 2 % Reduced Fat Milk, undated The walk-in freezer had excessive dirt/debris on the floor. A surveyor confirmed the findings above with the	F 812			

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F 812	Continued From page 6 Administrator on 4/29/24 at 4:45 p.m.	F 812			