STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205052	A. Building B. Wing	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Russell Park Rehabilitation & Living Center	158 Russell St Lewiston, ME 04240

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 50218 Based on observations and interviews, the facility failed to make reasonable accommodations to maintain the call system within reach for 2 of 3 residents (Resident #2) observed for call bells. Findings: 1. Observations of Resident #2 on 8/13/24 at 12:30 p.m., and 1:56 p.m., revealed call bell handing from wall and attached to a wiffleball lying the end of his/her bed and not in reach. 2. Observation of Resident #1 on 8/13/24 at 1:56 p.m. revealed call bell tucked under Resident #1 and not in reach. During interview on 8/13/24 at 1:57 p.m., Certified Nursing Assistant (CNA) #1 indicated that Resident #2 rarely uses the call bell, but the resident's roommate, Resident #1, will use call bell for him/her. During interview on 8/13/24 at 2:03 p.m., CNA #2 indicated Resident #1 typically rings for Resident #2. CNA #2 further indicated that all staff should be ensuring that call bells are in reach for all residents.

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
	205052	A. Building B. Wing	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Russell Park Rehabilitation & Living Center	158 Russell St Lewiston, ME 04240

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42531 Based on record reviews and interview the facility failed to ensure that clinical records were complete and contained accurate information for 1 of 3 sampled residents reviewed during a complaint investigation (Resident #3), in addition, the facility failed to ensure psychotropic medication orders included an appropriate diagnosis for 1 of 1 residents reviewed for medications (Resident #2). Findings: 1. Resident #3 was admitted on [DATE] and has diagnoses to include state 4 pressure ulcer on his/her coccyx. Review of signed provider orders active August 2024 reveled order with start date of 10/18/23 Resident information every two hours. Turn patient every 2 hours, waffle heel protectors at all times while in bed May remove for ADL's. Review of Resident #3's Treatment Administration Record dated August 2024 revealed nursing documentation indicating Resident #3 was repositioned every two hours from August 1st through 13th. Review of Resident #3's clinical record revealed positioning sheets between 7/11/24 through 8/13/24 lacked evidence that Resident #3 was repositioned every 2 hours. During an interview on 8/13/24 at 3:40 p.m., Resident #3 indicated staff are supposed to turn/reposition him/her every 2 hours and sign the repositioning sheet that it was done, but they don't do it like they're supposed to. At this time Resident #3 provided turn and reposition sheet dated 8/13/24 with multiple missing entries. During an interview on 8/13/24 at 1:05 p.m., Licensed Practical Nurse (LPN)1 indicated Resident #3 has a stage 4 pressure ulcer on his/her coccyx and is on a 2 hour repositioning schedule. LPN#1 indicated its assumed that CNAs are repositioning him/her every 2 hours and the nurses just sign off on it unless a CNA says otherwise. At this time RN reviewed turning sheets with surveyor and confirmed resident was not being turned as ordered. During an interview on 8/13/24 at 3:45 p.m., Certified Nursing Assistant (CNA)2 indicated that Resident #3 has a turning schedule for every 2 hours and he/she has a sheet staff are supposed to sign and if she refuses to be turned the sheet would still need to be signed as a refusal. During an interview on 8/13/24 at 3:05 p.m., CNA3 indicated that Resident #3 is on 2 hour reposition schedule and it needs to be signed, and if she refuses it [NAME] d be signed as a refusal and they should tell nurse. During an interview on 8/13/24 at 4:38 p.m., Director of Nursing confirmed with 2 surveyors Resident #3 does have an order for reposition every 2 hours and CNAs are supposed to document on bedside sheet when it has been done or was refused. Reviewed turning sheets and confirmed Resident #3 were not being done. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205052	A. Building B. Wing	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Russell Park Rehabilitation & Living Center	158 Russell St Lewiston, ME 04240

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	50218 2. Resident #2 was admitted to Facility on 5/2/24 with diagnosis to include encephalopathy and cerebral infarction resulting in restlessness and agitation . Review of Resident #2's active orders for August 2024 reveled the following: Sertraline 50mg tablet by mouth daily starting 5/29/24 (Diagnosis exempt), Lorazepam 0.5mg tablet by mouth two times daily starting 6/5/24 (restlessness and agitation), Trazodone 50mg tablet by mouth 2 times daily starting 8/10/24 (restlessness and agitation), Lorazepam 0.5mg tablet by mouth as needed starting 6/5/24 (restlessness and agitation). During interview on 8/13/24 at 4:43p.m., Director of Nursing confirmed Resident #2's phychotropic medications did not have appropriate diagnoses with 2 surveyors. Review of policy titled Psychoactive Medication Use Policy states .Procedure: . Psychoactive medications will only be used for residents with an appropriate diagnosis"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205052	A. Building B. Wing	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Russell Park Rehabilitation & Living Center	158 Russell St Lewiston, ME 04240

