

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 06/10/2026
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)		
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on facility policy review, record reviews, and interviews, the facility failed to ensure that resident(s) and/or resident representative(s) were provided with written information and/or follow-up, concerning the right to accept or refuse medical or surgical treatment and/or formulate an advanced directive, or appoint a surrogate for 3 of 10 residents reviewed for advanced directives (Resident 98 [R98], R36, and R6). Findings: Review of policy Advance Directives revised 3/25 states .The resident has the right to formulate an advance directive, including the right to accept or refuse medical or surgical treatment .Prior to or upon admission of a resident, the social services director or designee inquires of the resident, his/her family members and/or his or her legal representative, about the existence of any written advanced directives; The resident or representative is provided with written information concerning the right to refuse of accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so. If the resident or representative indicates that he or she has not established advance directives. The resident or representative is given the option to accept or decline assistance .Nursing staff will document in the medical record the offer to assist and the residents decision to accept or decline assistance. Information about whether or not the resident has executed an advance directive is displayed prominently in the medical record in a section of the record that is retrievable by any staff . 1. Resident #98 was admitted in December of 2025. A review of Resident #98's entire clinical record lacked evidence that the facility provided resident and/or resident's representative written information concerning the right to accept or refuse medical or surgical treatment and/or formulate an advance directive. 2. Resident #36 was admitted in April of 2026. A review of Resident #36's entire clinical record lacked evidence that the facility provided resident and/or resident's representative written information concerning the right to accept or refuse medical or surgical treatment and/or formulate an advance directive. On 6/10/26 at 7:30 a.m., in an interview with the surveyor, the Licensed Social Worker confirmed that they had not located an advanced directive for R36. (continued on next page)		

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. R6 was admitted in April of 2026. A review of R6's clinical record lacked evidence that the facility followed up with the resident and/or resident representative concerning the right to accept or refuse medical or surgical treatment and/or formulate an advance directive. The documentation provided by R6's resident representative dated 11/4/17 Ross Manor Advanced Directive was not signed by the resident or resident representative. R6's Social Service Initial Evaluation dated 5/1/26 states 17. Advance Directive: a. Living Will. There is no evidence in the medical record of a Living Will. On 6/9/26 at 12:45 p.m. in an interview with the Social Worker, a surveyor confirmed that they did not follow up with R6 or his/her resident representative regarding the unsigned Ross Manor Advanced Directive dated 11/4/17.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, record review, observations, and interviews, the facility failed to adequately ensure medications and biologics were stored at appropriate temperatures in 2 of 3 refrigerators observed for 4 of 4 months of medication refrigerator logs reviewed ([NAME] Unit and [NAME] Unit). Additionally, the facility failed to ensure medications were removed from medication cart after discharge for 1 of 7 carts reviewed ([NAME] Unit). Findings: 1. Review of the [NAME] Treatment cart with Registered Nurse (RN)#2 on 6/9/26 at 9:02 a.m., revealed the following medications belonging to a resident that was discharged on 5/19/26, available for use: (1) Multi-use vial of insulin Lispro, (1) Novolin R100 flex pen, and (1) multi-use vial of insulin Lantus. At this time RN#2 stated they were supposed to take the medications out within 2-3 days of discharge. 