

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  07/19/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33639</p> <p>Based on observations and interview, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in good repair and sanitary conditions on 4 of 7 units (Wayside, Mayflower, Saccarappa and King), the clean utility room, the 3rd floor common area for 1 of 1 Environmental tours.</p> <p>Findings:</p> <p>1. On 7/19/24 from 10:15 a.m. to 10:45 a.m., a surveyor conducted an environmental tour with the Administrator in which the following findings were observed and confirmed:</p> <p>Wayside Unit:</p> <ul style="list-style-type: none"> <li>-Resident room [ROOM NUMBER] - the bathroom walls were observed to be gouged, and/or water damaged with sheetrock exposed around the toilet.</li> <li>-Resident room [ROOM NUMBER]- The bathroom wall had water damage. The floor had dirt/debris around the base of the toilet.</li> </ul> <p>Saccarappa Unit:</p> <ul style="list-style-type: none"> <li>-Resident room [ROOM NUMBER] - the entrance door had a missing piece from the door.</li> <li>-Resident room [ROOM NUMBER] - the area under the window sill was open to the outside.</li> </ul> <p>Mayflower Unit:</p> <ul style="list-style-type: none"> <li>-Resident room [ROOM NUMBER]- the entrance door had approximately a 5 feet piece of laminate peeling off with a large chipped area.</li> <li>-The 3rd floor common area had two stained ceiling tiles.</li> <li>-The 3rd floor clean utility room had dirt/debris and trash on the floor.</li> </ul> <p>King Unit:</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
---	-------	-----------

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  07/19/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>-Resident room [ROOM NUMBER] - the wall is gouged. the resident bathroom wall cove base near the toilet was loose/peeling.</li> <li>-Resident room [ROOM NUMBER] - the door was chipped/gouged.</li> <li>-Resident room [ROOM NUMBER] - the bathroom wall to the left after entering the room was gouged.</li> <li>-Resident room [ROOM NUMBER] - the entrance door was missing a piece of laminate from the door</li> <li>-The unit kitchenette counter was missing multiple areas of laminate on the counter.</li> </ul>

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  07/19/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>48648</p> <p>Based on observations, interviews and record reviews, the facility failed to develop care plans in the area of oxygen therapy for 4 of 5 residents reviewed for respiratory care (#17, #56, #72 and #310). In addition, the facility failed to implement a care plan in the area of Activities of Daily Living (ADL), nutrition and incontinence for 1 of 2 residents reviewed for ADL's (#53).</p> <p>Findings:</p> <p>1. On 7/15/24 at 9:30 a.m., a surveyor observed oxygen equipment at Resident #17's bedside. A Review of Resident #17's Electronic Medical Record (EMR) found orders dated 4/8/24 for Oxygen therapy and Continuous positive airway pressure (CPAP) therapy. A review of Resident #17's care plan failed to include a focus, goal or intervention in the area of oxygen or CPAP therapy.</p> <p>2. On 7/15/24 at 9:35 a.m., a surveyor reviewed Resident #56's EMR showed orders dated 7/17/24 for oxygen therapy. A review of Resident #56's care plan did not include a focus, goal or intervention in the area of oxygen therapy.</p> <p>3. On 7/15/24 at 9:45 a.m., a surveyor observed Resident #72 with a nasal cannula for oxygen therapy. A surveyor reviewed Resident #72's EMR and found an order dated 5/5/23 for oxygen therapy. Resident #72's care plan did not include a focus, goal or intervention in the area of oxygen therapy.</p> <p>4. On 7/15/24 at 10:00 a.m., a surveyor observed Resident #310 with a nasal cannula for oxygen therapy during an interview. Resident #310's EMR found an order dated 7/14/24 for oxygen therapy. A review of Resident #310's care plan did not include a focus, goal or intervention in the area of oxygen therapy.</p> <p>On 7/17/24 at 1:50 p.m. a surveyor discussed the above findings with the Market Quality Specialist.</p> <p>37648</p> <p>5. Resident #53's most recent ADL care plan revised on 3/14/23 states, resident requires assistance/is dependent of ADL care, with instruction for nursing to, Lip plate for all meals, resident has limited vision to the left- please provide assist as needed as patient is not able to scan or see to the left, resident with limited vision and attention to left, approach resident from right side and Provide resident/patient with set-up assist for self feeding and supervision and cues- This includes putting utensils in hand or problem solving with resident for eating, The most recent Nutritional risk care plan last revised on 6/28/24 instructs nursing to, encourage resident to chew and swallow each bite and the most recent incontinence care plan last revised on 4/14/22 instructs nursing to, routine toileting, individualized schedule: 2 hours using toilet.</p> <p>(continued on next page)</p>		

