STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205064	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ross Manor	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 35904 Based on observations and interviews, the facility failed to ensure that a resident requiring feeding assistance was done in a dignified manner for 1 of 2 residents observed requiring feeding assistance (Resident #28 [R28]). Finding: On 5/16/24 between 8:28 a.m. through 8:35 a.m., a surveyor observed Certified Nursing Assistant #2 (CNA2) feeding R28 while standing at the side of the table, facing away from R28, talking to another staff. CNA2 used a spoon to pick up food, looked at R28 briefly to find placement of food in R28's mouth, then looked away and continued conversation with another staff. On 5/16/24 at 8:40 a.m., in an interview with CNA2, a surveyor confirmed the above finding. On 5/16/24 at 8:56 a.m. in an interview with Registered Nurse #2, a surveyor confirmed the above finding that CNA2 was not feeding R28 in a dignified manner.

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
	205064	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ross Manor	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)
F 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give the resident's representative the ability to exercise the resident's rights. 49635 Based on record review and interviews, the facility failed to review an Advance Beneficiary Notice with a resident's legal guardian for 1 of 4 residents reviewed for beneficiary notices (Resident #147 [R147]). This had the potential to prevent R147's right to appeal discharge. Findings: On 05/15/24, record review indicated R147's admitting diagnosis included bimalleolar fracture of right ankle and intellectual disability. Therapy documentation dated 11/4/23 indicated R147 is intellectually challenged and functions at a 5 year old level. The record identified a legal guardian as the responsible party for medical and financial decisions. However, the record revealed that on 12/16/23 the Advance Beneficiary Notice was signed by R147, not the legal guardian. On 5/15/24 at 11:40 a.m., in an interview with a surveyor, the Licensed Social Worker stated R147 should not have signed, R147 was not able to. On 05/15/24 at 12:16 p.m., in an interview with a surveyor, the Program Director of Therapy stated the notice should have been signed by the legal guardian. At this time a surveyor confirmed the Advance Beneficiary Notice was not reviewed with the legal guardian.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205064	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ross Manor	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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49635 Based on record reviews and interview, the facility failed to ensure a resident's right to formulate an advanced directive regarding code status (cardiopulmonary resuscitation [CPR]) was accurate in the electronic record for 2 of 6 residents reviewed for advanced directives (Resident #53 [R53] and Resident #68 [R68]). Findings: 1. On [DATE] at 2:05 p.m., review of R53's electronic record revealed a face sheet and provider order indicated under the advanced directive heading, CPR, Full Code. Review of R53's paper chart revealed a form signed by the R53's power of attorney on [DATE] indicating the code status of do not resuscitate (DNR). On [DATE] at 10:34 a.m., in an interview with a surveyor, the Director of Nursing reviewed R53's electronic and paper record and confirmed that R53's clinical record contained two different directions for code status. 2. On [DATE] at 10:16 a.m., review of R68's electronic record revealed a face sheet which indicated under the advanced directive heading, CPR. The provider order reflected full code status. Review of R68's paper chart revealed a form signed by the R68 on [DATE] indicating the code status of do not resuscitate (DNR). On [DATE] at 10:34 a.m., in an interview with a surveyor, the Director of Nursing reviewed R68's electronic and paper record and confirmed that R68's clinical record contained two different directions for code status.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205064	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ross Manor	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)
F 0640 Level of Harm - Potential for minimal harm Residents Affected - Some	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. 33242 Based on record reviews and interview, the facility failed to transmit a quarterly and annual Minimum Data Set 3.0 (MDS) electronically to the State MDS database within 14 days of completion for 2 of 2 sampled residents reviewed for Resident Assessment (Resident#3 [R3], Resident#4 [R4]). Findings: On 5/15/24 at 1:52 p.m., during an interview with a surveyor, the MDS Registered Nurse (RN) and a surveyor reviewed the following: 1. R3's annual MDS was completed on 4/2/24. The clinical record lacked evidence of this being transmitted to the State MDS database. 2. R4's quarterly MDS was completed on 4/2/24. The clinical record lacked evidence of this being transmitted to the State MDS database. During this interview, the MDS RN submitted the above MDS and they were accepted.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205064	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ross Manor	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)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. 