

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/28/2025
NAME OF PROVIDER OR SUPPLIER River Ridge Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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.			
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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. (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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in a sanitary, orderly, and comfortable environment on 3 of 3 wings (Mousam River, Kennebec River and [NAME] River) for 2 of 2 facility tours. 1. On 7/22/25 at 8:24 a.m., during an interview with the Administrator, the surveyor discussed the thick bubbled and peeling/flaking red paint on multiple doors on Mousam River unit. The Administrator explained the door repairs were part of the Plan of Correction (POC) for a citation back on 5/28/25. The facility had ordered 30 new doors that are due to come in November 2025. However, in the interim, Maintenance is removing the Acrovyn layer, sanding the door down and applying paint, stating that the red painted doors have been completed. At this time, both the surveyor and the Administrator observed the following Mousam River unit doors with bubbled/peeling/flaking red paint: the double doors into Sebago Hall, the biohazard door next to the Sebago Hall doors and rooms M6 through M9. The administrator confirmed the condition of the doors stating maintenance should have sanded the old, chipped paint off prior to adding the new red paint. 2. On 7/28/25 at 12:15 p.m., a surveyor conducted an Environmental Tour with the Director of Nursing and the Clinical Lead, in which the following findings were observed and or discussed: Mousam River Unit (has Ossipee, [NAME] halls): the entrance to Mousam River unit has several areas where the walls have been patched and unpainted and a hole in the sheetrock approx. 2 inch in diameter. Resident #7's broda chair is ripped under the right arm rest. Resident #44's electric wheelchair chair bilateral arm rests and foot rests were ripped. Ossipee hall: The dining room has dried food/debris on the ceiling near the light fixture. The Whirlpool room the threshold is cracked with missing flooring, the door is splintered with exposed wood. The grout around the toilet base is brown and/or missing, the heater is not attached to the fixture, and a hold approx. 2 inches in diameter above the heater. The exit/storage area wall has several holes and gouges with exposed sheetrock. Sebago Hall: The Biohazard door just before Sebago Hall doors has a large hole in the door above the pad lock. The entrance double doors to Sebago Hall and multiple rooms on the hall have red thick, layered, bubbling/peeling/flaky paint. The storage area heater end cap is off track. The door frame to the dining area has chipped and peeled paint. Room M-4 - the wall next to the closet and above the baseboard is damaged with broken sheetrock. Room M -5 - floor has cracked tiles extending across the entire floor. Room M-9 - door has chipped and peeling paint, the right side of closet is gouged and exposed metal flashing with the plastic protectant broken and peeling off and taped with medical tape. Around the light switch is marred/gouged with exposed sheetrock. The bathroom has multiple marred walls, and the cove base is peeled off the wall. Resident #9's wheelchairs left arm rest is missing a chunk of cushion with an exposed screw head with sharp edges and the chair pad has dried food /debris. Room M-10 - has several ceiling tiles splattered with a brown substance, 17 floor tiles are cracked and one is missing part of the tile. The corner of the wall next to the bathroom has exposed metal flashing. In the closet on the floor is a broken drawer in multiple pieces. Room M-12 - the wall behind the bed is marred/gouged with exposed sheetrock and the wall above the light fixture is missing paint. The bathroom floor tiles are stained and has a brown build up around the base of the toilet. The caulking around the tub is cracked and stained. Room M15 - the wall behind the bed is marred/gouged with exposed sheetrock. There is a phone jack with exposed wires, the wall above the heater is unfinished with cracked sheetrock, the bathroom toilet is missing the tank lid. Both the bedroom and bathroom doors are marred/splintered raw wood creating an uncleanable surface. Kennebec River Unit: there are multiple areas of patched and unpainted walls throughout the unit, in the hallways and in the resident rooms. The Whirlpool room tub is posted with a sign stating it is not to be used. Behind the toilet has tile missing. The Shower room drain has delaminated areas around it with visible hair, debris and a hair tie near the drain. The shower head has a