2. Review of Medication Storage policy dated 1/25 states Medications requiring refrigeration or temperatures between 2 C (36 F) and 8 C (46 F) are kept in a refrigerator with a thermometer to allow temperature monitoring. A temperature log or tracking mechanism is maintained to verify that temperature has remained within accepted limits. The temperature of any refrigerator that stores vaccines should be monitored and recorded twice daily. If no vaccines are stored in the refrigerator, document temperature checks at least once daily. On 6/9/26 at 11:05 a.m., observation of [NAME] Unit medication refrigerator, which contained insulins Novolog, Lantus, and Lispro, as well as Ativan, Tuberculin, and COVID vaccinations. Review of Med Room Fridge Temperature Log: [NAME]: states Required Temperature Range: 35F-46F: If not in this range notify maintenance immediately revealed the following: - Temperature logs from March 1, 2026, through March 31, 2026, lacked evidence temperatures were taken on 3/1/26, 3/2/26, 3/6/26, 3/9/26, 3/21/26, 3/22/26, 3/25/26, 3/27/26, 3/30/26 or 3/31/26. During the day shift on 3/13/26, 3/14/26, 3/15/26, 3/17/26, 3/20/26, or during the evening shift on 3/16/26, or 3/19/26. - Temperature logs from April 1, 2026, through April 30, 2026, lacked evidence temperatures were taken on 4/5/26, 4/9/26, 4/10/26, 4/17/26, or 4/26/26. During the day shift on 4/3/26, 4/11/26, 4/12/26, 4/20/26, 4/24/26, or 4/28/26. During the evening shift on 4/2/26, 4/8/26, or 4/16/26. - Temperature logs from May 1, 2026, through May 31, 2026, lacked evidence temperatures were taken on 5/16/26, 5/17/26, 5/21/26, 5/22/26, 5/23/26, 5/24/26, 5/29/26, 5/30/26 or 5/31/26. During the day shift on 5/9/26, 5/10/26, 5/15/26, or 5/26/26. During the evening shift on 5/11/26. - Temperature logs from June 1, 2026, through June 8, 2026, lacked evidence temperatures were taken 6/3/26, or during the day shift on 6/3/26, 6/4/26, 6/5/26, or 6/7/26. Review of Med Room Fridge Temperature Log LTC Med Room states Required Temperature Range: 35F-46F: If not in this range notify maintenance immediately revealed the following: - Temperature logs from March 1, 2026, through March 31, 2026, showed 22 of 57 temperatures were out of range. Temperatures were not documented during the day shift on 3/9/26, 3/15/26, 3/23/26, 3/28/26 or 3/29/26. - Temperature logs from April 1, 2026, through April 30, 2026, showed 49 of 60 temperatures were out of range. - Temperature logs from May 1, 2026, through May 31, 2026 showed 41 of 62 temperatures were out of range. - Temperature logs from June 1, 2026, through June 8, 2026, showed 15 of 16 temperatures were out of range. On 6/9/26 at 11:32 a.m., with 3 surveyors present, the Quality Improvement Project Manager (QIPM) stated that if medication refrigerator temperatures were not in range, she would double check the temperatures again and if it was still an issue, she would notify maintenance. At the time the refrigerator logs were reviewed with QIPM and above concerns were (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	confirmed. Interview on 6/9/26 at 11:02 a.m., the Nurse Manager confirmed that vaccinations and insulins were kept in both the [NAME] and [NAME] medications refrigerators, and the temperatures are supposed to be logged, if they are over or under temperature, the first thing they need to do is recheck the temperature, if it is still off they should notify maintenance. Interview on 6/9/26 at 2:18 p.m., the Maintenance Director stated, if there was an issue with the medication refrigerators, he would address it or replace the refrigerator. In presence of 5 surveyors the Maintenance Director stated he has not received any work orders for the medication refrigerators.		

