

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205018	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Aroostook Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 15 Highland Ave Mars Hill, ME 04758	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>32540</p> <p>Based on observations and interviews the facility failed to provide residents with oral care for 3 of 6 residents observed.</p> <p>Findings:</p> <p>On 10/3/24 during a complaint investigation, facility tour and anonymous resident interviews a surveyor observed and was told by residents that the facility is not offering or providing oral care daily.</p> <p>On 10/3/24 at 10:30 a.m. during an interview/observation with a resident who will remain anonymous it was observed that his/her dentures were not clean. They appeared to be caked with a white unknown substance the resident stated that the only concern he/she has it that they do not brush his/her teeth. He/she has false teeth and stated that every few days they may come in and take them to brush them, a lot of the girls don't like to touch false teeth they say if they take them, it will make them throw up and I can't do it myself, my hands will not hold them, and I don't want to drop them and break them. I would like them to be brushed every day the food gets stuck under my dentures and the taste in my mouth isn't always that good when they aren't brushed.</p> <p>His/her care plan was reviewed, and the care plan does address that he/she does have upper and lower dentures and that they need extensive assist of 1 staff to assist with care.</p> <p>On 10/3/24 at 10:55 a.m. during an interview/observation with a resident who will remain anonymous it was observed visually and olfactorily the resident did not have any oral care that day. During the interview the resident stated that they do not help him/her brush their natural teeth it was noted that resident did have bad breath while talking to surveyor, when asked when the last time they helped him/her brush his/her teeth he/she was not able to recall them helping him in a while. They stated they would like their teeth brushed every day; their natural teeth are important to be taken care of.</p> <p>His/her care plan was reviewed, and oral care is care planned under two identified problems (dental problems and nutritional problems)</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/3/24 at 11:55 a.m. during an interview/observation with a resident who will remain anonymous it was observed that his/her dentures were not cleaned prior to this meal. When he/she started talking to this surveyor it was observed that his/her teeth were not clean and had an unknown substance on them and between his/her teeth.</p> <p>His/her care plan was reviewed, the care plan identifies that he/she wears upper and lower dentures, and the intervention is for staff to provide mouth care as per personal hygiene. He/she is coded as needing limited to extensive assist of 1 staff for personal care daily.</p> <p>On 10/3/24 at 3:00 p.m. during the exit interview with the Director of Nursing and the Administrator the Surveyor confirmed that oral care had not been completed as care planned for 3 of the 6 residents interviewed.</p>		