STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205018	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aroostook Health Center	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observations and interviews, the facility failed to promote care to residents in a manner that maintains each resident's dignity for 2 of 3 days of survey (12/15/25 and 12/16/25).On 12/15/2025 at 11:35 a.m., during an observation of the dining room meal service, 2 surveyors observed staff serve meals to residents. R2, R4, and R5 were observed sitting at 3 separate tables shared with other residents. At 11:46 a.m., all residents had been served a meal, except for R2, R4, and R5. At 11:47 a.m., during an interview with 2 surveyors, the Nurse Manager stated their trays come on another cart and they never know who is going to eat in the dining room. At 11:54 a.m., all residents were observed to have their meals. This finding was observed and confirmed with the Unit Manager at the time of the observation, and again during the exit conference.On 12/16/25 at approximately 8:15 a.m., during observation of the breakfast meal service, a surveyor observed that R18 was at a table without a meal, and R18's tablemates had their meals. A surveyor observed R21 sitting at another table and was waiting for his/her breakfast tray. A surveyor observed that staff were not leaving the dining room to get the meal trays. During an interview with a surveyor, staff stated the meals would either be in the kitchen or on another meal cart. This finding was observed and confirmed with staff at the time of the observation, and again during the exit conference.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205018	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aroostook Health Center	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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on record reviews and interviews, the facility failed to ensure that the resident and/or resident representative was provided with written information, concerning the right to accept or refuse medical or surgical treatment and/or formulate an advanced directive, or appoint a surrogate, was completed for 2 of 3 residents reviewed for advanced directives (Resident #1 [R1] and R3).Findings: 1. On 12/15/25, R1's clinical record was reviewed and indicated that R1 was admitted to the facility March 2024. On 12/16/25 at 12:30 p.m., during an interview with a surveyor, the Social Worker stated on (or about) 10/2/25, all residents received a document, Acknowledgement of Important Information and Policies and that under the section for Advanced Directives - it was checked that I DO have an Advanced Directive and have provided the facility with a copy of the document. The Social Worker stated that there was no copy of an Advanced Directive in the clinical record found from March 2024 to now and he was unsure if this was incorrectly documented. He has reached out to R1's family member to find out if one exists or to obtain a copy. On 12/16/25 at 2:30 p.m., during an interview with a surveyor, Nursing Supervisor (NS) stated that she reviewed the document with R1 on 10/2/25. NS stated that she did not follow up with R1's family or check in R1's clinical record to see if R1 had an Advanced Directive, indicating that R1 just stated that he/she had one. On 12/17/25 at 10:07 a.m., during an interview with a surveyor, the Social Worker stated that no additional information had been found on whether or not R1 was offered an Advanced Directive. 2. On 12/15/25, R3's clinical record was reviewed and indicated R3 was admitted to the facility October 2024. On 12/15/25 at 1:29 p.m., during an interview with the Social Worker, a surveyor inquired if R3 had an Advanced Directive or evidence that R3 was offered one. On 12/16/2025 at 9:48 a.m., during an interview with a surveyor, the Social Worker stated that he could not find evidence that Advance Directives were offered or declined by resident/resident representative. On 12/16/25 at 12:30 p.m., during an interview with a surveyor, the Social Worker stated on (or about) 10/2/25, all residents received a document, Acknowledgement of Important Information and Policies and that under the section for Advanced Directives - it was checked that I DO have an Advanced Directive and have provided the facility with a copy of the document. The Social Worker stated that there was no copy of an Advanced Directive found in the clinical record from October 2024 to now and was unsure if this was incorrectly documented. He has reached out to R3's family member to find out if one exists or to obtain a copy. On 12/17/25, at 10:07 a.m., during an interview with a surveyor, the Social Worker stated that no additional information has been found on whether or not R3 was offered an Advanced Directive. On 12/17/25 at 10:15 a.m., during an interview with a surveyor, the Director of Nursing stated that staff needs education on what an Advanced Directive is as some think that is the same as a Physicians Orders for Life Sustaining Treatment (POLST).