

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Ross Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 758 Broadway 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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>51669</p> <p>Based on interviews, policy review, and record review, the facility failed to ensure staff reported an allegation of physical abuse immediately for 1 of 1 residents reviewed during a complaint investigation. (Resident #1[R1])</p> <p>Finding:</p> <p>A review of the facility's policy, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, revised 02/2023, under the heading, on page 1, Reporting Allegations to the Administrator and Authorities, states, 1. If resident abuse is suspected, the suspicion must be reported immediately to the administrator .2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing/certification agency .3. Immediately is defined as: a. within two hours of an allegation involving abuse .</p> <p>On 11/12/24 at 3:24 p.m., the Division of Licensing and Certification received a reportable incident from the facility, alleging that on 11/11/24 at 9:30 p.m., a Certified Nursing Assistant (CNA #2) witnessed CNA #1 grab R1 by the left thumb and twist R1's arm behind his/her neck, causing bruising on his/her left thumb.</p> <p>Review of the incident form revealed that CNA #2 failed to report the allegation until 11/12/24 at 2:25 p.m., allowing the perpetrator to continue providing care to R1 on 11/11/24 into 11/12/24.</p> <p>A review of CNA#2's employee file revealed a follow-up conversation between CNA #2 and the Director of Nursing (DON), dated 11/15/24, stating that CNA#2 was asked if she reported the situation between CNA#1 and R1 to the charge nurse after it happened, and CNA #2 stated she didn't. The DON asked why, and CNA #2 stated that she didn't feel like anything would get done about it. The DON re-educated CNA #2 that if there is any question of alleged abuse, physical or verbal, that it needs to be reported immediately.</p> <p>On 12/6/24 at 10:00 a.m., during an interview with the DON, 2 surveyors confirmed that CNA #2 failed to report the allegation of resident physical abuse immediately.</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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