STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205054	A. Building B. Wing	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mainegeneral Rehab & Long Term Care - Gray Birch	37 Gray Birch Drive Augusta, ME 04330

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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. Based on observations and interviews, the facility failed to ensure a resident was treated with dignity and respect for 1 of 3 residents reviewed during a complaint investigation (Resident #2).Observations of Resident #2 on 6/30/26 at 9:42 a.m., 11:32 a.m., 12:45 p.m., and 2:16 p.m., a urinary catheter was observed hanging from bedframe visible from door containing a yellow liquid. During an interview on 6/30/26 at 11:32 a.m., Resident #2 stated it bothers him/her that the foley can be seen from the door. During an observation of Resident #2 on 6/30/26 11/45 a.m., Licensed Practical Nurse (LPN)1 states that the foleys the facility uses have the cover attached and normally they are changed out on admission. At this time LPN1 observed Resident #2 and noted the foley is visible from the door and is not covered. Charge nurse stated that it's had to have been that way for a while because that's a hospital foley and not theirs and he/she has been back since last weekend (6/26/26) but should have been changed out, and at the very least covered.During an interview on 6/30/26 at 2:36 p.m., the above concern was discussed with Administrator .

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