

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 05/13/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>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]).</p> <p>Finding:</p> <p>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.</p> <p>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.</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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