STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205011	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Barron Center	1145 Brighton Ave Portland, ME 04102

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 44049 Based on Interviews and Record Review the facility failed to provide care, based on the comprehensive assessment and the resident's comprehensive person-centered care plan as outlined in the facility policy Comprehensive Person-Centered Care Planning for resident (Resident #1) resulting in an avoidable accident (fall) as reported in the facility reported incident of 1/17/25. Finding: Review of the clinical record documents that on 1/17/25, during the night shift, Certified Nursing Assistant (CNA) #1 failed to follow the resident care plan for Resident #1 and attempted to toilet with a bed pan, alone when the care plan stated that the resident was a Max two assist. CNA#1 rolled the resident away from her and the resident fell past the bed rail and onto the floor. The bed was at waist level for care. Resident sustained visible injury to her left foot, right toes, and left big toe. Resident complained of pain to touch, and pain of neck and back, and she complained that she was dizzy, and had blurred vision and lethargy. Resident sent to hospital for evaluation. Additionally, the following documents were reviewed: Incident report form completed on 1/17/25 and documentation from the Nursing Supervisor states, Injury due to care plan not followed. Resident care planned for Max 2 assist. Statement from CNA#1 made on 1/17/25 that states, Having cared for the resident many times before independently, I also approached this task the same. On 1/30/25 the Administrator and the Director of Nursing (DON) stated and provided documentation of the correction actions that were taken as a result of the incident: -The resident was transported to the hospital for evaluation and treatment. Imaging done to all areas of concern and no injuries were found. Resident returned to the facility -CNA#1 was placed on paid administrative leave pending the outcome of the investigation. -Education provided to staff that day (1/17/25) by the DON -Education provided to staff on 1/22/25 by Nurse Educator (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Follow-up education provided to staff on 1/27/25 by Nurse Educator -The facility has informed the union representing CNA#1 of the facility's intent to terminate the employee, with final meeting with employee and termination is scheduled for this week