brownish substance around the water portals. The trim around the perimeter of the shower is peeled off and has black substance caked up behind it and the walls have chipped areas. Room K2 and K3 shared bathroom has a dark substance caked around toilet base. Room K4-B the wall near the clock has unpainted drywall and the bathroom has multiple areas of chipped paint. Room K6 - door has two proud screws with sharp edges. Room K6 and K7 shared bathroom window is missing a shade, the shower curtain is missing hooks, the light switch cover is chipped, the base of the toilet has a caked layer of a dark substance, and the light is missing a cover. Room K7 - the window curtains are in disrepair with missing or broken hooks. Room K8 - the room has no curtains, only bare hooks. The unoccupied roommate's bed is bare and unmade</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on record review and interview, the facility failed to revise the care plan to reflect a resident's current status for 1 of 2 residents reviewed for insulin use (#46). On 7/21/25 at 11:32 a.m., a surveyor asked Resident #46 if he/she received insulin. Resident #46 stated he/she used to receive insulin twice daily and now receives none, and didn't know why this had changed. A review of the clinical record revealed diagnoses including Type 2 Diabetes Mellitus and long term use of insulin. The MDS (Minimum Data Set) 3.0 admission Assessment, dated 4/25/25, Section C, Cognitive Patterns, noted a BIMS (Brief Interview of Mental Status) score of 15, indicating Resident #46 is cognitively intact. Section N, Medications, noted Resident #46 received insulin injections. The current care plan, with a revision date of 5/15/25, for the focus area of: The resident has a diagnosis of diabetes: Insulin Dependent, includes an intervention: Provide diabetes education and related complications as appropriate. A review of physician orders noted Resident #46 had been admitted with on 4/19/25 with orders to received long acting insulin twice daily and a rapid acting insulin three times daily before meals. On 6/13/25, the physician discontinued all insulin. On 7/16/25, a care plan meeting was held with Resident #46 in attendance. A review of nursing progress notes lacked evidence that Resident #46 had received education or information regarding the rationale for discontinuation of the insulin. The care plan was not revised after the care plan meeting to reflect the change in Resident #46's diabetes management. On 7/23/25 at 3:00 p.m., a surveyor discussed the above findings with the Market Clinical Advisor.</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on water temperature observations, water temperature log reviews, interviews, and review of facility's Water Temps [temperatures] policy the facility failed to act on identified hazards in a resident's environment and implement interventions to prevent potential accidents/injuries by ensuring that hot water temperatures, accessible to residents did not exceed 120 degrees Fahrenheit for 7 of 9 months reviewed (January 2025 through July 2025) on 3 of 3 units ([NAME] River, Kennebec River and Mousam River). The failure of the facility to ensure that hot water temperatures accessible to residents did not exceed 120 degrees Fahrenheit created the potential for residents to be scalded/burned by the domestic hot water. This created an Immediate Jeopardy (IJ) situation for residents.1. On 7/24/25 at 3:19 p.m., a surveyor identified that hot water in the public bathroom across from the rehabilitation department was extremely hot to the touch. The surveyor immediately obtained a water temperature of 132.6 degrees Fahrenheit (F). At 3:22 p.m., both the surveyor and Maintenance observed the hot water temperature of 132.5 degrees F in the same bathroom. Maintenance confirmed he is aware of the hot water temperatures, and they will be anywhere from 100 - 130 degrees but could be cold. If [NAME] is taking showers, it affects the kitchen temps. If Kitchen is doing dishes, [NAME] is cold. The surveyor again asked if he was aware of the extremely hot temperatures above 120 degrees F in the resident rooms he stated, Yes, but it's not 90% of the day. The surveyor asked what was implemented to bring the water temperatures down to a safe level. He stated, he reported the concern to the [Senior Maintenance Director Maine and Director Senior Maintenance Northeast Genesis]. At this time, both the surveyor and Maintenance observed the boiler room where there were 4 gas on demand water heaters all with the temperatures displayed as 140 degrees F. He stated the gas heaters are set to their max of 140 degrees but to get to 160 degrees for the kitchen there is 140 degrees from the gas heaters and a booster. He stated the hot