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, and facility policy review, the facility failed to ensure that food was stored and served in accordance with professional standards for food service safety by failing to ensure foods were sealed, labeled, and dated in 2 reach-in refrigerators and a walk-in freezer for 1 of 2 kitchen tours and by failing to ensure staff perform hand hygiene during a breakfast service observation on 1 of 3 days of survey (6/10/26). Additionally, the facility failed to monitor refrigerator and dish machine temperatures for 3 of 4 months reviewed (March, April, and May). Findings: Review of facility policy Food Storage, dated 3/2025 states, .Refrigerated Food Storage. Foods must be maintained at or below 41 degrees F [Fahrenheit]. Every refrigerator must be equipped with an internal thermometer. Thermometers should be checked twice per day and recorded on a temperature log for the specified unit (s). All foods must be covered, labeled, dated and routinely monitored to assure foods are used by their use dates or discarded. Review of facility policy, Dish Machine Temperature Policy dated 2021 states, .The director of food and nutrition services will post a log near the dish machine for the staff to document temperatures and sanitizer readings. Staff will monitor dish machine temperatures. throughout the dishwashing process. 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 and sanitizer readings are appropriate and staff is correctly monitoring and documenting dish machine temperatures and sanitizer readings. 1. On 6/8/26 from 10:38 a.m.-11:09 a.m., a surveyor conducted an initial kitchen tour with the Food Service Director (FSD), during which the following was observed: - The wash sink's sanitizer solution hose was immersed below the water in the sink. - The Kitchen reach-in refrigerator contained the following, available for resident use: A bowl of sweet potatoes, with the lid labeled with a 5/5/26 prep date and a 5/7/26 use by date A bowl of cottage cheese, with the lid labeled with a 5/5/26 prep date and a 5/7/26 use by date A 14-ounce (oz.) container of beef base and a 16 oz. container of chicken base, both dated 5/5. During an interview at this time, the FSD stated he thinks a kitchen staff member does not realize it is now the month of June and inadvertently labeled the above items wrong. - The Walk-in freezer contained the following, available for resident use: A box of ground beef patties, located on the left shelf, with the box top and inner bag open, exposing (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the patties to air. A box of donuts, located on the left shelf, with the box top and inner bag open, exposing the donuts to air. A 30-pound (lb.) box of peas, located on the top right shelf, with the box and inner bag open, exposing the frozen peas to air. Two 30 lb. boxes of cut green beans located on the right shelf, with the box and inner bag open, exposing the frozen green beans to air. The back left top shelf contained a metal tray of crab cakes labeled with a prep date of 6/5/26 and a use by date of 6/6/26. The tray was only partially covered with plastic wrap, exposing several of the crab cakes to air. The surveyor discussed the observation with the FSD, and the FSD removed and discarded the crab cakes. - The Aides reach-in refrigerator contained the following, available for resident use: Two 46 fluid oz. carton of Thickened Orange Juice from Concentrate. One of the cartons was labeled 4/7, and one was labeled 5/5. A 46 fluid oz. carton of Thickened Cranberry Cocktail labeled 1/4. The carton's stamped date states, Best if used by: 24 May 2026. The directions on the back of the above cartons stated, Directions: Refrigerate prior to serving . After opening, may be kept up to 7 days under refrigeration. At this time, the surveyor discussed the above finding with the FSD, and the FSD stated that the date marked on the carton indicates the received date, not the date opened and confirmed that he does not know when the above cartons of juice were opened and proceeded to discard the containers. The FSD then stated that items are supposed to be labeled with a received, open, and discard date. On 6/8/26 at 3:50 p.m., the surveyor discussed the above finding with the Administrator. 2. A review of the facility's Kitchen Refrigerator/Freezer Checks (temperature logs) states, Take temperature at a.m. opening and p.m. closing of department. Temperature should be at maximum 40 degrees F. Report to maintenance or supervisor if higher . and revealed the following missing entries and out-of-range temperatures: March 2026: The [NAME] Unit temperature (temp) log indicated that the refrigerator and freezer temps are monitored once per day and indicated above-range (greater than 41 degrees) refrigerator temperatures for the following dates: 3/13/26, 3/22/26, 3/27/26, 3/28/26, 3/30/26, and 3/31/26. (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The Pepsi refrigerator temp log indicated above-range temperatures on 3/19/26 a.m. and p.m. and lacked evidence that the p.m. temp was monitored on 3/30/26. The Condiments refrigerator indicated above-range temperatures on 3/26/26 Additionally, the above temperature logs lacked evidence that the out-of-range temperatures were reported to the FSD or maintenance. April 2026: The [NAME] Unit temp log indicated that the refrigerator and freezer temps are monitored once per day and indicated above-range refrigerator temperatures for the following dates: 4/4/26, 4/5/26, 4/10/26, 4/12/26, 4/14/26, 4/15/26, 4/18/26, 4/19/26, and 4/20/26. The temperature log lacked evidence that the out-of-range temperatures were reported to the FSD or maintenance. May 2026: The Dish machine temp log is missing temps for 5/24/26 (dinner) and for 5/26/26 and 5/31/26 (breakfast, lunch, and dinner). On 6/10/26 at 1:14 p.m. the surveyor discussed the above finding with the FSD. On 6/10/26 at 3:45 p.m., the surveyor discussed the above finding with the Administrator. 2. On 6/10/26 at 7:15 a.m., observed breakfast service in the main dining room. Observed Dietary Aide #1, serving food with gloved hands. Dietary Aide #1, with her gloved hand, picked up toast and plated it and then wiped the same gloved hand on her soiled apron. At approximately 7:20 a.m. and at 7:25 a.m., observed Dietary Aide #1, with gloved hand, pick up toast, plate it, then wipe her hands on her soiled apron. At 6/10/26 at 7:26 a.m., in an interview with the Dietary Aide, the surveyor discussed the observations and Dietary Aide #1 confirmed she had wiped her hand on her soiled apron after plating toast and did not change her gloves.		

