

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/21/2026
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)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 provide housekeeping services necessary to maintain the building in a sanitary, orderly, and comfortable environment for 1 of 1 days of observations. Findings: 1. On 7/21/26 at 9:00 a.m., and at 12:11 a.m., observations of room [ROOM NUMBER], the surveyor found the room to have a strong urine smell, a stand fan that was heavily covered in dust, the floors were dirty and the room was disorganized. 2. On 7/21/26 at 12:15 p.m., room [ROOM NUMBER] was observed to have large black markings on the wall next to the bed. On 7/21/26 at 12:25 p.m., during an interview with the Director of Nursing the surveyor confirmed the above findings.		

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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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. Based on observation, record reviews and interviews, the facility failed to ensure a care plan was accurately revised for 1 of 1 resident reviewed for transfers. (Resident #1 [R1])Finding:On 7/21/26 at 9:00 a.m., during an interview with R1, he/she stated that they are assisted with transfers with 1 staff person standing by to make sure he/she maintains their balance.On 7/21/26 at 9:10 a.m., during an interview with a staff member who was providing care to R1, they stated that R1 is a contact guard assist for all transfers. Explaining that all they have to do for R1 is stand by and make sure they keep their balance and doesn't fall. Explaining further that R1 has always been a contact guard assistance with one staff.On 7/21/26, during a clinical record review R1's Kardex (a list of how to provide care, used by staff) indicates that R1 transfers are listed as a totally dependent with 2 assists of staff for transferring. Review of R1's care plan has an intervention of resident being totally dependent 2 assist of staff for transferring.On 7/21/26 at 12:40 p.m., during an interview with Occupational Therapist, and a review of R1's therapy notes. It was determined that R1 is a contact guard assist for all transfers. The surveyor confirmed at this time that R1's care plan was not revised to reflect his/her current abilities.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observations, record review, and interviews, the facility failed to meet the personal hygiene preferences for 1 of 1 resident who are dependent on staff to complete Activities of Daily Living needs. (Resident #1 [R1]) Findings: On 7/21/26 at 9:00 a.m., a surveyor observed R1 with unclean hands and long jagged fingernails with a dark substance built up under and around the nails. Record review revealed R1 was assessed to need substantial assist by 1 staff for personal hygiene which includes nail care. On 7/21/26 during lunch service R1 was being assisted with their meal. His/her nails were observed to be long and jagged with a dark substance under and around his/her nails. On 7/21/26 at 12:25 p.m., during an interview with the Director of Nursing the surveyor confirmed the above findings.		

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F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. Based on record reviews and interviews, the facility failed to ensure that during the regulatory visit, the Provider reviewed the resident's total program of care, which included signing orders for medications and treatments listed on the physician block orders for 1 of 1 resident reviewed. Findings: 1. On 7/21/26, a review of R1's clinical record was completed. Documentation indicated that a required regulatory visit was conducted on 12/9/25. A provider progress note was completed on 12/9/25, but there was no evidence that the physician block order was signed. The facility was unable to provide evidence that the physician block order was signed on the day of the 12/9/25 required regulatory visit. R1's physician block orders were signed on 1/12/26 34 days after the regulatory visit. 2. Documentation indicated that a required regulatory visit was conducted on 2/12/26. A provider progress note was completed on 2/12/26, but there was no evidence that the physician block order was signed. The facility was unable to provide evidence that the physician block order was signed on the day of the 2/12/26 required regulatory visit. R1's physician block orders were signed on 3/8/26 24 days after the regulatory visit. 3. Documentation indicated that a required regulatory visit was conducted on 4/14/26. A provider progress note was completed on 4/14/26, but there was no evidence that the physician block order was signed. The facility was unable to provide evidence that the physician block order was signed on the day of the 4/14/26 required regulatory visit. R1's physician block orders were signed on 5/4/26 20 days after the regulatory visit. 4. Documentation indicated that a required regulatory visit was conducted on 6/4/26. A provider progress note was completed on 6/4/26, but there was no evidence that the physician block order was signed. The facility was unable to provide evidence that the physician block order was signed on the day of the 6/4/26 required regulatory visit. R1's physician block orders were signed on 6/29/26 25 days after the regulatory visit. On 7/21/26 at 12:05 p.m., during an interview with the Director of Nursing the surveyor confirmed this finding.		