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	01/14/2026

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

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(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 - Some	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 and maintenance services necessary to maintain the building in a sanitary, orderly, and comfortable environment on 2 of 2 units (Birches and Pines) and for a common area dining room for 1 of 1 facility tour (1/14/26). Findings:On 1/14/26 from 9:00 a.m. to 9:30 a.m., a surveyor did an Environmental Tour with the Administrator, the Environmental Services Supervisor, the Plant Operations Supervisor and a Maintenance Staff member in which the following findings were observed: Dining Room:- The base board heating unit, in a common area dining room, had broken apart metal heater covers that were broken apart exposing sharp fins and metal piping. Birches Unit- Resident room [ROOM NUMBER] - The privacy curtains were missing hooks, hanging down and in disrepair. The bathroom doorframes had chipped/missing paint creating uncleanable surfaces. - Resident room [ROOM NUMBER] - The walls by bed 2 had marred/chipped/missing paint. The bathroom doorframes and the walls by the sink had chipped/missing paint creating uncleanable surfaces. - Resident rooms 1, 2, 4, 5, 6, 10, 11, 14, 15, 18, 19, 20, and 21 had privacy curtains that had missing hooks, were hanging down and were in disrepair. - Birches shower room: The floor and the caulking around the base of the toilet were dirty/stained. The bottom right side of the shower wall had a hole in it. The suspended ceiling grid, above the window, was rusty.- The whirlpool room had a dirty floor and caulking around the base of the toilet.- Tub room [ROOM NUMBER] had rusty ceiling grids by the ceiling light and by the shower. Pines Unit- Resident room [ROOM NUMBER]A - The walls behind head of bed and below a hand sanitizer had chipped/missing paint creating uncleanable surfaces. - Resident room [ROOM NUMBER]A - The walls behind head of the bed 2 and where the television is mounted had chipped/missing paint creating uncleanable surfaces. - Resident room [ROOM NUMBER]A - The walls in the bathroom had chipped/peeling paint creating uncleanable surfaces.- Resident room [ROOM NUMBER]A: The walls behind the bed had scuffed/chipped paint creating uncleanable surfaces.- room [ROOM NUMBER]B: The wall behind the television was spackled and unfinished creating an uncleanable surface. On 1/14/26 at 9:30 a.m., in an interview with a surveyor, the Administrator, the Environmental Services Supervisor, the Plant Operations Supervisor, and a Maintenance Staff member confirmed the 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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, the facility's Dish Machine Temperature Logs, the facility's Refrigerator/Freezer Temperature Logs, and the facility's the facility's Food Storage policy/procedure, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for a water softening machine, food disposal units, floors, ceiling tiles, and ceiling lights; failed to ensure foods were covered/sealed and/or dated and labeled; failed to ensure dishes weren't wet stacked; failed to ensure refrigerators/freezers and dish washing machines temperatures were monitored/documented; and failed to ensure facial hair protection was used by staff with facial hair. Additionally, the facility failed to ensure that plumbing fixtures were properly installed to prevent backflow as required by the Maine State Plumbing Code for 2 of 3 days of survey (1/12/26 and 1/13/26).Findings:The direct connection of wastewater and potable water is in violation of the 10-114 State of Maine Rules Chapter 226, definition Section A, which defines an Air-Gap Separation - A physical separation between the free-flowing discharge end of a potable water supply pipeline and an open or non-pressure receiving vessel. An air-gap separation shall be at least twice the diameter of the supply pipe measured vertically above the overflow rim of the vessel - in no case less than one-inch (2.54 cm) and the Code of Federal Regulation, Title 21, Part 1250, Section 1250, 30 (d) states all plumbing shall be so designed, installed, and maintained as to prevent contamination of the water supply, food, and food utensils.The facility's Dish Machine Temperature Log policy/procedure noted:Policy: Dishwashing staff will monitor and record dish machine temperatures to assure proper sanitizing of dishes. Procedure: 1. Staff will monitor dish machine temperatures throughout the dishwashing process. 2. Staff will record dish machine temperatures for the wash and rinse cycles at each meal. The director of food and nutrition services will spot check this log to assure temperatures are appropriate and staff is correctly monitoring dish machine temperatures. The facility's Food Storage policy/procedure noted:Policy: .Food will be stored, at appropriate and by methods designed to prevent contamination or cross contamination. Procedure: 8. Plastic containers with tight fitting covers or sealable plastic bags must be used for storing grain products, sugar, dried vegetables, and broken lots of bulk foods or opened packages. All containers od storage bags must be legible and accurately labeled and dated. 13. Refrigerated food storage: b. Thermometers should be checked at least two times a day. f. All foods should be covered, labeled, and dated and routinely monitored to assure that foods(including leftovers) will be consumed by their safe use by dates, or frozen (where applicable), or discarded. 