

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/17/2026
NAME OF PROVIDER OR SUPPLIER Clover Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 440 Minot Ave Auburn, ME 04210	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure clearly visible signage was posted at the facility entrance to alert visitors of an active respiratory outbreak one of one day of survey. Finding: On 2/17/26 at 7:45 AM the Director of Nursing (DON) approached surveyors and advised them to wear a mask due to an active coronavirus outbreak within the facility. The DON stated there were thirteen (13) active coronavirus cases on the [NAME] unit and one (1) active coronavirus case on the [NAME] unit. The surveyor discussed concerns regarding the absence of visible signage at the facility entrance alerting visitors to the respiratory outbreak when the survey team entered the facility at 7:00 AM, the DON then showed the surveyor a sign taped to the [top] reception desk stating all visitors must wear masks, however, observation confirmed the sign was not readily visible upon entry into the facility.</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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