

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 12/10/2025
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)
F 0842 Level of Harm - Potential for minimal harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interview, the facility failed to ensure that a clinical record contained accurate and complete information regarding the location of a venous ulcer for Resident #1 (R1) for 7 of 7 months reviewed (May 2025 - December 2025). Finding:On 12/10/25, the facility provided a document to the surveyor that indicated that R1 currently has a chronic ulcer that was being treated on the right lower extremity. Review of R1's physician progress notes for a visit on 10/5/25 indicated that the patient has been treated for recurring right lower leg wounds. In April 2025, R1 was seen multiple times for a right lower leg wound On 12/10/25 9:55 a.m. a surveyor and Registered Nurse #1 (RN1) reviewed R1's clinical record. During this review, the following were observed:On 10/3/25 at 8:02 a.m., a progress note was written by RN1 that indicated that she went to perform a treatment on R1's left lower leg (venous ulcer) and observed a new abrasion on the leg the treatment was being done to. The current care plan included a FOCUS of The resident has a history of a venous wound on his/her left lower leg. 11/1/24 - Leg area has resolved, continue to monitor and treat to prevent reopening and 4/2025 - treatment to right lower extremity (RLE) cellulitis. This FOCUS was initiated on 10/2/24 and revised on 5/8/25. The GOALS under this FOCUS was Wound will be free of signs or symptoms of infection in venous area on left lower leg which was initiated on 5/8/25 and revised on 10/14/25 and The resident's RLE cellulitis will resolve which was initiated on 2/10/25 and revised on 8/26/25. Review of the physician orders and progress notes indicated that the treatment was to the right lower leg, not the left. The care plan FOCUS to which leg the venous ulcer was present has been inaccurate since the FOCUS was updated on 5/8/25 even though a new intervention was added on 7/23/25 and the GOALS were revised on 8/26/25 and 10/14/25. During this review, RN1 stated that R1 had never had an issue with a venous wound on the left leg and that would have been entered in the Care Plan incorrectly as well as she had documented the wrong extremity in the 10/3/25 progress note. The surveyor confirmed that the documentation and care plan did not reflect the correct leg for the venous wound.

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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