

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  02/10/2026
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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on record review and interviews, the facility failed to ensure that a clinical record was complete and contained accurate information for 2 of 9 days for a treatment to check a pacemaker monitor and 1 of 1 treatment for a urinalysis dip for 1 of 1 resident reviewed (Resident #1 [R1]). Findings: On 2/10/26, R1's clinical record was reviewed and included the following documentation on February's Treatment Administration Record (TAR): 1. The treatment on TAR for Please check to ensure that the pacemaker monitor is plugged in once per evening shift was documented on 2/1/26 and 2/8/26 with staff initials and coded with 2 to indicate that the drug not available. On 2/10/26 at 12:35 p.m., during an interview with a surveyor, Registered Nurse #1 (RN1) stated that she documented both times incorrectly and does not know why she chose drug not available for the pacemaker monitor check. The surveyor confirmed the inaccurate documentation during this interview. 2. The treatment on TAR for Surveillance Urinalysis (UA) dip, if positive, follow up with culture to make sure Urinary Tract Infection is resolved was documented with a staff initials only on 2/1/26. The clinical record or Provider Request - Physician Order (dated 1/31/26) lacked evidence of the result of the UA dip. On 2/17/26, during an interview with a surveyor, the Skilled Unit Manager stated that she spoke with RN2, who stated that he did the treatment, but he didn't chart it because nothing popped up for him to chart after he signed the treatment off or did he print out the results from the machine and place it on the doctor's order. The surveyor confirmed the lack of documentation regarding the UA dip during this interview.</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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