water system is inconstant and they are getting a quote to rip out all the plumbing and get a new water system that he can regulate. He then rotated the mixing valve stating, if I mix cold to it, I don't have hot water anywhere. The surveyor requested the quote, he stated, No quote yet and they came out last November/December. The surveyor asked when the hot water concerns were first identified, he stated since Nov/Dec. At 3:35 p.m., both the surveyor and Maintenance observed the [NAME] River unit kitchenette (locked access) with water temperature of 136.2.As a result, hot water temperatures of other resident areas/rooms on all units were taken:[NAME] River unit hot water temperatures on the following rooms occurred at 3:22 p.m.Room S-3 the hot water temperature was 124.3 degrees Fahrenheit (F)Room S-6 the hot water temperature was 124.7 degrees [NAME] S-7 the hot water temperature was 124.8 degrees [NAME] S-8 the hot water temperature was 132.4 degrees [NAME] S-9 the hot water temperature was 132.7 degrees F Kennebec River unit hot water temperatures on the following rooms occurred at 3:31 p.m. Community room the hot water temperature was 128.3 degrees FPublic bathroom the hot water temperature was 127.2 degrees [NAME] K-3 the hot water temperature was 130.4 degrees [NAME] K-8 the hot water temperature was 127.4 degrees [NAME] K-12 the hot water temperature was 130.3 degrees F Mousam River unit hot water temperatures on the following rooms occurred at 3:58 p.m.Room M-1 the hot water temperature was 122.4 degrees [NAME] M-4 the hot water temperature was 122.3 degrees [NAME] M-10 the hot water temperature was 128.7 degrees [NAME] M-11 the hot water temperature was 126.8 degrees [NAME] M-15 the hot water temperature was 128.8 degrees FALL three of the above named units have residents who are able to ambulate and/or self-propel in their wheelchair and could potentially assess sinks with the noted hot water temperatures without staff assistance.On 7/24/25 at 3:47 p.m., in an interview with the Administrator, the surveyor asked if there were any hot water issues in the facility. The Administrator stated she was not aware of any hot water concerns. At this time, the Market Clinical Advisor joined the interview, and the above findings were discussed. The surveyor requested an immediate removal plan to ensure resident safety going forward and the temperature monitoring logs from November 2024 going forward. The Market Clinical Advisor stated, currently all department heads are on the units ensuring staff and residents are not using the faucets. The water temperature was turned down to 120 degrees and they are going to flush the system. They will monitor temps on all faucets hourly x4, if all are within range then they will monitor every 12 hours x1 then every 24 hours. They have called the plumber who will be at the facility this evening to address the hot water temperatures. The kitchen will be on paper products until temps are in range. education will be provided to staff immediately. They do not currently have any resident on</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on Payroll Based Journal staffing (PBJ) report, weekend staffing schedules and interview, the facility failed to ensure sufficient direct care staff were scheduled and on duty to meet the needs of residents that reside in the facility for weekends of the first quarter 2025 (October 1 - December 31, 2024) and second quarter 2025 (January 1 - March 31, 2025).The Center for Medicare & Medicaid (CMS) PBJ Report revealed the facility triggered for low weekend staffing during the first quarter of 2024 and second quarter of 2025. Review of the first quarter of 2024 weekend staffing schedules indicated 8 weekend days where there was an insufficient number of direct care staff.Review of the second of 2025 weekend staffing schedules indicated 2 weekend days where there was an insufficient number of direct care staff.On 7/28/25 at 11:18 a. m., during an interview and review of the weekend staffing for the first and second quarter, the Market Clinical Advisor confirmed that the facility triggered for low weekend staffing per the PBJ reports and the facility did not ensure enough staff were on duty to meet resident needs on the weekends.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>Based on observations and interviews, the facility failed to ensure expired medications were removed from the supply available for use in 2 of 3 medication storage rooms reviewed (Kennebunk River and Mousam River Units). 