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  07/19/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/15/24 from 12:24 p.m. to 12:48 p.m., observation of Resident #53 sleeping in a Broda chair at the dining room table with an uneaten lunch served on regular plate in front of him/her. At 12:37 p.m., observation of a certified nursing assistant (CNA) approach the table and then walked away, with no resident contact. At 12:45 p.m., while the resident was sleeping, the CNA removed the uneaten lunch tray, and left a slice of watermelon. At 12:48 p.m., while the resident was still sleeping, the CNA discarded the uneaten slice of watermelon. At no time did the CNA attempt to wake up the resident or assist him/her with eating.</p> <p>On 7/16/24 from 8:10 a.m. to 11:52 a.m., the surveyor observed the following: Resident #53 was sleeping in the Broda chair sitting at the dining room table with his/her right side against the wall. In his/her lap is an empty cup. While the resident slept, a CNA approached the resident from the left side and removed the cup from his/her lap and walked away. Then, at 9:13 a.m., while the resident slept, the CNA again approached the resident from the left side and removed the uneaten breakfast, served on regular plate, leaving the chocolate milk and blueberry muffin in front of him/her. At 11:24 a.m., the CNA again, approached the resident from the left side and discarded the uneaten blueberry muffin, leaving the chocolate milk. At 11:52 a.m., lunch was delivered to Resident #53 from the left side, usign a regular plate. During this time of 3 hours and 42 mins, the CNA continued to approach the resident from the left side, did not attempt to wake up the residen up to assist with his/her meal or offer toileting.</p> <p>On 7/17/24 at 8:11 a.m., during an interview with the Administrator, the above concerns were discussed.</p>		

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  07/19/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>37015</p> <p>Based on record reviews, observations and interviews the facility failed to provide Activities of Daily Living (ADL) care in the area of showers/bathing for 1 of 33 residents reviewed (#18), and in the area of nutrition for 1 of 2 sampled residents during 2 of 5 days of survey. (#53).</p> <p>Findings:</p> <p>1. On 7/15/24 at 11:44 a.m., in an interview with a surveyor, Resident #18 stated a couple weeks ago (she) did not get her weekly shower, due on Sundays, for 2 weeks until her family said something to staff.</p> <p>A review of the clinical record for Resident #18 revealed diagnoses that included multiple sclerosis and an above the knee amputation of the left leg. The quarterly Minimum Data Set 3.0 (MDS) assessment, completed on 7/6/24, indicated Resident #18 required partial to moderate assistance for showering/bathing. The current care plan stated Resident #18 required extensive 1-person assistance for bathing, and a total mechanical lift, with 2-person assistance to transfer to a shower.</p> <p>A review of Certified Nursing Assistant (CNA) documentation noted Resident #18 received one shower in the month of June, on 6/23/24. There was no documentation from staff stating Resident #18 refused weekly showers.</p> <p>On 7/18/24 at 11:10 a.m., in an interview with the Market Clinical Advisor and the Administrator, the surveyor discussed that staff documentation indicated Resident #18 received only one shower in June.</p> <p>37648</p> <p>2. Resident #53's ,Quarterly Minimum Data Set 3.0 dated 6/30/24, under section GG0130A Eating states, resident requires supervision or touching assistance - helper provides verbal cues or touching/steadying assistance as resident completes activity. The most recent ADL care plan revised on 3/14/23 states, resident requires assistance/is dependent of ADL care, with instructions for nursing to, Provide resident/patient with set-up assist for self feeding and supervision and cues- This includes putting utensils in hand or problem solving with resident for eating.</p> <p>On 7/15/24 at 9:41 a.m., observation of Resident #53 sleeping in a Broda chair at the dining room table with a cup of chocolate milk in front of him/her. At 12:24 p.m., observation of Resident #53 sleeping at the dining room table with an untouched lunch tray in front of him/her and the cup of chocolate milk on the side of the tray. At 12:37 p.m., observation of a certified nursing assistant (CNA) approach the table and then walked away, with no resident contact. At 12:45 p.m., while the resident was sleeping, the CNA removed the uneaten lunch tray, and left a slice of watermelon. At 12:48 p.m., while the resident was still sleeping, the CNA discarded the uneaten slice of watermelon. At no time did the CNA attempt to wake up the resident or assist him/her with eating.</p> <p>(continued on next page)</p>		