32540 Based on record review and interview, the facility failed to incorporate recommendations from the Preadmission Screening Resident Review (PASARR) level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care for 1 of 1 sampled resident (Resident #77 [R77]). Finding: On 05/14/24 at 8:25 a.m., during a record review of R77's record, the PASARR II dated 3/7/24 has the PASRR determination explanation the R77 met the State of Maine's definition for serious mental illness due to a diagnosis of schizoaffective disorder, anxiety disorder and major depressive disorder, these diagnosis has led to intermittent functional limitations in interpersonal functioning, concentration or adaptation to change causing significant distress and impairment in R77's ability to function independently. R77's PASRR recommended: Specialized services for ongoing service or support with ongoing psychiatric services by a psychiatrist to evaluate response and effectiveness of psychotropic medications on target symptoms, modify medication orders, and to evaluate ongoing need for additional behavioral health services. Rehabilitative services: Service or Support for socialization/leisure/recreation activities, family involvement in R77's care and supportive counseling from nursing facility staff. On 05/16/24 at 9:11 a.m., in an interview with the Licensed Social Worker conditional (LSW), She stated that she was new to working with PASRR level II's, she was used to the level II's having to do with therapy and not psychiatry. She stated because she was unfamiliar with what she had to do, and confirmed she hadn't done anything. As of 5/16/24, an order was received for a referral to a local psychiatrist for geriatric psych services and psych evaluations and to treat as appropriate.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205064	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ross Manor	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)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. 35904 Based on record review and interviews, the facility failed to provide services to maintain and/or improve residents' highest level of functional mobility. The facility failed to provide Resident Restorative Nursing as outlined in care plan for 1 of 1 sampled resident (Resident #87 [R87]). Finding: Resident #87's care plan for need/preference, approach, goal dated 3/28/24 that directs staff to establish a restorative nursing program for me. R87's Restorative charting has an order for Nursing Rehab/Functional Maintenance Plan: PASSIVE RANGE OF MOTION DATE: 5/2/24 PROBLEM: Decreased range of motion/functional mobility r/t (related to): Disease process, GOAL: Resident will have no further loss of ROM (range of motion)/functional mobility x 3 months INTERVENTIONS: Perform PROM (passive range of motion) to LE (lower extremities) for 15 minutes QD (every day). The facility was not able to provide any documented evidence that R87 received his/her PROM as directed by his/her Restorative plan on 4/1/24, 4/2/24, 4/4/24 through 4/7/24, 4/9/24 through 4/16/24, 4/20/24, 4/21/24, 4/24/24, 4/25/24, 4/27/24, 4/28/24, 4/30/23, 5/2/24 through 5/5/24, and from 5/8/24 through 5/15/24, 34 of 45 days. On 5/16/24 at 9:21 a.m., during an interview with the Director of Nursing a surveyor confirmed the above finding.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205064	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ross Manor	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 32540 Based on record reviews and interviews the facility failed to ensure physicians orders were followed for the use of sliding scale insulin order for 1 of 5 residents reviewed for unnecessary medications. (Resident#19 [R19], Resident #51 [R51]). Findings: 1. R19's clinical record contained a physician order to check blood sugar levels 4 times a day and a physician order to use sliding scale Insulin Aspart for Blood Glucose (BS) readings of 201-250 give 4 units, 251 - 300 give 6 units, 301-350 give 8 units, 351-400 give 10 units, greater than 400 call physician for administration instructions. A review of R19's Task Med Tech Medication Administration Record, (MAR) for May 2024 has the following documented: On 5/3/24 at 11:00 a.m., documentation showed that R19's BS was 254; documentation shows that R19 received 4 units of Aspart Insulin. The sliding scale indicates that for a BS of 254 he/she should have received 6 units of Aspart Insulin for coverage at that time. On 5/4/24 at 8:00 a.m., documentation showed that R19's BS was 90; documentation shows that R19 received 4 units of Aspart Insulin. The sliding scale indicates that R19 should not have received any Aspart Insulin coverage at that time. On 5/5/24 at 11:00 a.m., documentation showed that R19's BS was 276; documentation shows that R19 received 4 units of Aspart Insulin. The sliding scale indicates that R19 should have received 6 units of Aspart Insulin for coverage at that time. On 5/12/24 at 4:00 p.m., documentation showed that R19's BS was 266; documentation shows that R19 did not receive any Aspart Insulin. The sliding scale indicates that R19 should have received 6 units of Aspart Insulin for coverage at that time. On 5/15/24 at 8:15 a.m., during an interview with the Director of Nursing (DON), R19's MAR was reviewed, and the above findings were confirmed by the surveyor. 35904 2. R51's clinical record contained a physician order to check blood sugar (BS) levels 4 times a day and a physician order to use Insulin Lispro for BS readings greater than 300. If BS is greater that 300 give 5 units of Lispro. A review of R51's MAR for May 2024 has the following documented: On 5/11/24 at 4:00 p.m., documentation showed that R51's BS was 165; documentation shows that R51 received 5 units of Lispro. R51 should not have received Lispro 5 units for coverage at that time because BS was below 300. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205064	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ross Manor	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/16/24 at 10:44 a.m., during an interview with the DON, a surveyor reviewed the MAR for R51 with the DON and confirmed the above finding.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205064	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ross Manor	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 49635 Based on record review and interviews, the facility failed to provide supervision for resident safety when they sent a resident out to an appointment in the community independently for 1 of 1 residents reviewed (Resident # 147 [R147]). Findings: On 5/15/24, record review indicated R147's admitting diagnosis included bimalleolar fracture of right ankle and intellectual disability. Therapy documentation dated 11/2/23, indicated R147's baseline needs include assistance from a caregiver 24 hours a day, 7 days a week for cognitive deficits, and safety awareness deficits. The record identified a legal guardian for decision making. A physician order indicated R147 was to be accompanied by a staff member for the scheduled follow up appointment on 12/14/23. On 5/15/24 at 10:40 a.m., in an interview with a surveyor, the Unit Manager stated staff did not accompany R147 to the appointment due to a miscommunication, as the facility thought a member from R147's group home would be there instead. On 5/15/24 at 10:50 a.m., in an interview with a surveyor, the Certified Nursing Assistant (CNA) stated R147 was transported to the appointment by Capitol's wheelchair van service. CNA did not accompany R147 until after the facility received phone calls of complaint for not sending staff to supervise the resident. At this time the surveyor confirmed the resident was not accompanied by a staff member to the appointment for safety and supervision.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205064	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ross Manor	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)
F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. 35904 Based on record reviews and interviews, the facility failed to ensure the physician reviewed the resident's total program of care, which included signing orders for medications and treatments listed on the Physician Orders (block orders) in a timely manner for 1 of 6 sampled residents (Residents #13 [R13]). Finding: Documentation in Resident #13's clinical record stated the Physician signed Physician Orders (block orders) on 2/16/24. These orders were in effect for 60 days. The next Physician Orders (block orders), including a 10-day grace period, needed review and the Physician's signature by 4/26/24. The medical record lacked evidence that the Physician reviewed and signed orders on or around 4/26/24. On 5/16/24 at 9:00 a.m. in an interview with the Director of Nursing, a surveyor confirmed that the Physician Orders (block orders) were late and they are unable to find another one that was reviewed and signed as of 5/16/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205064	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ross Manor	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 17282 Based on record review, Wound Care Policy and Procedure review, observation and interview, the facility failed to ensure that the infection control practices according to the facility's Wound Policy and Procedure during a pressure ulcer dressing change was followed for 1 of 2 sampled residents with a Stage 3 or higher pressure ulcer (Resident #83 [R83]). Finding: On 5/15/24, a review of R83's clinical record was completed. R83 is diagnosed with insulin dependent diabetes, obesity, status/post acute respiratory failure with hypoxia, kidney failure, hypotension, deep vein thrombosis, and a healing Stage 4 pressure ulcer on the sacrum. In the physician order section, the pressure ulcer treatment is to cleanse with Normal Saline and pat dry. Apply Lotrisone cream (antifungal antibiotic and topical steroid cream) around pressure ulcer wound, pack wound with Aquacel with Silver and cover the wound with Mepilex (absorbent foam dressing). Change daily and as needed. A review of the Wound Care Policy and Procedure indicated under the 'Steps in the Procedure', number 1, Use disposable cloth (paper towel is adequate) to establish a clean field on the resident's overbed table. Place all items to be used during procedure on the clean field. On 5/16/24 at 9:45 a.m., an observation of R83's dressing change, performed by Registered Nurse #1 (RN1) was done. RN1 used R83's overbed table to place her treatment supplies on. On the overbed table was a cellphone, a book, mug of water and a wash basin with used bath water. RN1 removed the washbasin. A ring of dirty wash water was left on bedside table and RN1 placed the sterile packages of sponges and Aquacel on the standing water and placed the cap to the Normal Saline spray bottle open side down on the soiled table. RN1 did not make a clean field on the overbed table prior to placing the treatment supplies on the table. On 5/16/24, at approximately 10:15 a.m., the surveyor discussed the lack of a clean field with RN1. RN1 confirmed she did not place a clean field on the overbed table prior to placing her treatment supplies on the table.