STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205065	A. Building B. Wing	05/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Ridge Center	3 Brazier Lane Kennebunk, ME 04043

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interviews and record reviews, the facility failed to report a fall with suspicion of negligence and significant injury within the required time frame for 1 out of 1 resident. (Resident #6) Findings: The Department of Licensing and Certification (DLC) received a report from the facility on 5/15/25 at 3:50 p. m. about a resident who fell on 5/13/25 at 10:50 p.m. The report was labeled as FINAL. There was no initial report received by the department. The report indicated Resident #6 had fallen from an elevated bed after being left alone. On 5/28/25 a surveyor reviewed the Genesis Health OPS-300 Policy - Abuse Prohibition that stated under Section 7 Immediately upon receiving information concerning a report of suspected or alleged abuse, mistreatment, or neglect, the Administrator or designee will perform the following. 7.3 Report all allegations to the appropriate state and local authority(s) involving neglect, exploitation or mistreatment (including injuries of unknown source), suspected criminal activity, and misappropriation of patient property not later than two (2) hours after the allegation is made if the event results in serious bodily injury. 7.4 Report all allegations to the appropriate state and local authority(s) involving neglect, exploitation or mistreatment (including injuries of unknown source), suspected criminal activity, and misappropriation of patient property within 24 hours if the event does not result in serious bodily injury. On 5/28/25 a surveyor reviewed the Facility Risk Management Report #772, dated 5/14/25 in the Electronic Medical Record (EMR) that confirmed Resident #6 had experienced a fall on 5/13/25 at 10:50 p.m. after Certified Nursing Assistant (CNA) #3 had raised the bed and left the resident unsupervised. On 5/28/25, a surveyor reviewed Resident #6's EMR. A Progress Note, dated 5/14/25 at 12:20 a.m., documented an x-ray of the lower back had been ordered on 5/14/25 for Resident #6 following the fall due to increased pain in the lower back and leg for a suspicion of fracture(s). On 5/28/25 a surveyor reviewed a Record of Death for Resident #6 dated 5/15/25 with a time of 7:50 a.m. (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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/28/25 2:23 p.m. a surveyor met with the Administrator and the Market Clinical Advisor to discuss the above findings and confirmed an initial report was not sent timely following the incident.

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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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, the facility failed to ensure that a resident received adequate supervision when resident was left unattended in a raised bed. This action resulted in resident fall d injury for 1 of 6 residents reviewed for falls (Resident #6). In addition, the facility failed to ensure that the resident environment was free of accidents and hazards. Findings: 1. On 5/15/25 at 3:50 p.m. the Department of Licensing and Certification (DLC) received a facility reported incident that on 5/13/25 at 10:50 a.m. Resident #6 had been left alone in an elevated bed resulting in a fall between the wall and the bed. Record review of Resident #6's Minimum Data Set assessment (MDS), dated [DATE] under section GG indicated that Resident #6 was dependent on staff for almost all Activities of Daily Living (ADL) needs including bed mobility. On 5/28/25 a surveyor reviewed Resident #6's care plan and found a focus stating Resident #6 is at risk for falls with interventions including Utilize low bed. On 5/28/25 a surveyor reviewed documentation of Certified Nursing Assistant (CNA) #3's verbal statement of the incident dated 5/15/25, I was changing (Resident #6), I had the bed at my waist level and left the room to get more linens from the cart, when I heard a sound in (his/her) room. I came back in and saw that (Resident #6) was on the floor. On 5/28/25 a surveyor reviewed Resident #6's Electronic Medical Record (EMR) under progress notes and found a general , dated 5/14/25 at 12:20 a.m. that stated Resident #6 was found lying on the floor on the right side of the bed and was having lower back pain and left leg pain. The provider contacted at that time ordered an x-ray, suspecting a fracture. On 5/28/25 at 2:23 p.m., a surveyor met with the Administrator and the Market Clinical Advisor with the above findings. 2. On 5/28/25 at 12:46 p.m., during an environmental observation of the Ossipee unit hallway, a surveyor observed an empty closet located in the corridor. The closet door was missing a doorknob and had jagged splintered wooden edges on the side of the door. On 5/28/25 at 2:27 p.m., during an environmental tour of the Mousam unit hallway with the Unit Manager. A Surveyor observed the following: - An unlocked storage room that contained electrical panels and a locked cabinet labeled Biohazard. - An unlocked door labeled Electrical Room. No Admittance. A sign on the door read Danger Please keep door closed at all times. The door was equipped with a non-functional keypad lock and the area beneath the keypad was jagged with splintered wood. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/28/25 at 2:58 p.m. the surveyor confirmed the above findings with the Administrator and Market Clinical advisor.

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on observations, record reviews and interviews, the facility failed to maintain a complete medical record for 5 of 5 Residents reviewed for unwitnessed falls. A surveyor reviewed the facility policy Titled Centers' Nursing Policies - NSG215 Falls Management last reviewed on 3/15/24 under Section 5.3 ; Any patient who sustains an injury to the head from a fall and/or has a fall unwitnessed by staff will be observed for neurological abnormalities by performing neurological check, per policy. A surveyor reviewed the facility policy Titled Centers' Nursing Policies - NSG204 Neurological Evaluation last reviewed 2/1/23 reads; Neurological evaluation will be performed as indicated or ordered. When a patient sustains injury to the head or face and/or an unwitnessed fall, neurological evaluation will be performed: Every 15 minutes x two hours, then Every 30 minutes x two hours, then, Every 60 minutes x four hours, then Every eight hours until at least 72 hours has elapsed. 1. On 5/28/25 a surveyor reviewed Resident #1's Electronic Medical Record (EMR) under Progress notes and learned Resident #1 had an unwitnessed fall in March 2025. A Neurological Assessment Log was located for this incident but was found incomplete for the 72 hours following the fall. A review of the progress notes did not provide an explanation for the missing assessments. 2. On 5/28/25 a surveyor reviewed Resident #2's EMR under Progress notes and learned Resident #2 had an unwitnessed fall in March 2025 at. A Neurological assessment log was not located for this incident. 3. On 5/28/25 a surveyor reviewed Resident #3's EMR under Progress notes and learned Resident #3 had an unwitnessed fall in April 2025. A neurological assessment log was located for this incident but found incomplete for the 72 hours following the fall. A Review of the progress notes following the incident did not provide an explanation for the missing assessments. 4. On 5/28/25 a surveyor reviewed Resident #4's EMR under Progress notes and learned Resident #4 had an unwitnessed fall in May 2025. A Neurological Assessment log was not located for this incident. 5. On 5/28/25 a surveyor reviewed Resident #5's EMR under Progress notes and learned Resident #5 had an unwitnessed fall in May 2025. A Neurological assessment log was not located for this incident. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/28/25 at 3:50 p.m. a surveyor met with the Corporate Representative and learned the facility was unable to produce the missing logs or confirm that the neurological assessments were completed for 72 hours post fall for the above residents per facility policy.