14. Frozen Foods: b. Freezer temperature should be checked at least two times each day. c. All foods should be covered, labeled, and dated. All foods will be checked to assure that foods will be consumed by their use by dates or discarded. The facility's General Food Preparation and Handling policy/procedure noted:Procedure: 1. The kitchen will be kept neat and orderly. a. The kitchen surfaces and equipment will be cleaned and sanitized as appropriate. 5. Equipment a. All food service equipment should be cleaned, sanitized, air-dried, and reassembled after each use. 1. On 1/12/26 from 8:20 a.m. to 9:30 a.m., a surveyor conducted an initial kitchen tour with the Food Service Director in which the following findings were observed:- The water softening machine, hooked to the dish washing machine, was heavily soiled with dirt and had dried liquid residue on it. - There were two food disposal units, in the dish room, that had dried food particles and dried liquid residue on them.- There were eighteen plate warmer lids, in the dish room, that had been wet stacked on a table and there were twenty-five clear plastic dessert cups that had dried liquid residue and dried soap on them that were on a dish rack. - The kitchen floor had dirt and trash on it around the edges and under the equipment. - There was a male kitchen worker, with facial hair, that was not wearing facial hair protection.- The ceiling light, in the dish room, had dried liquid residue on it. - There were two large bins of white powdery substances and one large bin with oatmeal in it that were not labeled and dated. - There was a metal container of noodles left uncovered on a counter.- (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The floor, under the shelf holding the large food bins, had an approximately two feet by two feet metal cover that had chipped/missing paint creating an uncleanable surface. - The food mixer had chipped/missing paint on the mix arm and the base. - The hood system, above the stove, was dusty/dirty. - The cook stove had dried liquid residue and dried food particles on it and the backsplash. - There were two ceiling lights that were dusty/dirty.- There was a ceiling vent and eight surrounding ceiling tiles, above a food preparation area, that were dusty/dirty. - The dry storage room floor was dirty and had trash on it around the entire room. The ceiling vent was dusty/dirty. - The walk-in refrigerator had a previously opened package of cheese that was not dated.- The walk-in freezer had large amounts of ice build-up on a box of pork, the ceiling, the floor and the shelving. Additionally, there was a previously opened package of pizza crusts that were not labeled and dated. - The utility closet had a cement floor that had chipped/missing paint creating an uncleanable surface. - The drainpipes for the ice machine were pushed into the drainpipe located next to the ice machine. The drain lines did not have an air gap as required. On 1/12/26 at 9:30 a.m., in an interview with a surveyor, the Food Service Director confirmed the findings. 2. On 1/12/26 at 12:25 p.m., two surveyors observed the following findings in the common area kitchenette:- The hood system, over the stove/grill, was dirty and greasy.- The stove/grill had dried food particles and dried liquid residue on the top and sides of it. - The bottom shelf of the metal table, under the stove/grill, was dirty and rusty. - There was a wall air vent, behind the metal table holding the stove/grill, that was heavily soiled with dust/dirt. On 1/12/26 at 12:30 p.m., in an interview with two surveyors present, the Food Service Director confirmed the findings. 3. On 1/13/26 at 2:30 p.m., a surveyor reviewed refrigerator/freezer temperatures and the dish machine wash/rinse temperatures and found multiple dates not monitored/documented for October, November and December 2025 and for January 2026. Dish Machine Temperature Logs: Dates not Monitored/Documented.October 2025: Wash - 30th for lunch and supper, 31st for supper Rinse -30th for lunch and supper November 2025:Wash and Rinse - 3rd for supper, 5th for lunch, 17th and 18th for supper, 19th and 20th for lunch and supper, 21st for supper, 24th for supper, 28th for supper, 30th-for lunch and supper. December 2025:Wash and Rinse - 1st and 2nd for breakfast and lunch, 7th for supper, 9th for breakfast and lunch, 12th for supper, 19th and 20th for supper, 27th at supper, 30th for lunch, 31st for breakfast and lunch. January 2026: Wash and Rinse - 1st- 5th for breakfast, lunch and supper. 6th for lunch. On 1/13/26 at 2:40 p.m., in an interview with the Food Service Director, the surveyor confirmed the above findings.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observations, interviews and record reviews, the facility failed to inform visitors and staff of an Influenza outbreak. Furthermore, the facility failed to maintain an Infection Control Program designed to provide a sanitary environment to help prevent the development and transmission of disease and infection related to the use of Personal Protective Equipment (PPE) for 2 of the 3 days of survey.Findings: 1. On 1/12/26 at 8:00 a.m., no signage was noted upon entering the facility regarding active Influenza cases in the building. On 8/12/26 at 8:39 a.m., in an interview with 3 surveyors present, the Director of Nursing informed the surveyors that they are currently in a Flu outbreak, with 2 residents on Pines Unit and 1 resident on Birches Unit. She discussed that the last positive case of the Flu was on 1/9/26. At this time, the surveyor asked if signage should be posted upon entrance to the facility alerting visitors of the Flu outbreak. The DON stated there should be. At this time the surveyor showed the DON that there is no signage upon entering the facility to alert visitors. 