1. On 7/24/25 at approximately 10:00 a.m., a surveyor observed the medication storage room on the Kennebunk River Unit with the unit nurse manager. The emergency intravenous medication and supply stock, stored in a large plastic tote, was noted to contain 2 prepackaged syringes of Heparin lock flush 500 units/5 ml (milliliter), with expiration dates of 4/30/25. In addition, observation of the medication storage refrigerator noted 1 vial of Insulin Lispro 100 units/ml prescribed to a resident who had been discharged on 4/16/25. The unit manager confirmed the findings at the time of the observations.2. On 7/24/25 at 10:30 a.m., a surveyor observed the medication storage room on the Mousam River Unit with the Market Clinical Advisor. One (1) vial of PPD (purified protein derivative) labeled with an opened date of 6/1/25, remained available for resident use past the 30 days recommended use. The Market Clinical Advisor confirmed the finding at the time of the observation</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>Based on observations, interviews, record reviews, and facility policy, the facility failed to ensure that a resident's choices for food preferences were followed for 3 of 4 residents (Resident #22, #43, and #75)</p> <p>1. On 7/22/25 at 12:53 p.m. the surveyor observed Resident #22 being served a ham sandwich. Resident #22 stated he/she does not like or want pork and has met with the dietician to discuss his/her preferences but, "they still keep giving me pork". Review of the dietary slip on the resident's food tray only indicated, "NO EGG EVER";</p> <p>On 7/22/25 at 1:05 p.m., during an interview, Certified Nurses Aid (CNA) #6 stated, they keep sending it (pork) and "we keep telling the kitchen". The surveyor observed the CNA calling the kitchen to request a substitution for resident's ham sandwich.</p> <p>On 7/23/25 at 8:47 a.m., a surveyor observed Resident #22 being served bacon on his/her breakfast plate and then observed staff calling the kitchen. When resident's second plate came out it also had bacon on it as observed by the surveyor.</p> <p>On 7/23/25 at 12:14 p.m., the Food Service Director (FSD) and District Manager of Healthcare Services met with the survey team. The FSD stated, typically I go and interview residents and bring scrap pieces of paper and put the information into the meal tracker. When asked if it shows up on the meal ticket, the FSD stated, "yes it does"; and "If I put dislikes (like) chicken then it gives them an alternate on meal ticket". The surveyor asked how are changes or preferences communicated with him, the FSD stated, "I think what is happening, they are not telling me. If they go to the kitchen and tell the diet aid, they don't speak English. They are not telling me". The FSD and District Manager of Healthcare Services stated they would go and speak with the residents and add the preference on the food tickets. The FSD returned shortly after and provided surveyor with an updated food ticket for Resident #22 which included "No Pork Ever";</p> <p>On 7/25/25 at 11:30 a.m., a surveyor confirmed the above in an interview with the Market Clinical Advisor.</p> <p>2. On 7/22/25 at 9:12a.m. in an interview with Resident #43, she stated that they do not use real eggs. I have asked for eggs cooked any other way than scrambled and they ignore me.</p> <p>On 7/23/25 at approximately 1:00 p.m. in an interview with the Food Service Director, and the Regional Director of Food Services, he stated that it is correct we do not use real eggs and that the only eggs in the facility are egg substitute. He stated that the high cost of eggs is one reason. The Regional Director stated that if there is a resident that has made the request for real eggs or to put the scrambled eggs into a sandwich they will do that.</p> <p>The finding was confirmed with the Regional Director of Food Services at that time.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. On 7/21/25 at 2:08 p.m. a surveyor interviewed Resident #75 about his/her lunch today. Resident #75 stated that he/she doesn't eat wheat but got a sandwich on wheat so he/she had to ask for a different sandwich which he/she got. Resident #75 confirmed that he/she told staff she/he doesn't eat wheat when she requested a different lunch.</p> <p>On 7/22/25 at approximately 1:00 pm., a surveyor interviewed Resident #75 about lunch today and learned he/she got a tuna fish sandwich. Resident #75 stated that they never eat tuna and had to request a different lunch. They received chicken as a substitute which he/she also dislikes but they ate the rest of the meal and it was enough.</p> <p>On 7/23/25 at 12:15 pm, the survey team met with the District Kitchen Manager and the Food Services Director and learned that a resident's likes and dislikes are printed on their food slips which accompany every meal. The Food Services Director stated that it was best for nursing staff to come find him/her because there was a language barrier with many of the kitchen staff.