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205018	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aroostook Health Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to adequately maintain maintenance and housekeeping services necessary to maintain the facility in good repair and in a homelike environment on 3 of 3 days of survey (12/15/25, 12/16/25 and 12/17/25).Findings:On 12/15/25 at 8:45 a.m. upon entrance to the facility for their annual recertification, 3 surveyors observed the environment in a non-homelike environment with emergency light fixtures, call lights not being attached to the walls leaving visible wires. The thermostat near the front room did not have a cover on it. The wallpaper was removed leaving primed and unpainted surfaces throughout the hallways of the facility. In the charting area near station 1 nursing station the light switch did not have a cover. As the surveyors walked down the hallway it was observed that other areas did not have finished surfaces. The floors in the residents rooms were observed to have a build up of dirt and grime visible from the hallway.During resident interviews throughout this survey other areas of concern were noted with walls being dirty and marred. (see tour findings below for specific locations)On 12/15/2025 at 11:35 a.m., 2 surveyors observed 3 ceiling fans (not in use) in the dining. It was observed that the first fan closest to the doorway had moderately warped fan blades, The second fan had some warped fan blades. With the third ceiling fan not having any warped blades.On 12/15/25 at 2:23 p.m. the floor drain cover in the middle of the hallway near the conference room had cracked, broken and heavily soiled tiles around it creating an uncleanable surface with a potential to be a tripping hazard,On 12/15/25 at 2:50 p.m. the floor drain cover near the station 1 nurses station had cracked, broken and soiled tiles around it creating an uncleanable surface.On 12/16/2025 at 1:35 p.m. a surveyor observed and confirmed the warped fan blades in the dining room with the Director of Nursing.On 12/17/2025 at 1:37 p.m. the surveyor toured the facility with the Administrator and the Corporate Health Operations Consultant the following findings were observed and confirmed by the surveyor. In the hallways there are unpainted and exposed drywall paste making it uncleanable and unhomelike,In room [ROOM NUMBER] the wall near the bed was marred and stained with a white unknown substance. In room [ROOM NUMBER] the wall by bed 1 is marred and stained. In room [ROOM NUMBER] the wall is marred and stained. It was discussed with the Administrator and the Corporate Health Operations Consultant for the facility to look at all walls in the residents rooms for similar conditions.In room [ROOM NUMBER] the thermostat cover was missing and the over bed table for bed 1 was observed to have chipped edges creating an uncleanable surfaceOn bed 2 the over bed table had a corner that was chipped and uncleanable. In the hallway on station 3 and station 1 there were phone boxes that were not framed leaving exposed sheetrock edges creating an uncleanable surface.In the dining room area, the 2 ceiling fans with warped fan blades were shown to the Administrator and the Corporate Health Operations Consultant.The observations made upon entrance on 12/15/25 and during the facility tour were discussed with the Administrator and the Corporate Health Operations Consultant, the surveyor confirmed the above findings at that time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205018	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aroostook Health Center	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)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on record reviews, facility policy review, and interviews, the facility failed to issue a written transfer/bed hold notice to a resident and their legal representative for a facility-initiated transfer/discharge for 2 of 4 sampled residents transferred/discharged to an acute care facility (Residents #1 [R1] and R33). In addition, the facility failed to notify (at least monthly) the Ombudsman office of transfer/discharges that have occurred since September 2025. Findings: The facility policy, Bed Holds and Returns, revised 3/2025, indicated that all residents/representatives are provided written information regarding the facility and state bed-hold policies, which address holding or reserving a resident's bed during periods of absence (hospitalization or therapeutic leave). Residents, regardless of payer source, are provided written notice about these policies at least twice: - notice 1: well in advance of any transfer (in the admission packet); and - notice 2: at the time of transfer (or, if the transfer was an emergency, within 24 hours. 1. On 12/15/25, R1's clinical record was reviewed and indicated that on 11/4/25, R1 was transferred and admitted to the hospital. The bed hold notice, dated 11/4/25, included both the transfer/discharge reason and bed hold notice was completed. The notice only indicated that it was given to R1 'verbally and there was no documentation to indicate a written copy was provided to R1. On 12/16/2025 at 10:00 a.m., during an interview with the Business Office Manager (BOM), a surveyor confirmed this finding. 