

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205020 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/22/2024 |
| NAME OF PROVIDER OR SUPPLIER Bangor Nursing & Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 103 Texas Ave Bangor, ME 04401 | |

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49635</p> <p>Based on record review and interviews, the facility failed to ensure that a resident's representative was notified immediately of a significant change in the resident's medical condition for 1 of 2 residents reviewed for a change in condition [Resident #8(R8)]. This had the potential to delay decisions in medical care.</p> <p>Findings:</p> <p>During a medical record review, R8 was admitted on [DATE] including diagnoses Parkinsonism, Dementia, and hallucinations. The daughter/Power of Attorney (POA) for medical and financial was listed as the responsible party. R8 had a Brief Interview for Mental Status score of 8, indicating moderate cognitive impairment. The care plan indicated The resident is resistive to care, refusal of medications, and listed May call daughter when refuses medications or care.</p> <p>Nursing notes indicated the following:</p> <p>On 10/2/24 at 4:18 a.m., R8 was found on the floor and an SBAR (Situation, Background, Assessment, and Recommendation) was left for the provider. The note states request day shift to call [patient] contact in the AM.</p> <p>On 10/2/24 at 12:51 p.m., Resident wasn't feeling well this morning, somewhat disoriented and lethargic. Dark bloody urine draining into Foley catheter .[Family Nurse Practitioner] notified. R8's Urine was previously documented as clear amber urine on 09/13/24.</p> <p>On 10/3/24 at 7:31 a.m., Nurse aware Resident refused all medications this am. Resident not talking correctly and unable to hold cup of water.</p> <p>On 10/3/24 at 12:52 p.m., [R8] was confused and had trouble speaking this morning; foley bag was full of dark red blood; foley catheter changed; 500 [milligrams] Levaquin [antibiotic] administered by mouth per order from [Nurse Practitioner (NP)]; by 1200 [R8] was breathing at 32 [respiratory rate]; oxygen 5 [liters] applied and blood oxygen remained 83 [percent]; sent for further evaluation and treatment by order from [NP].</p> <p>The record lacks evidence that the POA was notified of R8's changes in condition.</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 |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: Facility ID: 205020 | If continuation sheet Page 1 of 7 |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205020 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/22/2024 |
| NAME OF PROVIDER OR SUPPLIER Bangor Nursing & Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 103 Texas Ave Bangor, ME 04401 | |
| 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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 10/22/24 at 12:21 p.m., during an interview, a surveyor and the Director of Nursing (DON) reviewed the medical record. The DON stated, the Registered Nurse wanted to see if the interventions were effective before calling the resident representative. At this time the surveyor confirmed that the POA was listed as the responsible party, and that the facility failed to notify the resident representative timely in order to make medical decisions for R8.</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205020 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/22/2024 |
| NAME OF PROVIDER OR SUPPLIER Bangor Nursing & Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 103 Texas Ave Bangor, ME 04401 | |
| 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49635</p> <p>Based on interviews and observations the facility failed to provide incontinence care timely for 4 of 7 residents interviewed during a complaint investigation [Resident # (R1), (R2), (R3), and (R4)].</p> <p>Findings:</p> <p>1. On 10/21/24, record review indicated R1 was admitted on [DATE] with Acute cystitis without hematuria (urinary tract infection that causes a bladder infection). R1's care plan indicates, [R1] has potential for impairment to skin [related to] incontinence, impaired mobility, and lists Keep skin clean and dry for an intervention. R1 has a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition.</p> <p>On 10/21/24 at 10:46 a.m., during an interview with a surveyor, Resident (R1) stated that call bells can go unanswered for 40 minutes and R1 was not checked for incontinence on the night shift on 10/18/24 or 10/20/24. R1 stated he/she is prone to urinary tract infections and is afraid the delay in care will lead to another one.</p> <p>2. On 10/21/24, record review indicated R2 was admitted on [DATE] with a diagnosis of cerebral infarction (stroke). The care plan indicates The resident has bowel and bladder incontinence[related to] Impaired Mobility, Physical limitations due to stroke, the care plan lists Encourage resident to call for assist when toileting need occurs and assist with bedpan and hygiene and Prompt and frequent incontinence care monitor skin with care and report any red, open or rash areas to [Licensed Nurse] as interventions. R2 has a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition.</p> <p>On 10/21/24 at 11:08 a.m., a surveyor observed R2's call light was activated. During an interview with a surveyor, R2 stated the call bell was activated at 10:45 a.m., to request incontinence care. From 11:30 a.m. to 12:00 p.m., 2 CNAs entered the room and provided incontinence care to R2 (45 minutes after initiating the call bell). During this time a surveyor observed R2's bottom to be red with white ridges and appeared to be pruned, and the skin in the right inguinal fold was red and raw.</p> <p>3. On 10/21/24, record review indicated R3 was admitted on [DATE] with a diagnosis of Multiple Sclerosis (MS). The care plan identifies [R3] has potential for impairment to skin integrity [related to] mobility deficits and [R3] has bowel/bladder incontinence [related to] Activity Intolerance, Impaired Mobility, advanced MS. Interventions direct staff to assist the resident with incontinence care including brief use, and Clean peri-area with each incontinence episode. R3 has a Brief Interview for Mental Status (BIMS) score of 12, indicating moderate impairment of cognition.</p> <p>On 10/21/24 at 11:16 a.m., during an interview with a surveyor, R3 stated he/she requested assistance with incontinence care around 5 a.m. and was told by staff they would come back with help but never returned. At 11:20 a.m., a surveyor observed as R2 informed staff that R3 needed assistance.</p> <p>From 12:06 p.m. to 12:24 p.m., a surveyor observed 2 CNAs provided incontinence care to R3. At this time the surveyor observed the brief to be heavily saturated as well as the bedding material below R3.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205020 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/22/2024 |
| NAME OF PROVIDER OR SUPPLIER Bangor Nursing & Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 103 Texas Ave Bangor, ME 04401 | |
| 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>4. On 10/21/24 at 12:25 p.m., in an interview with a surveyor, R4 stated, I had my bell ringing for an hour and a half yesterday and no one comes to help. R4 stated the desire to refuse the water pill to prevent incontinence since staff are unable to respond timely. R4 also stated they soiled the bed this weekend as staff had not emptied the urinal timely.</p> <p>On 10/22/24 at 9:15 a.m., in an interview with the Administrator and the Director of Nursing a surveyor confirmed the above findings.</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205020 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/22/2024 |
| NAME OF PROVIDER OR SUPPLIER Bangor Nursing & Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 103 Texas Ave Bangor, ME 04401 | |
| 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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>49635</p> <p>Based on interviews, and observation, the facility failed to ensure sufficient staff were scheduled and on duty to meet the needs of residents [Resident #1 (R1), R2, R3, and R4]. This has the potential to effect all residents.</p> <p>Findings:</p> <p>During the week of 10/21/24-10/25/24 interviews were conducted with anonymous staff [Anonymous Staff #1 (A1) and (A2)].</p> <p>A1 stated the facility is not staffing to acuity and had recently cared for a resident immediately on entering the facility as they were heard screaming for help related to incontinence. A1 stated we have a lot of patients who are alert and oriented enough to know when someone comes but not enough to know to use the bathroom . so a lot of them are sitting in it.</p> <p>A2 stated the facility could use more staff as call bells go on for about 40 minutes, but staff are busy.</p> <p>1. On 10/21/24 at 10:46 a.m., during an interview with a surveyor, Resident (R1) stated that call bells can go unanswered for 40 minutes and R1 was not checked for incontinence on the night shift on 10/18/24 or 10/20/24. R1 stated he/she is prone to urinary tract infections and is afraid the delay in care will lead to another one. Record review of R1's clinical record revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition.</p> <p>2. On 10/21/24 at 11:08 a.m., a surveyor observed R2's call light was activated. During an interview with a surveyor, R2 stated the call bell was activated at 10:45 a.m., to request incontinence care. R2 stated his/her roommate (R3) also needed assistance as they had not been washed up for the day or provided incontinence care since 9:00 p.m. the night before. R2 stated he/she had requested to be up to his/her chair in the morning as R2 anticipated visitors arriving around lunch time. R2 stated the Certified Nursing Assistant (CNA) responded, I'm not your CNA today and we are really busy, we might not be able to get you up. R2 stated It's not just once, it's all the time. Review of R2's clinical record revealed a BIMS score of 15, indicating intact cognition.</p> <p>At 11:20 a.m., a staff member answered R2's call bell (35 minutes after activation). R2 informed them of the need for incontinence care for R2 and R3. The staff member stated they would need to get more staff to assist the resident and left.</p> <p>From 11:30 a.m. to 12:00 p.m., 2 CNAs entered the room and provided incontinence care to R2 (45 minutes after initiating the call bell).</p> <p>3. On 10/21/24 at 11:16 a.m., during an interview with a surveyor, R3 stated he/she requested assistance with incontinence care around 5 a.m. and was told by staff they would come back with help but never returned. Review of R3's clinical record indicated a BIMS score of 12 indicating moderate impairment.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205020 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/22/2024 |