2. On 1/12/26 at 11:46 a.m., 2 surveyors observed RN #1 (Registered Nurse) carrying a lunch tray into a contact precaution room, rearranging items in the resident's room, and placing the lunch tray down on the side table without Personal Protective Equipment (PPE). She was then observed exiting the room, applying hand sanitizer, and then going to the medication cart. At this time, a surveyor asked RN # if the resident was on any precautions, RN # stated they are on contact precautions. When the surveyor asked why she did not follow precautions upon entering the room, she stated she normally gowns up when providing care. At this time RN # confirms she did not follow the precautions prior to entering the resident's room. On 1/12/26 at 11:49 a.m., 2 surveyors observed a CNA (Certified Nursing Assistant) carrying a lunch tray, entering a resident room without PPE, stepping out of the resident's room, looking at the droplet precaution sign, then walking fully into the resident's room and placing the lunch tray on the resident's bedside table. When a surveyor asked CNA # what PPE was supposed to be worn upon entering this resident's room, the CNA was able to tell the surveyors what PPE was needed. On 1/12/26 at 2:38 p.m., in an interview with the DON a surveyor confirmed the lack of PPE usage. 3. On 1/14/26 at 8:51 a.m., a surveyor observed LPN #1 (Licensed Practical Nurse) disconnect Resident #7 from his/her tube feed. The surveyor observed the LPN#1 wear a gown and gloves only and questioned LPN#1 why he/she did not wear a mask for the task and they did not respond. On 1/14/26 at 9:22 a.m., in an interview with a surveyor, the DON stated that staff follows the EBP (Enhanced Barrier Precaution) policy when preforming tube feed tasks. The facilities EBP states under Procedure for the use of eye protection, the first bullet, Masks and eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields shall be worn together whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye nose, or mouth contamination can be expected. On 1/14/26 at 9:14 a.m., in an interview with a surveyor, the DON confirmed that the facility's PPE expectation for Jejunostomy tube feeds is to wear a mask and that the LPN should have worn a mask along with the gown and gloves. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. A review of Resident #9's clinical record revealed that he/she was recently diagnosed with Influenza A and is on Droplet Transmission Based Precautions (TBP). On 1/12/26 at 12:23 p.m., a surveyor observed a Droplet Precautions sign hanging on the outer door frame of Resident #9's room. At this time, Certified Nursing Assistant (CNA) #2 exited Resident #9's room wearing a mask, gown, and gloves. CNA #2 stepped into the hallway and proceeded to doff (take off) her PPE and discard it into an uncovered trash can located in the hall outside of the room. The surveyor observed the sleeves of the discarded gown hanging over the outside of the trash can. Without sanitizing her hands, CNA#2 then removed a clean mask from the PPE bag hanging on the front of the door of the room next to Resident #9's room and donned (put on) the mask. CNA #2 then approached the meal cart in the hall containing the residents' lunch trays and began to place her hand on the cart. At this time, the surveyor intervened, and CNA #2 stated that she usually doffs PPE in the room and sanitizes her hands after but that she forgot and then proceeded to sanitize her hands. 5. A review of Resident #19's clinical record revealed that he/she has a diagnosis of Vancomycin Resistant Enterococcus (VRE) and indicated that he/she is on Contact TBP. On 1/12/26 at 10:33 a.m., a surveyor observed a Contact Precautions sign hanging on the outer door frame of Resident #19's room. The sign indicated PPE was to be worn for all resident contact and contact with the resident's environment. On 1/12/26 at approximately 10:40 a.m. during an interview, Registered Nurse (RN) #5 stated that all staff should wear a gown and gloves PPE for any contact with Resident #19 and his/her environment because he/she is on Contact precautions. On 1/12/26 at 12:38 p.m. during an observation of the lunch meal delivery service, CNA #3 removed Resident #19's meal tray from a cart located in the hall and without donning PPE, entered Resident #19's room and set up his/her meal tray on his/her over-the-bed table. CNA #3 then exited the room and sanitized her hands. During an interview at this time, CNA #3 stated that she does not wear PPE to deliver meal trays to residents on Contact precautions. The surveyor pointed out the Contact precautions sign to CNA #3 and that it indicated PPE for all resident/resident environment contact. CNA #3 then stated she would have to check with the nurse to verify if she should wear PPE. On 1/12/26 at 12:48 p.m. the above findings were discussed during an interview with the Unit Manager. At this time, the Unit Manager stated that for residents on EBP, trash cans are located inside the resident's room, but for residents on TBP, larger trash cans are needed and that the large trash cans do not fit in the resident rooms, so they are placed in the hallway. The Unit Manager then confirmed that staff should be doffing their PPE inside the resident's room and then placing the PPE in the trash can located in the hall.