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** 42531 Based on record review, observations, interviews, Center for Medicare and Medicaid (CMS) guidance, and Center for Disease Control (CDC) guidance, the facility failed to maintain and implement an infection control program to help prevent the development and transmission of infectious disease for 3 of 3 residents reviewed for foley catheters (Residents #1, #2, and #3). Findings: Review of CMS guidance dated 3/20/24 states .Enhanced Barrier Precautions (EBP) recommendations now include use of EBP for residents with .indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status. indwelling medical device, and secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO. Contact precautions until the organism is identified; EBP if they do not meet criteria for contact precautions . Review of CDC guidance dated 4/2/24 states .EBP may be indicated (when Contact Precautions do not otherwise apply) for residents with any of the following: Wounds or indwelling medical devices, regardless of MDRO colonization status. Infection or colonization with an MDRO . Contact Precautions are intended to prevent transmission of infectious agents, like MDROs, that are spread by direct or indirect contact with the resident or the resident's environment. 1. Resident #1 was admitted to facility on 2/6/23 with diagnoses to include neurogenic bladder requiring a foley catheter. Review of Resident #1's clinical record lacked evidence he/she was placed on EBP upon admission. Further Review of Resident #1's clinical record revealed he/she was admitted to the hospital with urosepsis secondary to a urinary tract infection (UTI) on 1/27/24 through 1/31/24 and 7/29/24 through 8/7/24 for septic shock secondary to UTI. Review of Resident #1's Routine Microbiology collected 7/28/24 states Final report:100,000 cfu/ml Escherichia coli ESBL) 10,000-50000 cfu/ml Escherichia coli #2 presumptive. Further review of Resident #1's clinical record lacked evidence he/she was placed on contact precautions after this ESBL diagnoses. Observations of Resident #1 on 8/13/24 between 9:50 a.m. and 4:37 p.m., revealed no evidence that he/she was on contact precautions for ESBL infection. During an interview on 8/13/24 at 10:00 a.m., Practical Nurse (LPN)1 indicated Resident #1 did not have a current infection. During a follow up interview on 8/13/24 at approximately 3:34 p.m., LPN1 indicted she was unaware that Resident #1 had ESBL and has not been on any precautions since his/her admission. During an interview on 8/13/24 at 3:50 p.m., Certified Nursing Assistant (CNA)2 indicated that she was not aware that Resident #1 had an infection and was not aware of any precautions needed when providing care to Resident #1. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205052	A. Building B. Wing	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Russell Park Rehabilitation & Living Center	158 Russell St Lewiston, ME 04240

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	2. Resident #3 was admitted on [DATE] and has diagnoses to include history of urosepsis, and urine retention requiring a urinary catheter. Review of Resident #3's clinical record lacked evidence that he/she was placed on EBP precautions on admission. Review of Resident #3's clinical record revealed he/she was transferred to an acute care on and subsequently admitted with urosepsis secondary to a UTI on 3/30/24 through 4/5/24 and from 7/23/24 through 8/1/24 when he/she was admitted with septic shock) Further review of Resident #3's clinical record revealed Routine Microbiology results dated 5/4/24 states .The isolate above exhibits extended spectrum Beta Lactamase activity (ESBL).Further review of Resident #3's clinical record lacked evidence that he/she was placed on contact precautions after diagnosis of ESBL. On 8/13/24 at 1:05 p.m., Licensed Practical Nurse (LPN)1 indicated that Resident #3 has had a few UTI 's from his/her catheter and was not aware of ESBL diagnoses and has never been placed on any infection precautions. During an interview on 8/13/24 at 3:45 p.m., Certified Nursing Assistant (CNA) 2 indicated that no one has ever informed her that Resident #3 had an infection and has never been on any precautions. During an interview on 8/13/24 at 3:05 p.m., CNA3 indicated that no one has ever informed her that Resident #3 needed to be on precautions and does not know what precautions to take. During an interview on 8/13/24 at 4:38 p.m., Director of Nursing (DON) reviewed Resident #1 and #3's test results with 2 surveyors and Residential Care Director, confirming ESBL diagnoses and were not placed on contact precautions. DON also confirmed all three residents with catheters have had multiple infections and they were not placed on ESBL precautions on admission. DON stated, Now that I think of it, all residents with catheters should be on precautions. 50218 3. Resident #2 was admitted to the facility on [DATE] with diagnosis to include Retention of Urine, requiring an indwelling catheter. Observations of Resident #2 on 8/13/24 at 9:51 a.m, 12:30 p.m., 1:50 p.m., and 2:00 p.m., lacked evidence that that he/she was placed on Enhanced Barrier Precautions. Review of Resident #2's clinical record revealed order dated 8/2/24 for Macrobid100 mg capsule . orally two times daily for seven days for a urinary tract infection. During an interview on 8/13/24 at 10:01 a.m., Licensed Practical Nurse (LPN) #1 Indicated that there are three residents that have urinary catheters and are not on any precautions. During interview on 8/13/24 at 2:35 p.m., Director of Nursing (DON) indicated that any resident with a catheter should be on precautions. During follow-up interview at 3:01p.m., DON indicates that the facility follows CDC Guidelines.