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, and facility policy, 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 storage of bedpans on 2 of 3 days of survey (6/8/26, 6/9/26) and hand hygiene during a dining observation. Findings: 1. Facility policy Handwashing/Hand Hygiene, revised 2/2026 states, .Hand hygiene is indicated. before preparing or handling food.after glove removal. Indications for Gloves. Use single-use disposable gloves: when enhanced barrier precautions are applicable; when contact precautions are applicable; before aseptic procedures; and when anticipating contact with blood or body fluids. The use of gloves does not substitute for hand hygiene. Always perform hand hygiene after gloves are removed. On 6/9/26 at 11:08 a.m., during an observation of the lunch dining service in the Long-Term Care Dining Room with Dietary Aide (DA) #1 and DA #2, a surveyor observed DA #2 removing her glasses with her gloved right hand and then replace her glasses. DA #2 proceeded to remove and replace her glasses multiple times. Then, without sanitizing her hands, DA #2 removed a cup from the serving counter and started to pour ginger ale for a resident. At this time, the surveyor intervened and discussed the observation with DA #1 and DA #2. During an interview, DA #2 stated that she has to take her glasses on and off a ton and that she doesn't think about sanitizing her hands after removing dirty gloves or applying clean gloves. DA #1 then stated that she cannot sanitize her hands after removing her gloves because she will not be able to get a new pair of gloves onto her hands if they are wet. DA #1 then stated that she wears 3-4 pairs of gloves at a time so when the top layer of gloves is soiled, she can just remove them and have clean gloves underneath. On 6/9/26 at 11:20 a.m., during the same dining service observation and after the above interview, the surveyor observed DA #1 remove her gloves and rub her right eye with her right hand. DA #1 then rubbed her left eye and then rubbed her right eye again. Without sanitizing her hands, DA #1 removed a new pair of gloves from the box and started to apply them. The surveyor intervened and discussed the observation and asked DA #1 to wash her hands. On 6/9/26 at 11:46 a.m., the surveyor discussed the above observations with the FSD. On 6/9/26 at 12:15 p.m., the surveyor discussed the finding with the Administrator and the Director of Nursing. 2.Observation of the shared bathroom for room [ROOM NUMBER] on 6/8/26 at 11:03 a.m., an unlabeled, unbagged and soiled bed pan observed on top of a shower chair, clean bath towels observed next to/touching/hanging inside the bed pan. Additional observation of room [ROOM NUMBER] on 6/9/26 at 8:55 a.m., revealed unlabeled, unbagged bed pan tucked behind the grab bar in the shower. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation of shared bathroom for room [ROOM NUMBER] on 6/8/26 at 11:15 a.m., revealed unlabeled bed pan lying on top of a clear plastic bag on shower chair. During interview on 6/9/26 at 2:30 p.m., Certified Nursing Assistant (CNA)#1 stated bed pans are supposed to be labeled and bagged. During an interview on 6/10/26 at 12:29 p.m., the Director of Nursing stated it was her expectation that bedpans are stored in a clear plastic bag in the bathroom and if it's a shared bathroom, they should be labeled. At this time a surveyor discussed the above concerns with Director of Nursing.		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on record review and interview, the facility failed to ensure the Minimum Data Set (MDS) Version 3.0 Assessments were accurately coded in the area of dialysis for 1 of 2 sampled residents reviewed for dialysis (Resident #3). Finding: Resident #3's admission diagnoses included End Stage Renal Disease with dependence on renal dialysis. Review of Resident #3's clinical record indicated that Resident #3 has been receiving hemodialysis 3 times per week since prior to his/her admission to the facility. Resident #3's admission Minimum Data Set (MDS) Version 3.0 assessment, completed 5/7/26, Section O - Special Treatments, Procedures, and Programs indicated No under Dialysis and Hemodialysis. On 6/10/26 at 12:30 p.m., a surveyor discussed the above finding during an interview with the Director of Nursing.		

