

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Cove's Edge Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 26 Schooner Street Damariscotta, ME 04543	
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 0584</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>51331</p> <p>Based on facility policy, interviews, record review, the facility failed to label resident's personal belongings and keep them safe and secure for 2 of 3 residents reviewed for personal property. (Resident #15 and #34)</p> <p>Findings:</p> <p>1. On 10/21/24 at 7:28 a.m., during an interview Resident #15 stated he/she is missing 5 nightshirts and has told multiple staff about this, and no one has come to talk to him/her about it.</p> <p>On 10/22/24 at 12:00 p.m., during an interview with the Environmental Services Supervisor, she states laundry only knows about 2 missing nightshirts. When asked what the process of finding missing items, she states they first check the resident's room, laundry room, and then other residents' rooms. If it is not found, they will call the family to see if they have taken it home. If they still cannot find the item, they will replace it if requested by family or resident. When specifically asking about Resident #15's missing nightshirts, she states they have not found it in laundry and have not done anything further.</p> <p>Resident #15's medical record contained a History of Personal Possessions form which lacked evidence of documented clothing. The Cove's Edge CNA (Certified Nursing Aid) Admission form indicates the CNA had labeled Resident #15's clothing. In addition, the Missing Items form in laundry states Resident #15 is missing only one Turquoise T-Shirt.</p> <p>Facility policy titled Personal Property revised 1/2024 states, All personal clothing and possessions are identified with the residents name.</p> <p>44049</p> <p>2. On 10/21/24 at approximately 8:00 a.m. during an interview, with Resident #34, stated that he/she has had some of his/her personal clothing go missing since he/she has been at the facility and most had come back but he/she was still missing a 'sleep T' that was blue with horizontal stripes. He/she stated the loss had been reported to laundry.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 205067
		If continuation sheet Page 1 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Cove's Edge Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 26 Schooner Street Damariscotta, ME 04543	
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 0584</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>On 10/22/24 at approximately 9:00 a.m a surveyor observed the laundry room and asked how lost items from the resident's laundry were searched for. Laundry worker #1 stated that when they receive word that a resident is missing an item, they enter the information in a log that is kept on a clip board on the shelf above the dryers. The information entered is the bed number, the item and a description. There is no place for the resident's name or a date the loss was reported. The item for Resident #34 was listed, but they have not yet found it. Laundry worker #1 stated that items that do not have a resident tag on them are placed across the hall in the folding room. An observation of the folding room did not contain the missing item. She stated that they will just continue to look in other residents' clothes because items do get placed in the wrong rooms.</p> <p>On 10/22/24 at approximately 11:30 a.m., the Director of Nursing presented the Personal Property Policy dated 9/97. The Director of Nursing stated that all residents' clothes will be marked upon entry, and a list of clothing and other properties will be placed in the residents' record, either electronically or in the physical chart.</p> <p>On 10/22/24 at approximately 1:15 p.m., the Director of Nursing confirmed there was lack of documentation and follow through with resident's lost clothing stating, she had found a blank inventory sheet in Residents #34's room.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Cove's Edge Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 26 Schooner Street Damariscotta, ME 04543	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</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>37648</p> <p>Based on observations and interviews, the facility failed to ensure the resident environment remained as free of accident hazards, as is possible, related to a patient lift on 2 of 2 units (Periwinkle and Hummingbird) and for 1 of 3 days of survey. (10/21/24)</p> <p>Findings:</p> <p>1. On 10/21/24 at 6:16 a.m., during a tour of the Periwinkle unit, two surveyors observed a Easy Way Smart patient lift, available for use, which was missing one of the safety clips on an arm.</p> <p>2. On 10/21/24 at 6:23 a.m., during a tour of the Hummingbird unit, two surveyors observed a Easy Way Smart patient lift, available for use, which was missing one of the safety clips on the an arm.</p> <p>The surveyor reported the unsafe lifts to nursing at approx. 6:38 a.m. on 10/21/24. He/she stated that the Maintenance Director would be notified when he arrives.</p> <p>On 10/21/24 at 7:23 a.m., the above missing safety clips were discussed with the Senior Facilities Manager.</p> <p>On 10/21/24 at 7:26 a.m., observation of the Periwinkle easy lift to have both safety clips in place.</p> <p>On 10/21/24 at 7:33 a.m., during an interview, the Senior Facilities Manager stated both lifts have the safety clips in place.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Cove's Edge Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 26 Schooner Street Damariscotta, ME 04543	
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 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>51331</p> <p>Based on observation, facility policy, record review and interviews the facility failed to adequately ensure medications were monitored and stored at appropriate temperatures in 1 of 1 refrigerator observed.</p> <p>Finding:</p> <p>On 10/21/24 at 11:45 a.m., a surveyor observed the medication refrigerator temperature logs with Registered Nurse (RN). Review of these temperature logs from 7/2024 through 10/2024 showed temperatures were not being monitored properly, with the following information missing:</p> <ul style="list-style-type: none"> > July 2024 temperatures are documented out of range for 30 out of the 30 days > August 2024 is missing temperature readings for 5 out of 31 days and temperatures are documented out of range for 31 out of 31 days > September 2024 is missing temperature readings for 3 out of 30 days and temperatures are documented out of range for 30 out of 30 days > October 2024 is missing temperature readings for 5 out of 21 days and temperatures are documented out of range for 21 out of 21 days reviewed. <p>Facility policy and procedure for Storage of Medications dated 5/1/2018 states under procedure subsections J Medication storage conditions are monitored on a regular basis by the facility and corrective action taken if problems are identified. Subsection L states, All medications are maintained within temperature ranges noted in the United States Pharmacopeia . Refrigerated 36 F to 46 F. Subsection E states, The facility should maintain a temperature log in the storage area to record temperatures at least once a day.</p> <p>On 10/21/24 during an interview, the above information was confirmed with the Director of Nursing.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Cove's Edge Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 26 Schooner Street Damariscotta, ME 04543	
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44049</p> <p>Based on interviews and record review, the facility failed to provide specialized rehabilitative services or obtain the required services from an outside resource that is a provider of specialized rehabilitative services for 1 of 2 residents reviewed for rehabilitative services. (#43)</p> <p>Findings:</p> <p>On 10/21/24 at 2:12 p.m. during an interview, Resident #43, stated that he/she was admitted to the facility on [DATE], and thought he/she was there for rehab but had not seen anyone from Physical Therapy (PT) or Occupational Therapy (OT).</p> <p>Review of the medical record contained a Physician order dated 10/7/24 for PT and OT evaluation.</p> <p>On 10/22/24 at approximately 11:30 a.m., in an interview with the PT/OT staff that were working on the unit, a surveyor asked if they had provided therapy for Resident #43. They stated that they could not because he/she is waiting for an evaluation prior to starting his/her therapy.</p> <p>On 10/22/24 at approximately 11:45 a.m., in an interview with the Admissions Coordinator, she stated the facility has been waiting on an available staff member to complete the Therapy Evaluation for Resident #43.</p> <p>On 10/22/24 approximately 12:00 p.m., during an interview, the Administrator stated they had lost their contract with the prior Therapy company and decided to bring the staff in house, and they have had difficulty staffing the Therapy Department. At this time, the Administrator confirmed Resident #43 had been waiting since 10/7/24 for a therapy evaluation.</p>		