2. On 12/15/25, R33's clinical record was reviewed and indicated that on 11/23/25, R33 was transferred and admitted to the hospital. The bed hold notice, dated 11/23/25, included both the transfer/discharge reason and bed hold notice was completed. On 12/16/25 at 2:11 p.m., the BOM stated that she emailed a copy to the Resident Representative, but the notice and clinical record lacked evidence that a copy was provided to R33. On 12/16/2025 at 2:28 p.m., during an interview with a surveyor, Nursing Supervisor stated that she completed the bed hold/transfer notice but cannot say that a copy was given to R33. During these interviews, a surveyor confirmed that a written copy of this notice was not provided to both the Resident and Resident Representative. 3. On 12/16/25 at 10:00 a.m., during an interview with a surveyor, the BOM stated that she notifies the Ombudsman office quarterly and not monthly of transfer/discharges with the last listing sent for transfer/discharges through September.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205018	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aroostook Health Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on record review and interviews, the facility failed to ensure that physician orders were followed for 2 of 3 residents reviewed for nutrition (Resident #14 [R14] and R39).On 12/16/25, R14's clinical record was reviewed and indicated the following:-Review of the Provider Orders included and active order dated 12/18/24, [Esophagogastroduodenoscopy (EGD)] to rule out possible gastric ulcer when [appointment (apt)] available.-On 12/17/24, a Provider's progress note indicated, [R14] requested to be seen today secondary to epigastric abdominal pain. [R14] reports several weeks of epigastric abdominal pain with excessive burping and decreased appetite with early [feeling of being full after eating (satiety)]. [R14] has a history of gastric ulcers and is concerned this has returned. [R14's] last upper endoscopy. showed several nonbleeding gastric ulcers. Given this history and [R14's] complaint of early satiety with abdominal pain, we will repeat an upper endoscopy. Referral to General Surgery will be placed. The provider also ordered a new medication for symptom control.-On 12/17/24 at 7:31 p.m., a nursing note indicated, [Doctor] was in to see [R14] today for an acute visit. Resident is [complaint of (c/o)] upper gastric pain and thinks [he/she] might have an ulcer. [Doctor] ordered an EGD to be done soon to check for ulcers. Orders placed in [Point Click Care (PCC)].-On 12/18/24 at 6:15 p.m., an Administration note indicated, EGD one time only for Stomach ulcer for 5 Days No apt dates scheduled at this time.-On 12/31/24, a Provider's progress note indicated, 8. Chronic gastroesophageal reflux disease with history of gastric ulcer: . [R14] is awaiting general surgery consultation for possible repeat EGD.-On 12/31/24 at 5:37 p.m., a nursing note indicated, [Doctor] was in to see resident for [his/her] 60 day progress note. We are still waiting on General Surgery for [his/her] Scope.-On 3/4/25, a Provider's progress note indicated, 8. Chronic gastroesophageal reflux disease with history of gastric ulcer: . we are going to look into why [R14] still has not had any consultation with General Surgery.-On 3/5/25 at 10:29 a.m., a nursing note stated, Medical rounds completed with [Doctor of Medicine (MD)]- requested [follow-up (f/u)] on surgical consult for [complaint of (c/o)] stomach pain (ulcer) Will speak with Unit secretary in regards to.-On 5/6/25, a Provider's progress note indicated, 8. Chronic gastroesophageal reflux disease with history of gastric ulcer: . Nursing staff are again going to look into [R14's] general surgery referral, given [his/her] abdominal pain with history of gastric ulcer.The clinical record lacks evidence that R14's referral was sent to General Surgery, and/or that R14 was seen by General Surgery for consultation (1 year delay).On 12/16/25 at 1:35 p.m., during an interview with a surveyor, the Scheduler stated she was unable to find an apt for the EGD. The Scheduler stated nursing had not brought that to her. The Scheduler stated she would check the chart for that order. At 2:55 p.m., during an interview, the Schedule confirmed with the surveyor that she was unable to find any evidence that the EGD was scheduled for R14.2. On 12/15/25 at 9:28 a.m., a surveyor observed R39 in bed, eating breakfast independently and unmonitored.On 12/16/25 at 8:37 a.m., a surveyor observed R39 in bed, eating breakfast independently and unmonitored.On 12/16/25 at 12:07 p.m., a surveyor observed R39 in bed, eating lunch independently and unmonitored.On 12/16/25, review of R39's provider orders indicated an active order dated 11/09/25, [Out of Bed (OOB)] for all meals with meals for choking risk, and a diet order dated 11/13/25, Regular texture, . OOB for all meals, Extra gravies for hydration and nutrition. The clinical record lacked evidence that R39 refused to get Out of Bed for meals.On 12/16/25 at 12:21 p.m., during an interview with a surveyor and the Nurse Manager, R39's clinical record was reviewed. At this time a surveyor confirmed R39 is at risk for choking with meals, has not been Out of Bed for all meals, or monitored with meals as directed by the provider orders and Care Plan (See F656).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205018	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aroostook Health Center	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)