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. Based on record review and interview, the facility failed to identify a resident's current diagnosis of Post-Traumatic Stress Disorder (PTSD)/trauma to determine what trigger(s) might cause re-traumatization for 1 of 1 resident reviewed with a current diagnosis of PTSD (Resident #9).Finding:Resident #9 was admitted in 2024 with a diagnosis to include post-traumatic stress disorder.Review of Resident #9's active trauma informed care plan lacked evidence of his/her triggers for the resident's PTSD diagnoses.Review of Resident #9's Quarterly Minimum Data Set (MDS) 3.0 created 10/9/25, Section I, Active Diagnoses, Psychiatric/Mood Disorder, I6100 was coded to indicate Resident #9 had an active diagnosis for Post Traumatic Stress Syndrome (PTSD). The surveyor was unable to find information in the clinical record that indicated what Resident #9's PTSD was caused by or what events might cause re-traumatization.On 1/13/26 at 3:28 p.m., In a interview with the social worker, the surveyor confirmed that Resident #9s care plan did not include PTSD triggers.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation and interview, the facility failed to ensure expired medications were removed from available supply in 1 of 3 medications carts observed. Findings:On 1/13/26 at 10:47 a.m. on Pine Unit during an observation of medication cart #3 the surveyor found Resident #9's Capsaicin Cream 0.1% 2oz with a use by date of 11/2025, and anti-Diarrheal 2 milligram, Loperamide Hydrochloride tablets with a use by date of 8/2025. On 1/13/26 at 10:50 a.m. in an interview with Registered Nurse #1, the surveyor confirmed the expired medications were not removed from available supply.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observation and interview, the facility failed to ensure that garbage and refuse were disposed of in a manner to prevent pest infestation for 1 of 3 survey days. (1/12/26). Findings: On 1/12/26 between 8:20 a.m. to 9:30 a.m. during an initial kitchen tour, a surveyor observed a dumpster with the top left lid open exposing refuse. On 1/12/26 at 9:30 a.m., in an interview with the Food Service Director, the surveyor confirmed that the dumpster lid was observed open exposing refuse.

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F 0755 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on record review and interview, the facility failed to ensure that the licensed medication administration personnel coming on duty and going off duty signed the shift count logbook indicating that they counted all Scheduled II controlled substances and other medications with a risk of abuse or diversion at the change of shirt for 6 of 6 controlled log books reviewed for several shifts between 6/13/25 and 1/9/26.Findings:On 1/13/26 at 7:51 a.m. the surveyor observed Pine unit medication cart #1's control logbook with several missing signatures on the following dates and times: 10/8/25 at 10:00 p.m., and 10/9/25 6:00 a.m.On 1/13/26 at 10:25 a.m. the surveyor observed Pine unit medication cart #2's control logbook with several missing signatures on the following dates and times: 1/9/26 at 7:00 p.m., 1/1/26 at 7:00 a.m., 12/30/25 at 7:00 p.m., 12/21/25 at 7:00 p.m., and 11/26/25 at 7:00 a.m.On 1/13/26 at 10:40 a.m. the surveyor observed Birches unit medication cart #3's control logbook with several missing signatures on the following dates and times: 12/19/25 at 7:00 a.m., 9/26/25 7:00 a.m., 9/24/25 7:00 a.m., and 9/17/25 at 7:00 a.m.On 1/13/26 at 11:20 a.m. the surveyor observed Pine unit medication cart #4's control logbook with several missing signatures on the following dates and times: 12/30/25 at 7:00 p.m., 12/25/25 at 7:00 p.m., 7/28/25 at 7:00 a.m. and 7:00 p.m., and 6/13/25 at 7:00 p.m.On 1/13/26 at 11:20 a.m. the surveyor observed Birches unit medication cart #5's control logbook with several missing signatures on the following dates and times: 11/26/25 at 7:00 a.m., 9/14/25 at 7:00 a.m., and 6/17/25 at 7:00 a.m.On 1/13/26 at 11:56 a.m. the surveyor observed Birches unit medication cart #6's control logbook with several missing signatures on the following dates and times: 1/8/26 at 7:00 a.m., 12/30/25 at 7:00 a.m., 12/19/25 at 11:00 p.m., and 12/19/25 at 7:00 p.m.On 1/13/26 at 12:36 p.m. in an interview with a surveyor the Director of Nursing confirmed the above findings.