

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205068	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Springbrook Center		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Spring St Westbrook, ME 04092	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on observation and interview, the facility failed to ensure that sterile technique was maintained during a pressure ulcer dressing change for 1 of 1 residents observed. (Resident #1) On 7/31/25 at 10:57 a.m., LPN #1 was observed performing a dressing change on Resident #1's stage 4 sacrococcygeal pressure ulcer with tunneling. After cleansing the wound, LPN #1 retrieved a piece of silver alginate dressing that had been resting on the outer wrapper of the product packaging, a surface that is not sterile, and inserted it into the tunneling wound using a sterile cotton-tipped applicator. At that time, the surveyor intervened and asked whether the outer surface of the packaging was sterile. LPN #1 acknowledged that it was not and agreed that this action could have contaminated the dressing. Physician's orders dated 7/22/25 directed daily cleansing Vashe solution, drying, and application of silver alginate to the wound bed. The facilities policy titled Wound Dressings - Aseptic Technique includes the following directive: Step 17: Open dressing(s) without contaminating. Keep the dressing(s) within the open packet and place it directly on top of the barrier. On 7/31/25 at 2:55 p.m. the surveyor discussed this finding during an interview with the Administrator, Director of Nursing (DON) and the Market Clinical Advisor.</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
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