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  07/19/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/15/24 at 12:52 p.m., during an interview with the Licensed Practical Nurse (LPN) Manager, the above was discussed. The LPN manager stated Resident #53 typically does not feed oneself and needs assistance.</p> <p>On 7/15/24 at 3:53 p.m., during an interview, Resident #53's guardian stated, she wondered about Resident #53's eating and if his/her behaviors occur because he/she is hungry.</p> <p>On 7/16/24 from 8:10 a.m. to 11:52 a.m., the surveyor observed the following: Resident #53 was sleeping in the Broda chair sitting at the dining room table with his/her right side against the wall. In his/her lap is an empty cup. A breakfast tray in front of him/her contained chocolate milk, a banana, a blueberry muffin, scrambled eggs and a bowl of cereal. While the resident slept, a CNA removed the cup from his/her lap and walked away. Then, at 9:13 a.m., while the resident slept, the CNA removed the uneaten breakfast and left the chocolate milk and blueberry muffin in front of him/her. At 11:24 a.m., while Resident #53 slept, a wandering resident was observed moving Resident #53's chair back away from the table. The CNA redirected the wandering resident and placed Resident #53 back at the table, then discarded the uneaten blueberry muffin, leaving the chocolate milk. At 11:52 a.m., lunch was delivered to Resident #53. During this time, the CNA did not attempt to wake up Resident #53 or assist with his/her meal.</p> <p>On 7/17/24 at 8:11 a.m., during an interview with the Administrator, the above concerns were discussed.</p>		