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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. Based on record review and interview, the facility failed to ensure that the State mental health authority for Pre-admission Screening and Resident Review (PASRR) was notified after a resident was newly diagnosed and/or experienced symptoms related to a mental disorder or trauma event to determine if a change in level of service was required for 1 of 2 sampled residents reviewed for PASRR (Resident #55 [R55]). Finding: On 6/9/26, R55's clinical record was reviewed. R55's PASARR, completed on 8/14/25, did not require a level II determination. On 9/10/25, R55 was diagnosed with Psychotic Disorder with Hallucinations, but the clinical record lacked evidence that the resident was referred to the State mental health authority for a new PASARR determination. On 6/10/26 at 12:55 p.m., during an interview with a surveyor and the Administrator, R55's clinical was reviewed, at this time the Administrator confirmed with the surveyor that R55 was not resubmitted for a PASRR determination to include R55's new diagnosis.		

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted Based on record review and interviews, the facility failed to ensure a baseline care plan was developed and implemented within 48 hours that included the instructions needed to provide minimum healthcare information necessary to care for 1 of 5 residents reviewed for baseline care plans (Resident #3). Finding: Resident #3 was recently admitted with diagnoses to include End Stage Renal Disease with dependence on renal dialysis. A review of Resident #3's clinical record indicated that Resident #3 has a left arm arteriovenous (AV) fistula (a type of hemodialysis access) and has been receiving hemodialysis 3 times per week since prior to his/her admission to the facility. A review of Resident #3's baseline care plan lacked evidence that goals and interventions were put into place for the AV fistula. On 6/10/26 at 12:30 p.m., a surveyor discussed the above finding during an interview with the Director of Nursing.		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observations and interviews, the facility failed to maintain respiratory equipment for 1 of 2 residents reviewed for respiratory (Resident [R] #41). Findings: Observations of R#41 on 6/8/26 at 11:00 a.m., 6/9/26 at 10:55 a.m., and 2:01 p.m., Resident #41 was observed lying in bed, nasal cannula tubing is attached to his/her nose and connected to an oxygen concentrator. The oxygen tubing is dated [6/26] and the filter is observed to have caked on build up/debris. Review of Treatment Administration Record (TAR), dated 6/2026, states this was completed on 6/7/26. Review of order with start date of 10/26/25 states, Change O2 tubing weekly - label with date changed clean concentrator with sani cloth. Remove filter, rinse under running water, damp dry with paper towel, replace filter. Okay per Americoast if filter is still moist when replaced. every night shift every Sun for oxygen therapy. During an interview on 6/9/26 at 2:31 p.m., Registered Nurse (RN)#1 states that the oxygen concentrator filters are supposed to be removed and rinsed under water weekly during every tubing change and if it was done there would not be any dust on it. On 6/9/26 at 2:01 p.m., the Quality Improvement Project Manager stated the expectation is that nurses changed O2 tubing weekly and at that time are supposed to clean the concentrator and filter. At this time surveyor confirmed this finding.		

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 06/10/2026
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.			
