

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER Hibbard Skilled Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1037 West Main Street Dover Foxcroft, ME 04426	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>17282</p> <p>Based on record review and interview, the facility failed to update a care plan for the area of constipation/fecal impaction for 1 of 3 residents reviewed for bowel management. (Resident #1 [R1]).</p> <p>Finding:</p> <p>On 1/6/25 a review of R1's clinical record indicated R1 has a diagnoses of dementia and a history of chronic constipation.</p> <p>A review of R1's physician orders for bowel management during December 2024 indicated that R1 had orders for a High fiber diet,</p> <p>Lactulose (osmotic laxative) solution 10 Milligrams (GM)/15 milliliters (ml) give 15 ml by mouth twice a day for constipation,</p> <p>Senna Plus (stimulant laxative) 8.6-50 mg, give 2 tablets by mouth daily for constipation,</p> <p>Milk of Magnesia (laxative) oral suspension give 30 ml by mouth as needed for constipation every day,</p> <p>Bisacodyl Laxative 10 mg rectally suppository, insert one rectally as needed for bowel management every 3 days,</p> <p>Fleet oil rectal enema (mineral oil) insert one applicator rectally as needed for constipation every 3 days,</p> <p>Senna 8.6 mg give 2 tabs as needed for bowel management daily take with water.</p> <p>Docosate Sodium 100 mg, give two tabs daily as needed for constipation give at bedtime.</p> <p>On 12/22/24, a nurse note indicated R1 was transferred to acute care for an evaluation and treatment for constipation/fecal impaction and on 12/23/24 returned to the facility.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1 returned from the hospital with an order to discontinue the Ducosate and Miralax (osmotic laxative) Oral Powder 17GM scoop (polyethylene glycol 3350) give 1 scoop by mouth once a day for constipation was added.</p> <p>On 1/6/25, a review of R1's current care plan was completed. There was no evidence of a problem, goal or interventions addressing the resident's constipation and potential for fecal impaction.</p> <p>On 1/6/25 at 2:30 p.m., in an interview with the surveyor, the Administrator confirmed that the care plan had not been updated to reflect the residents' increasing problem with constipation.</p>		