

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  03/10/2026
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>Based on record review and interviews, the facility failed to provide pain management in a timely manner for 1 of 1 resident reviewed for pain management. (Resident #1 [R1])Finding:On 3/10/26 at 11:15 a.m., in an interview with the surveyor, R1 stated that they were discharged from the hospital and arrived at the nursing facility around 2:50 p.m. R1 stated they asked for pain medication because they were having pain in their fractured left leg. R1 stated they were told their medications had not arrived from the pharmacy and were waiting for a code from the pharmacy to get one out of the Cubex medication machine. (A Cubex medication machine is automated with dispensing cabinets that securely store, manages and tracks controlled substances. The facility pharmacy that provides the Cubex gives the facility nurse a code for them to open the Cubex machine and retrieve the narcotic to give to the residents). R1 stated they did not get pain medication until after 11:00 p.m.On 3/10/26, a review of R1's clinical record was completed. Documentation in R1's admission nurse's note indicated a pain scale number of 6 (1 being little to no pain and 10 being extreme pain). In addition, documentation indicated R1 has chronic hip and knee pain.Documentation in the hospital discharge orders indicated R1 had an order for Oxycodone (Roxicodone) 5 milligrams, take one tablet by mouth every 4 hours as needed for pain x 14 days.Documentation on R1's Medication Administration Record (MAR) indicated that R1 received the pain medication-Oxycodone at 11:05 p.m. with a documented pain scale number of 6. (approximately 8 hours after R1 requested pain medication)There was no evidence in R1's clinical record that indicated the facility attempted to contact a physician for alternate pain medication orders. There was no documented evidence that non-pharmaceutical interventions were attempted such as positioning, activities for distraction, discussing with R1 what may have helped relieve their pain in the past.On 3/10/26 at 1:00 p.m., in an interview with the surveyor, the Director of Nursing confirmed that there was no evidence to indicate that non-pharmaceutical interventions or attempts to contact a physician were done while waiting to get a code to open the Cubex medication machine.</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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