F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. Based on employee record reviews, and interviews, the facility failed to complete annual performance evaluations at least every 12 months for 4 of 5 sampled staff (Certified Nursing Assistant #1 [CNA1], CNA2, CNA3, and CNA4). Findings: 1. CNA1 was hired on 4/14/24. The last performance evaluation was completed for 4/14/24 - 9/30/24. The facility was unable to provide evidence that an annual performance evaluation was completed between 10/1/24 - 9/30/25. 2. CNA2 was hired on 6/18/23. The last performance evaluation was completed for 10/1/23 - 9/30/24. The facility was unable to provide evidence that an annual performance evaluation was completed between 10/1/24 - 9/30/25. 3. CNA3 was hired on 4/14/24. The last performance evaluation was completed for 4/14/24 - 9/30/24. The facility was unable to provide evidence that an annual performance evaluation was completed between 10/1/24 - 9/30/25. 4. CNA4 was hired on 8/18/24. The last performance evaluation was completed for 8/18/24 - 11/15/24. The facility was unable to provide evidence that an annual performance evaluation was completed between 11/16/24 - 11/15/25. On 12/17/25 at 12:07 p.m., in an interview with the Director of Nursing, a surveyor confirmed that there is no evidence that performance evaluations were completed within 12 months for CNA1, CNA2, CNA3, and CNA4.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205018	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aroostook Health Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, and interviews the facility failed to ensure expired medications were removed from the supply available for use in 1 of 3 medication storage rooms, and 1 of 2 medication storage refrigerators (Main medication storage room, and Main medication storage refrigerator), and the facility failed to monitor medication storage refrigerator temperatures to ensure proper refrigerator temperatures were maintained for medications, immunizations, and biological storage requiring refrigeration for 2 of 2 medication storage refrigerators (Main medication room-main medication storage refrigerator, and Station 1 medication room-Station 1 immunization storage refrigerator). Findings:1. On 12/16/25 at 10:10 a.m., during observations and review of the Main medication storage room with a Certified Nursing Assistant-Medications [CNA-M1], a surveyor observed and confirmed the following expired medications in the Main medication storage room and Main medication storage refrigerator available for use.-one container of Hemorrhoidal Hygiene Pads, with an expiration date of 9/2025.-one bottle of Geri Care, Milk of Magnesium, with an expiration date of 10/2025.-two Humira 40 mg/0.8 ml pens both with expiration dates of 10/17/25 in the main medication storage refrigerator.2. On 12/16/25 at 11:22 a.m., a surveyor and Director of Nursing (DON) observed in Main medication storage room, Main medication storage refrigerator containing medications requiring refrigeration and observed in Station 1 medication storage room, Station 1 medication storage refrigerator containing immunizations requiring refrigeration. The facility lacked evidence of a temperature log sheet, and the DON stated that she has been taking the temperatures but has not for a while, she could not find the temperature log sheets and confirmed that temperatures have not been monitored.On 12/16/25 at 11:22 a.m., in an interview with the DON, a surveyor confirmed there was no evidence of documentation for monitoring medication storage refrigerator temperatures, and the refrigerators were not being monitored for safe temperatures.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205018	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aroostook Health Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to maintain an infection prevention and control program to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable disease and infections in the area of Enhanced Barrier Precautions (EBP), changing soiled gloves during/after patient care, and linen handling for 2 of 3 days of survey (12/16/25 and 12/17/25).Findings: The facility policy, Enhanced Barrier Precautions, revised 3/2025, indicated that Enhanced barrier precautions (EBPs) are used as an infection prevention and control intervention to reduce the transmission of multi-drug organisms (MDROs) to residents. EBPs employ targeted gown and glove use in addition to standard precautions during high contact resident care activities when contact precautions do not otherwise apply. Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room). Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: -dressing; -bathing/showering; -transferring; -providing hygiene; -changing linens; -changing briefs or assisting with toileting; -device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc); and -wound care (any skin opening requiring a dressing). The facility's policy, Laundry and Bedding, Soiled, revised 3/2025, indicates the following: -Contaminated laundry is bagged or contained at the point of collection and -Leak-resistant containers or bags are used for linens or textiles contaminated with blood or body substances. 1. On 12/15/25, a surveyor reviewed Resident #38 (R38)'s clinical record and noted that the resident was on EBP. R38's care plan included a FOCUS of I am on enhanced barrier precautions .and direct care staff are to utilize gowns and gloves for all personal care, all added on 10/20/25. On 12/16/2025 at 9:05 a.m., a surveyor observed R38's room door closed. A surveyor knocked on the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205018	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aroostook Health Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	door, and a voice was heard from inside the room, stating patient care. Certified Nursing Assistant #5 (CNA5) knocked on R38's door and went into room. Upon exiting the room, a surveyor asked CNA5 who was in the room and if they were wearing a gown. CNA5 stated that CNA1 was in the room washing the resident up and was not wearing a gown. On 12/16/2025 at 9:17 a.m., during an interview with a surveyor, CNA1 stated that she was not aware that R38 was on EBP and stated that she was washing R38 up and she was not wearing a gown. 2. On 12/16/25 at 10:48 a.m., a surveyor observed Licensed Practical Nurse #1 (LPN1) prepare for a dressing change on R1's coccyx area. At the start of the procedure, LPN1 discovered that R1 needed a brief change and exited the room to get help. At 11:00 a.m., CNA2 and LPN1 returned. R1's soiled (feces) brief was removed and LPN1 cleaned R1's bottom area as R1 was positioned on his/her left side. The [NAME] (absorbent incontinence bed protector pad) was then changed as it was soiled. LPN1 placed a clean brief under R1 and touched his/her leg while rolling R1 from his/her side to the back, onto the clean brief and fastened it, still wearing the same soiled gloves that were worn during the brief change R1. After the brief was changed, LPN1 changed her gown and gloves and continued with the dressing change by cleaning the coccyx wound with saline wipes, a skin prep wipe, applied triad cream, and placed an abdominal pad under R1's coccyx area before fastening R1's brief. LPN1 then rearranged R1's bed sheet over him/her, touched the bedside table, and pulled the privacy curtain open, still wearing the same soiled gloves that were used during the dressing change. On 12/16/25 at 11:26 a.m., during an interview with LPN1, the surveyor confirmed that gloves were not removed after being soiled, before touching other items. 3. On 12/16/25 at 11:10 a.m., the surveyor observed CNA2 leaving the resident's room, carrying the soiled [NAME] down the hallway, not bagged. On 12/16/25 at 11:23 a.m., during an interview with CNA2, the surveyor confirmed that soiled [NAME] was carried down the hallway not bagged. 4. On 12/17/25 at 10:56 a.m., the surveyor observed 2 staff assisting R41 to the bathroom. While the 2 staff were assisting R41 it was noted that he/she was on Enhanced Barrier Precautions (EBP) and the staff were observed with donned gloves but did not have gowns that were required for his/her EBP. Clinical record review identified that R41 has an open wound with a Methicillin-resistant-staphylococcus aureus (MRSA) culture, this open wound area was not covered with a dressing. Review of R41's care plan addresses the MRSA in the wound and for staff to use EBP (gown and gloves) for high contact care activities in addition to standard precautions for multi-drug resistant organisms (MDRO). At the time of this observation the surveyor confirmed this finding with the staff who were assisting R41.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205018	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aroostook Health Center	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)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. Based on facility policy review, antibiotic stewardship spreadsheet reviews, and interviews, the facility failed to implement its Antibiotic Stewardship Program (ASP) that includes antibiotic use protocols and a system to monitor antibiotic use for 2 of 3 months reviewed (October and November). This has the potential to affect all residents receiving an antibiotic.Finding:The facility policy, Antibiotic Stewardship - Review and Surveillance of Antibiotic use and Outcomes, revised 3/2025, indicated that antibiotic usage and outcome data will be collected and documented using a facility-approved antibiotic surveillance tracking form. - The data will be used to guide decisions for improvement of individual resident antibiotic prescribing practices and facility wide-antibiotic stewardship.