| NAME OF PROVIDER OR SUPPLIER Bangor Nursing & Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 103 Texas Ave Bangor, ME 04401 | |
| 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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>At 11:20 a.m., a surveyor observed as R2 informed staff that R3 needed assistance.</p> <p>At 11:30 a.m., a surveyor observed as R2 informed staff that R3 had not been cared for yet.</p> <p>From 12:06 p.m. to 12:24 p.m., 2 CNAs provided incontinence care to R3. At this time the surveyor observed the brief to be heavily saturated as well as the bedding material below R3.</p> <p>4. On 10/21/24 at 12:25 p.m., in an interview with a surveyor, R4 stated I had my bell ringing for an hour and a half yesterday and no one comes to help . if I had fallen, I would have been left to die. R4 stated the desire to refuse the water pill to prevent incontinence since staff are unable to respond timely. R4 also stated they soiled the bed this weekend as staff had not emptied the urinal timely. Review of nurse notes indicated on 10/19/24 at 11:08 a.m., R4 wanted to be out of bed before breakfast, staff's response was R4 would not be helped to get up until after breakfast.</p> <p>On 10/21/24 at 12:45 p.m., in an interview with a surveyor, the Physical Therapist stated that she does end up getting residents out of bed a lot as nursing staff is busy. She noted residents that require use of a Hoyer Lift requires more staff.</p> <p>On 10/22/24 at 9:15 a.m., in an interview with the Administrator and the Director of Nursing a surveyor confirmed the above findings.</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205020 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/22/2024 |
| NAME OF PROVIDER OR SUPPLIER Bangor Nursing & Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 103 Texas Ave Bangor, ME 04401 | |
| 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 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>49635</p> <p>Based on interviews and record reviews, the facility failed to implement and maintain an effective training program for nursing staff contracted through the Clipboard Application (App) in the areas of dementia care, resident rights, and abuse, neglect and exploitation training by failing to ensure contracted Clipboard Professionals (Users) completed trainings prior to independently providing services to residents.</p> <p>Findings:</p> <p>Review of the Clipboard app Terms of Service Agreement last updated on October 9, 2023 states, Clipboard operates an online, marketplace, accessed through the Site, that allows third-party clients (each, a Client) to post open shifts at facilities (each, a Facility), and allows independent contractor professionals (each, a Professional) to view and sign up to work such shifts if they so choose. Under the subheading 2.1 CLIPBOARD'S ROLE AS A MARKETPLACE states, Clipboard merely makes the Site and Services available to enable Professionals and Clients to find and transact directly with each other. Users alone are responsible for evaluating and determining the suitability of any shift, Client or Professional.</p> <p>On 10/21/24 at 1:08 p.m., during an interview with a surveyor, the Scheduler stated if there is a call out or a no show for a shift the Scheduler or the Director of Nursing (DON) will be notified. The shift will be posted on the Clipboard App. A Clipboard User will accept the shift and an email from Clipboard will be sent to the Scheduler and the DON notifying them the shift has been filled. If the User cancels the shift, the shift will automatically repost. Users who don't show up for their shift are automatically blocked.</p> <p>During this interview the Clipboard app was reviewed, the Scheduler was unable to find evidence of dementia care, resident rights, or abuse, neglect and exploitation training. She stated she does not normally look for this, but the DON also receives an email and may track this information.</p> <p>On 10/21/24 at 1:49 p.m., in an interview with a surveyor, CNA1 stated she has worked in the facility through the Clipboard App for several months. The Clipboard App requires your license, a background check, and proof of required vaccinations. CNA1 stated dementia care, resident rights, and abuse, neglect and exploitation training were not required to pick up shifts on the Clipboard App.</p> <p>On 10/22/24 at 12:21 p.m., during an interview, a surveyor and the DON reviewed the Clipboard App. The DON was unable to provide evidence that dementia care, resident rights, and abuse, neglect and exploitation trainings were completed prior to contracted Clipboard User providing direct care to residents. At this time the surveyor confirmed the above findings.</p> | | |