

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 01/08/2026
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on employee record reviews, facility policy review, and interviews, the facility failed to implement its own Abuse, Neglect and Exploitation policy to ensure Maine background checks and references were completed for new employees before they were permitted to work for 4 of 7 sampled employees (Certified Nursing Assistant #1 [CNA1], [CNA2], [CNA3], and Therapist #1 [T1]). In addition, the facility failed to implement its own Abuse, Neglect and Exploitation policy by not reporting to the state agency (Licensing and Certification) an allegation of resident-to-resident inappropriate sexual contact in a timely manner for 1 of 1 resident-to-resident incident reviewed Resident #28 [R28]). Findings:</p> <p>1. The facility policy, Abuse, Neglect and Exploitation, revised 11/1/25, indicated under the section of Screening that potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property by the following:</p> <ul style="list-style-type: none"> - Background, reference, and credentials' checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. - Screens may be conducted by the facility itself, third-party agency or academic institution. - The facility will maintain documentation of proof that the screening occurred. <p>On 1/6/26, between 12:30 p.m. - 1:00 p.m., a surveyor reviewed employee files and confirmed the following with the Assistant Director of Nursing:</p> <ul style="list-style-type: none"> - CNA1 was hired on 3/4/24. The employee file lacked evidence of the facility completing a Maine background check prior to hire. The background check in the employee file was dated 8/19/22 (over 1 year prior to hire) and was ordered by a staffing agency, not the facility. - CNA2 was hired on 10/9/24. The Maine background check in the employee file was completed on 10/30/24, 21 days after being hired. - CNA3 was hired on 10/9/24. The Maine background check in the employee file was completed on 10/30/24, 21 days after being hired. - T1 was hired on 10/28/25. The employee file lacked evidence of references being checked. <p>2. On 1/6/26, a review of R28's clinical record was completed. In a nurse's note, dated 1/3/26, it indicated that R28 had been touched in a sexually inappropriate manner by a male resident. A review of both resident's clinical records indicated that both residents are wheelchair bound and have</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 4

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>dementia.</p> <p>A nurse note dated 1/5/26, indicated that R28's guardian was notified of the incident. On 1/8/26 at 8:31 a.m., in an interview with the surveyor, the Director of Nursing (DON), confirmed that the incident occurred on Saturday, 1/3/26, and she was not notified until Monday, 1/5/26, and at that time she notified the state agencies (Licensing and Certification and Adult Protective Services) of the incident. The DON confirmed that the state agencies were not notified in a timely manner.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on record review, the facility policy and procedure for reporting and interview, the facility failed to notify the State Agency (Division of Licensing and Certification) of a resident -to-resident sexual altercation in a timely manner for 1 of 1 resident reviewed for a resident -to-resident sexual. altercation (Resident #28 [R28]). Finding:On 1/6/26, a review of R28's clinical record was completed. R28 is cognitively impaired and is wheelchair dependent. In the nurse note section, a note indicated on Saturday/1/3/25, in the afternoon, R28 was inappropriately sexually touched by a cognitively impaired male resident who is wheelchair dependent).A nurse note dated 1/5/26 (Monday), indicated the Director of Nursing and the Social Worker were notified of the resident-to-resident sexual altercation.On 1/8/26, a review of the facility Abuse-Risk Management Folder, under Take Action - (When an allegation of abuse is made), #3 Based on allegation: notify State agency, Adult Protective agency .A review of the facility Compliance with Reporting Allegations of Abuse/Neglect/Exploitation-Procedure for Response-#2a. Notify the appropriate agencies immediately: as soon as possible, but no later than 24 hours after discovery of the incident.On 1/8/26 at 8:31 a.m., in an interview with the surveyor, the Director of Nursing confirmed that the incident occurred on Saturday 1/3/26 and should have been reported to Licensing and Certification at that time. She stated she was not notified of the incident until Monday 1/5/26, at which time she notified the state agency (Licensing and Certification).</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on record review and interview, the facility failed to provide a written bed hold notice to a resident who was transferred to the hospital for medical evaluation for 1 of 3 closed record residents reviewed (R61). On 1/7/26, R61's clinical record was reviewed. On 2/24/25 R61 was transferred to the hospital for medical evaluation and treatment following a fall with major injury. The clinical record lacked evidence that R61 and/or R61's representative received a bed hold notice upon transfer. On 1/8/26 at 9:45 a.m., during an interview with a surveyor, the Licensed Social Worker stated she looked through the entire record and found several bed holds but not for the day in question. At this time the surveyor confirmed R61 did not receive a bed hold notice for the transfer to the hospital on 2/24/25.</p>		