- As part of the facility antibiotic stewardship program, all clinical infections treated with antibiotics will undergo review by the Infection Preventionist, or designee. -All resident antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking form. The information gathered will include resident name and medical number, unit and room number, date symptoms appeared, name of antibiotic, start date of antibiotic, pathogen identified, site of infection, date of culture, stop date, total days of therapy, outcome, and adverse events. On 12/17/2025 at 1:20 p.m., during the Antibiotic Stewardship review, the Director of Nursing and a surveyor reviewed September's antibiotic surveillance tracking form which was the last month of surveillance tracking form was completed. The surveyor confirmed October and November's Antibiotic Stewardship surveillance spreadsheets were not completed for review.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205018	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aroostook Health Center	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)
F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on interviews and record review, the facility failed to designate a qualified staff member to function as the Infection Preventionist who was responsible for the facility's Infection Control Program and worked at least part time in the role since 10/8/25. This has the potential to affect all residents in the facility.Finding: On 12/15/25 at 9:00 a.m., during an interview with 2 surveyors, the Director of Nursing (DON) stated that the Infection Preventionist (IP) position was an open position. On 12/17/2025 at 12:27 p.m., during an interview with a surveyor, the DON stated that she worked in the role of the DON fulltime. The previous IP left on 10/8/25 and that currently, she was the only staff member that had completed the proper IP training that was working in the facility. On 12/17/25 at 1:20 p.m., the Antibiotic Stewardship spreadsheet documentation was reviewed. This had not been updated since the previous IP left, with September being the last completed month documented. On 12/18/25 at 11:09 a.m., during an interview with a surveyor, the Administrator stated that part time hours were considered working 20 hours a week. During these interviews, a surveyor confirmed that the facility did not have a qualified IP currently working a minimum of 20 hours a week in the IP position and that even though the position was an open position, the IP role was not being completed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205018	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aroostook Health Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record reviews and interview, the facility failed to implement a Comprehensive Care Plan that addressed the physical needs of 1 of 3 residents reviewed for Nutrition (Resident # 39 [R39]).On 12/15/25 at 9:28 a.m., a surveyor observed R39 in bed, eating breakfast independently and unmonitored.On 12/16/25 at 8:37 a.m., a surveyor observed R39 in bed, eating breakfast independently and unmonitored.On 12/16/25 at 12:07 p.m., a surveyor observed R39 in bed, eating lunch independently and unmonitored.On 12/16/25, record review indicated the following:-Review of provider orders indicated an active order dated 11/09/25, [Out of Bed (OOB)] for all meals with meals for choking risk, and a diet order dated 11/13/25, Regular texture, . OOB for all meals, Extra gravies for hydration and nutrition.-Review of the list of Residents for [Feeding Assistance (FA)], included R39. -Review of R39's Care Plan indicated a focus, I have a nutritional problem [related to (r/t)] my cognition, and [R39] has nutritional problem or potential nutritional problem: Underweight related to likely inadequate energy intake as evidenced by [Body Mass Index (BMI)] 17.3. Interventions for these focus areas include the following:- Monitor/document/report [as needed (PRN)] any [signs/symptoms (s/sx)] of dysphagia: Pocketing, Choking, Coughing, Drooling, Holding food in mouth, Several attempts at swallowing, Refusing to eat, Appears concerned during meals.- encourage meals in the dining for socialization and supervision- Provide and serve diet as ordered. This intervention is listed twice in the Care Plan Interventions/Tasks.- [Regular (Reg)]/[High (Hi)] protein/Hi Calorie diet, . OOB for meals, Extra gravies for hydration and nutrition.On 12/16/25 at 12:21 p.m., during an interview with a surveyor and the Nurse Manager, R39's clinical record was reviewed. At this time a surveyor confirmed R39 is at risk for choking with meals and has not been Out of Bed for all meals or monitored with meals as directed by the provider orders and Care Plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205018	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aroostook Health Center	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to ensure a care plan was updated to reflect a resident's current needs for 1 of 2 residents reviewed for pressure ulcers (Resident [R1]). Finding: On 12/15/25 at 9:35 a.m., during an interview with a surveyor, R1 stated that staff were treating a sore on his/her tail end. R1's clinical record was reviewed and indicated a