</p> <p>On 7/24/25 a surveyor reviewed Resident #75's Food Preference Interview form completed on 7/15/25 by facility Dietician that indicated that Resident #75 disliked the following foods: raw fruits and vegetables, bacon, ham, beef chicken, ground meat, pork, tuna, tomato sauce.</p> <p>On 7/24/25 a surveyor reviewed a meal slip dated 7/24/25 for Resident #75 and noted the following instructions: Consistent Carbohydrate, small portions on two plates, no raw fruit or veg. No other likes or dislikes were on the slip.</p> <p>On 7/24/2025 at 11:24 a.m. a surveyor met with CNA #12 and learned that he/she calls to the kitchen when a resident expresses a food dislike. I asked if that dislike would then show up on the food slip, he/she stated sometimes.</p> <p>On 7/24/2025 at 11:35 a.m. a surveyor met with the unit manager and asked how nursing staff would communicate a food dislike to the kitchen. He/She stated there were dietary forms to fill out but when asked to provide a form, was unable to locate a dietary form.</p> <p>On 7/24/2025 at 11:48 a.m. a surveyor met with LPN #2 and learned that he/she goes down to the kitchen to speak with the food services director about a resident's food preferences. I asked what staff do if the Food Services Director is not around, she said they can call but that usually isn't very effective.</p> <p>On 7/24/25 at 1:30 p.m. a surveyor reviewed the above findings with the Market Clinical Advisor and Administrator</p> <p>The facility policy "Person Centered Choice" effective 5/1/23 states, "Patients/Residents are offered a choice of nourishing, palatable, well-balanced food and beverage options that meet their daily nutritional needs, taking into consideration the preferences of each resident." Section 7 states, "Residents who do not pre-select meals or choose at the point-of-service are served the first meal choice listed on the menu, unless identified as disliked items(s) or allergen-containing items(s)." and "If the menu item listed has been identified as a dislike or allergen-containing item the second choice item will be served if compatible with other foods being served."</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure the facility was Administered in a manner that ensured the resident environment remained as free from accident hazards, as evidenced by Federal findings under 42 CFR S483.25(d), F689- Free of Accident Hazards/Supervision/Devices, on 3 of 3 resident units. This failure to ensure a process was in place to monitor and correct hot water temperatures in excess of 120 degrees Fahrenheit (F) has the potential to affect all 57 residents. During a review of the facility's Hot Water Temperature Logs, from 10/31/24 through 7/18/24, the first recorded excessively high hot water temperature was on 12/2/24 at 121 degrees F. On 12/9/24, the service hall bathroom temperature was recorded at 130 degrees F. During the next 6 months, temperature logs revealed consistently high hot water temperatures. On 1/3/25, a comment was written on the log which stated all hot. On 1/10/25, a comment stated running hot due to system. On 1/13/25, a comment stated hot, faulty hot water system. On 1/21/25, a comment stated all running high, faulty hot water system. Unable to mix or water to kitchen too cold. On 1/27/25, a comment stated All too hot. Hot water system is set at 140 (degrees F) to adjust lower temp. Hot water won't keep up. On 2/27/25, all units were recorded 125+ (degrees F), service hall 135 (degrees F). On 3/24/25, temperatures were recorded from 130-137 degrees F. A comment stated All too hot. I have reported this to management. Hot water heaters need re-piping. Temperature logs recorded on all units through 7/18/25 continue to remain all above 120 degrees F. During a review of Safety Committee meeting minutes, dated 2/25/25, the Committee identified unsafe hot water temperatures as evidenced by the entry: 5. Safety Awareness Training: Working on repairs for water temp issues. There was no evidence that the Safety Committee or management staff developed a plan or documented follow-up interventions to address the extreme hot water temperatures. On 7/24/25 at 3:22 p.m., both a surveyor and Maintenance Supervisor observed hot water temperature of 132.5 degrees F in the public bathroom in the hallway across from the rehabilitation department (F689). At this time, the Maintenance Supervisor stated he had been aware of excessively hot temperatures in resident rooms since November/December, 20on 7/24/25 from 3:22 to 3:58 p.m., hot water temps were taken and hot water temperatures were excess of 120 degrees F were found on all three resident units of the facility. (See F689) On 7/25/25 at 9:49 a.m., in an interview with the Administrator and Market Clinical Advisor, a surveyor discussed the hot water temperature monitoring back in March, 2025, in which comments stated: hot water reported to management. The Administrator stated the Maintenance Supervisor had reported hot water concerns to her and it went up the chain of command, after that. The surveyor asked if the Administrator had been monitoring the hot water temperatures. The Administrator stated she had not.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/28/2025