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F 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide routine and 24-hour emergency dental care for each resident. Based on interviews, observation, and record reviews, the facility failed to obtain dental services for a resident with broken teeth for 1 of 3 resident reviewed for dental services (Resident #78 [R78]). Findings: On 6/8/26 at 11:47 a.m., during an interview with a surveyor, R78 stated he/she broke 2 teeth approximately 4 months ago. R78 had a dental appointment on 3/20/26, but R78 was unable to go because his/her chair would not fit through the door. R78 stated he/she has not heard anything about another appointment. At this time, the surveyor observed that a molar on R78's bottom left jaw was broken. Half of the tooth appeared to be missing with jagged edges on the remaining portion of tooth. The surveyor also observed a molar on R78's bottom right jaw was broken/chipped. R78 stated the broken teeth are painful and he/she needs to eat soft foods. On 6/9/26, R78's clinical record was reviewed and indicated the following: -On 3/1/26 at 5:30 p.m., a follow up note stated, [R78] reports difficulty falling and staying asleep, not napping during the day. Reports this is due to a tooth issue. Staff aware. Intermittent poor appetite. -On 3/15/26 at 6:30 p.m., a follow up note stated, Patient report: .Also, I have not gotten an appointment for my teeth. Dental complaint: 2 broken teeth (1 right lower molar, 1 left lower molar), tongue keeps getting caught and scraped; requesting referral to dentist. Nursing staff thinks [R78] might be above weight limit for portable wheelchair but will check; order written for DenTemp (putty for broken tooth protection) - patient could order online [his/her]self if unable to be ordered through facility. -On 3/16/26 at 8:45 a.m., a regulatory review note stated, Dental complaint: 2 broken teeth (1 right lower molar, 1 left lower molar), tongue keeps getting caught and scraped; requesting referral to dentist. Nursing staff thinks [R78] might be above weight limit for portable wheelchair but will check; order written for DenTemp (putty for broken tooth protection) - patient could order online [his/her]self if unable to be ordered through facility. -On 3/17/26, a provider order stated, Referral to dentist for broken teeth. -On 3/17/26 at 10:00 a.m., a medication management note stated, Dentemp Mouth/Throat Miscellaneous (Oral Hygiene Products) Give 1 application [under the tongue (sublingually)] every 24 hours as needed for broken tooth APPLY TO BROKEN TOOTH. -On 3/25/26 at 12:08 a.m., an SBAR stated, Situation: Resident has cough drops and numbing drops for tooth at bedtime and is requesting permission to keep them there and self administer. Background: Assessment (RN)/Appearance (LPN): Recommendations: Order to keep cough drops and numbing drops for tooth at bedside and self-administer. -On 3/29/26 a follow up note stated, Reports difficulty falling and staying asleep, not napping during the day. Sleep remains variable. Appetite and is eating things that [he/she] gets on [his/her] own. Report [his/her] tooth concern has not been addressed. They attempted an appointment, but [R78's] wheelchair would not fit through the door. Dental complaint: 2 broken teeth (1 right lower molar, 1 left lower molar), tongue keeps getting caught and scraped; requesting referral to dentist. Nursing staff thinks [R78] might be above weight limit for portable wheelchair but will check; order written for DenTemp (putty for broken tooth protection) - patient could order online [his/her]self if unable to be ordered through facility. Please discuss tooth and care concerns with resident. -On 3/30/26 at 9:15 a.m., a medication management note stated, Dentemp Mouth/Throat Miscellaneous (Oral Hygiene Products) Give 1 application sublingually every 24 hours as needed for broken tooth APPLY TO BROKEN TOOTH. Dentemp Mouth/Throat Miscellaneous (Oral Hygiene Products) Give 1 application sublingually every 24 hours as needed for broken tooth may keep at bedside. -On 4/1/26, 4/3/26, 4/8/26, 4/15/26, 4/17/26, and 4/20/26, clinical notes (including progress notes, acute visit notes, and follow up notes) stated, Dentemp Mouth/Throat Miscellaneous (Oral Hygiene Products) Give 1 application sublingually every 24 hours as needed for broken tooth (continued on next page)		

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NAME OF PROVIDER OR SUPPLIER Ross Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 758 Broadway Bangor, ME 04401	