quarterly Minimum Data Set (MDS), dated [DATE], was coded under Section M210B to reflect that R1 had one stage II pressure ulcer. On 12/15/25, during a clinical record review, a surveyor was unable to find a FOCUS for a current pressure ulcer or enhanced barrier precautions (FOCUS or interventions), but the current physician orders contained active orders for a treatment for a pressure injury and enhanced barrier precautions. On 12/16/2025 at 12:30 p.m., during an interview with the Director of Nursing (DON), a surveyor reviewed R1's care plan and noted that a care area for the pressure ulcer was updated yesterday (12/15/25) from healed to currently have a stage II but the care plan still lacked a FOCUS and/or interventions for enhanced barrier precautions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205018	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aroostook Health Center	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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on record review and interview, the facility failed to follow up on pharmacist recommendations and failed to keep all copies of Medication Reviews in the resident's clinical record for 1 of 5 residents reviewed for unnecessary medications (Resident #5, [R5]).Finding:On 12/17/25 at 11:00 a.m. during a review of R5's clinical record there was no evidence the facility followed up on pharmacist medication regimen recommendations. In R5's clinical record there was a note from the pharmacist that a review was done and to see recommendations. The clinical record lacked copies of these recommendations. During an interview and review of R5's clinical record with the Director of Nursing, she stated the pharmacist told her they failed to send all reviews for November At this time it was discovered that the October review was not in R5's clinical record and the recommendation was not reviewed and was not signed by the provider.The above finding was confirmed by the surveyor at the time of this interview.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205018	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aroostook Health Center	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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on record review and interview, the facility failed to ensure residents were free from an unnecessary medication for 1 of 5 residents reviewed for unnecessary medications [Resident #7 (R7)].On 12/17/25, a surveyor reviewed R7's clinical record. Review of active provider orders indicated:-An active order dated 6/25/25, LORazepam Tablet 0.5 [milligram (MG)] Give 0.5 mg by mouth one time a day for anxiety,-An active order dated 6/25/25, LORazepam Tablet 0.5 MG by 0.25 mg by mouth two times a day for anxiety, and-An active order dated 12/4/25, LORazepam Oral Tablet 0.5 (Lorazepam) Give 0.5 mg by mouth one time a day for anxiety. On 12/17/2025 at 9:13 a.m., during an interview with a surveyor and the Director of Nursing (DON), R7's clinical record was reviewed. The DON stated the Lorazepam had a duplicate order, the order for Lorazepam 0.5 mg one time per day dated 6/25/25 should have been discontinued on 12/4/25 when the new order was placed. Review of the Medication Administration Record indicated R7 received an additional dose of Lorazepam related to the duplicate order on 12/7/25 and 12/14/25. At this time the surveyor confirmed the above finding with the DON.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205018	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aroostook Health Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations and interviews, the facility failed to store, prepare, and serve food in accordance with professional standards for food service safety by not removing expired products from the available for use supply, ensuring refrigerators had thermometers for routine monitoring, and not ensuring that plumbing fixtures were properly installed to prevent backflow as required by the Maine State Plumbing Code for 1 of 3 days of survey (12/16/25). On 12/16/2025 at 11:51 a.m., during an observation of the Assisted Dining Room kitchenette, 2 surveyors observed and confirmed the following with the Minimum Data Set (MDS) nurse:- 2 surveyors and the MDS nurse were unable to locate a thermometer in the refrigerator or freezer for routine monitoring.-The ice machine filter was observed to be heavily soiled with dust/debris. On 12/16/2025 at 12:07 p.m., during an observation of the Skilled Kitchenette, a surveyor observed and confirmed with the Director of Nursing (DON):-The refrigerator did not have a thermometer for routine monitoring.-1 open bottle, 60 fluid ounces Ocean Spray Orange Juice, on the shelf and available for use, with an open date of 11/19/25. The label states, use within 2 weeks of opening (13 days past expiration).-1 open bottle 64 fluid ounces Clamato, labeled with an open date of 9/29/25, not labeled with an expiration date.-The surveyor and the DON were unable to find a thermometer in the refrigerator and/or freezer for routine temperature monitoring.-The ice machine drainage pipe did not have a 1 air gap to prevent backflow.