NAME OF PROVIDER OR SUPPLIER River Ridge Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Based on interviews and record reviews the facility failed to ensure that its Quality Assurance Process Improvement (QAPI) committee systematically identified and addressed a known safety concern related to elevated water temperatures in resident areas, despite prior awareness documented by the Safety Committee. Findings: On 07/24/25 at approximately 9:00 a.m., during an interview with the Administrator, she stated that the QAPI committee's current focus areas were identified as Falls with Injury, Trauma Services, and Staffing. There was no mention of water temperature concerns. On 07/24/25 at approximately 3:19 p.m., the survey team measured water temperatures exceeding 124 F in multiple resident-accessible areas, posing a potential risk of scalding. (See F689) On 07/24/25 at 3:45 p.m., the Administrator provided Safety Committee Minutes from February 2025, which listed Working on Repairs (AAA) for water temp issues under agenda item #5. However, no documentation was present under Action Required, and no evidence was provided that the issue had been escalated to or addressed by the QAPI committee. On 07/25/25 at 10:00 a.m., in an interview with the Administrator, when asked for documentation showing QAPI committee involvement in addressing water temperature issues, the Administrator was unable to produce any further records. The Administrator confirmed the finding at this time.</p>		

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NAME OF PROVIDER OR SUPPLIER River Ridge Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3 Brazier Lane Kennebunk, ME 04043	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 observations, interviews and record reviews, the facility failed that ensure staff were educated and knowledgeable about Enhanced Barrier Precautions (EBP) in 3 out of 3 units surveyed for Infection Control and Prevention. (Kennebunk River Unit, Mousam River Unit and [NAME] River Unit) Facility Policy Titled IC308 Enhanced Barrier Precautions states: In addition to Standard Precautions, Enhanced Barrier Precautions (EBP) will be used (when Contact Precautions do not otherwise apply) for novel or targeted multi-drug resistant organisms (MDROs). Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce the transmission of novel or multi-drug resistant organisms. It employs targeted personal protective equipment (PPE) use during high contact patient/resident (hereinafter patient) activities. On 7/23/25 at 10:30 a.m., a surveyor observed EBP precaution signage on the doors of the following rooms in Kennebunk River Unit, Mousam River Unit and [NAME] River Unit; M1, M2, M8, M14, S8, S9, K12, K14. On 7/23/25 at 11:23 a.m., a surveyor interviewed CNA #11 and asked what EBP was. CNA#11 said he/she didn't know what that was. We went to K12 and I pointed to the EBP sign and asked what PPE would be utilized and when, he/she still didn't know. CNA#11 stated she has been at the facility over 1 year. On 7/23/25 at 12:04 p.m., a surveyor observed Rooms M1 and M2 with EBP precaution signs on the doors. A surveyor stopped CNA #6 in the hall and asked him/her to explain EBP and pointed to an EBP sign. CNA #6 stated, I have no idea what that is for. I asked CNA#6 if he/she wore PPE during close contact care and was told no. He/she pointed to a different sign about not using straws and asked if it was about not using straws. CNA #6 stated they have been with the facility for about 4 months and does not remember getting trained on EBP. On 7/23/25 at 12:15 p.m., a surveyor interviewed CNA#7 and asked what EBP was. CNA#7 stated they did not know what that was and does not remember getting education. CNA#7 stated they has been at the facility about 4 months. On 7/23/25 at 12:20 p.m. a surveyor observed Environment Services Worker (ESW) cleaning room M8, which had an EBP sign on the door. When asked if they knew what EBP was while pointing to the sign, ESW replied no. On 7/23/24 at 2:00 p.m. a surveyor met with the facility Infection Preventionist (IP) and discussed the above findings. The IP stated they do verbal education with staff and were unable to provide documentation that staff were knowledgeable about EBP and when to wear PPE.</p>		