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F 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	may keep at bedside.-On 4/29/26 and 4/30/26, clinical notes stated, No natural teeth or tooth fragment(s) (edentulous): No. Obvious or likely cavity or broken natural teeth: Yes.-On 5/1/26, 5/4/26, 5/12/26, and 5/21/26, clinical notes stated, Dentemp Mouth/Throat Miscellaneous (Oral Hygiene Products) Give 1 application sublingually every 24 hours as needed for broken tooth may keep at bedside.-On 5/18/26 at 12:00 a.m., a follow up note stated, Please discuss tooth and care concerns with resident. [R78] again reports [his/her] tooth concern has not been addressed. They attempted an appointment, but [R78's] wheelchair would not fit through the door.-On 6/1/26 at 12:00 a.m., a follow up note stated, [R78] again reports [his/her] tooth concern has not been addressed .Please discuss tooth and care concerns with resident.-On 6/1/26 at 8:15 a.m., a physician note stated, Dentemp Mouth/Throat Miscellaneous (Oral Hygiene Products) Give 1 application sublingually every 24 hours as needed for broken tooth may keep at bedside.-On 6/10/26 at 8:29 a.m., during an interview with the surveyor, R78 stated he/she has not had Dentemp mouth at bedside or been given any sublingual medication for broken teeth. R78 has cepacol lozenges (used to temporarily relieve sore throats, sore mouths, canker sores, and minor throat irritation) at his/her bedside for numbing his/her mouth and throat.-On 6/10/26 at 10:37 a.m., during an interview with a surveyor, the Unit Secretary stated when she receives a referral, she usually calls for an appointment then schedules a time to follow up on referrals. The Unit Secretary stated the dental referrals are different and she is in the process of making improvements. Review of the active dental referrals did not include a referral for R78. At this time the surveyor confirmed with the Unit Secretary that R78 was unable to be seen by the dentist on 3/20/26, that no other appointments have been made for R78's broken teeth, and that there was no scheduled follow up to ensure R78 received dental services.-On 6/10/26 11:08 a.m., during an interview with a surveyor and the Director of Nursing (DON), R78's clinical record was reviewed. At this time the surveyor confirmed that the facility was aware R78 had 2 broken teeth but failed to ensure dental services were obtained. The DON stated the unit secretary should have been aware that the resident was not seen by the dentist and communicate concerns to the unit manager to follow up with the resident.		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review, interviews, and facility policy, the facility failed to ensure that clinical records were complete and contained accurate information for 1 of 2 sampled residents reviewed for dialysis (Resident #3). Finding: Facility Policy Hemodialysis Catheters- Access and Care of, revised 3/2025 states, . Documentation. The nurse should document in the resident's medical record every shift as follows: Location of catheter. Condition of dressing (interventions if needed) . If dialysis was done during shift. Any part of report from dialysis nurse post-dialysis being given. Observations post-dialysis. Resident #3 was admitted in April 2026 with diagnoses including End Stage Renal Disease with dependence on renal dialysis. Review of Resident #3's clinical record indicated that Resident #3 has been receiving hemodialysis 3 times per week since prior to his/her admission to the facility. A review of Resident #3's active physician orders revealed the following: An order with a start date of 6/1/26 for Fistula to the left arm. Check Thrill and Bruit every shift. An order with a start date of 6/1/26 for Fistula- left arm Check site for bleeding and signs or symptoms of infection every shift. An order with a start date of 6/1/26 for .Dialysis- Monday, Wednesday, Friday. Further review of Resident #3's physician orders lacked evidence of a physician order for Dialysis or for monitoring of his/her left arm fistula from Resident #3's date of admission until the above orders with the start date of 6/1/26. Review of Resident #3's May 2026 Treatment Administration Record (TAR) lacked evidence that his/her fistula was being monitored. Further review of Resident #3's clinical record lacked evidence that the Pre/Post Dialysis Evaluation assessment is being completed. On 6/10/26 at 11:08 a.m. during an interview, Registered Nurse (RN) #4 stated that the nurse checks Resident #3's vital signs and access upon his/her return to the facility from dialysis. When the surveyor asked about the pre/post dialysis assessment, RN #4 stated that she is a per diem nurse and did not know if it should be completed. On 6/10/26 at 2:10 p.m. during an interview with the Director of Nursing (DON), the surveyor discussed the above finding. The DON stated that Resident #3 was hospitalized in May and that when he/she returned to the facility, his/her dialysis-related orders were never re-entered. The DON then stated that the nurse is expected to start the Pre/Post Dialysis Evaluation assessment in the clinical record before a resident leaves for dialysis and complete the assessment upon the resident's return and confirmed that Resident #3's clinical record lacks evidence that the Pre/Post Dialysis assessments are being done.		