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  07/19/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>37015</p> <p>Based on policy review, clinical record review, observations and interviews, the facility failed to notify the provider and obtained orders for 1 of 6 residents reviewed for respiratory care (#33) and 1 of 6 residents reviewed for pressure ulcers (#48). In addition, the facility failed to assess a resident after an unwitnessed fall and complete neurological assessments as per facility policy for 1 of 3 residents reviewed for falls (#407).</p> <p>1. On 7/15/24 at 11:05 a.m., a surveyor observed Resident #33 asleep in his/her bed on the Wayside Unit. The surveyor observed oxygen delivered at 3.5 liters/minute via nasal cannula with 2 oxygen tubes connected to the wall unit and only 1 tube connected to Resident #33. At 11:14 a.m., the surveyor discussed with the charge nurse that the oxygen was running but one tube was not connected to the resident. The charge nurse stated the extra tube was to be used with the nebulizer and then proceeded to turn that oxygen tube off. Resident #33 awoke and asked what the oxygen was set at. The charge nurse stated 3.5 liters. Resident #33 asked for the oxygen to be turned up to 4 liters and the charge nurse complied.</p> <p>A review of Resident #33's clinical record noted a diagnosis of Chronic Obstructive Pulmonary Disease (COPD). A physician order, dated 10/5/23, was noted for Oxygen at 3 liters/minute via nasal cannula continuously. Another order, dated 1/26/24, stated Oxygen 2.5 liters via nasal cannula to keep Oxygen Saturation greater than 90-94%.</p> <p>Review of a provider visit on 5/10/24, noted Stage 3 Severe COPD, O2 (oxygen) dependent, 3.5 liters, closer to usual baseline following treatment for exacerbation/pneumonia last month. Continue O2 nasal cannula.</p> <p>Review of nursing progress notes revealed a note dated 6/27/24 at 6:41 a.m., which stated Resident who had episode of shortness of breath and chest xray was negative, this a.m., his/her O2 (saturation) was around 87-88, 89, 90 on 5 liters (of) oxygen. Will share with other nurses and sbar (communication) with provider.</p> <p>A review of the July Treatment Administration Record noted Resident #33's oxygen saturation was checked every shift but did not indicate how much oxygen the resident was receiving at the time.</p> <p>On 7/17/24 at 9:20 a.m., the surveyor asked the charge nurse on the Wayside Unit to clarify Resident #33's oxygen order. The charge nurse reviewed the electronic record and stated the current order was 2.5 liters (per minute). The surveyor noted there were 2 orders, and the charge nurse confirmed both orders were in effect. He/she stated the order from 10/5/23 should have been discontinued. In addition, the charge nurse confirmed that documentation for the amount of oxygen being delivered should be included when oxygen saturation levels are checked.</p> <p>The surveyor asked if the charge nurse remembered turning Resident #33's oxygen up to 4 liters when he was asked to on 7/15/24. The nurse confirmed he/she had turned up the oxygen and stated Resident #33 had been at 4 liters for a couple of months and was getting 3.5 liters before that. It looks like 4 liters is his/her baseline already. We need to see if that's where he/she is at and let the provider know.</p> <p>(continued on next page)</p>		

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  07/19/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/17/24 at 9:45 a.m., the surveyor discussed the findings with the Market Clinical Advisor, who reviewed the provider orders and confirmed there were 2 oxygen orders in effect and no documentation of the amount of oxygen in use when the saturation level is obtained.</p> <p>2. On 7/16/24, review of the clinical record for Resident #48 revealed documentation, dated 7/15/24, of a wound on the bilateral gluteal folds that was described as measuring 9.0 centimeters (cm) in length by 5.5 cm in width, and was erythemic and excoriated. There was no documentation of steps taken by staff to address the wound.</p> <p>On 7/17/24 at 9:15 a.m., in an interview with the Wayside Unit charge nurse, a surveyor asked what type of wound Resident #48 had on the gluteal folds. The charge nurse reviewed the electronic medical record and stated Resident #48's wound was moisture associated skin damage. The surveyor asked what type of treatment would be used. The charge nurse stated I would use Z-guard and combine it with miconazole. The surveyor asked if there was an order for this treatment. The charge nurse stated he/she had left a message regarding the wound for the nurse on the facility's skin care team. The charge nurse confirmed the provider had not been notified and no order had been obtained since the wound assessment was completed on 7/15/24.</p> <p>On 7/17/24 at 9:45 a.m., the surveyor discussed the finding with the Market Clinical Advisor and the Administrator. The Administrator confirmed the facility's process would be if a nurse found a new wound, the provider would be called, and an order obtained.</p> <p>37648</p> <p>50218</p> <p>3. Review of Resident #407's clinical record revealed Progress Note dated 7/29/23 stating At approximately 0025 (12:25 a.m.) nursing staff including this nurse heard someone call out and a clash of noises coming from patient room. This nurse and other staff quickly responded and found resident on the floor laying supine, Resident said [he/she] lost balance on [his/her] way out from the bathroom and fell on to [his/her] bottom . Vital signs were WNL (within normal limits), neuros were baseline . Will continue to monitor.</p> <p>Review of Resident #407's entire clinical record lacked evidence of continued neurological monitoring or "Neurological Evaluation Flow Sheet" for fall occurring 7/29/23.</p> <p>On 7/15/24 at 1:26 p.m. during an interview, the Administrator was unable to provide evidence of continued neurological monitoring following the resident's fall on 7/29/23.</p> <p>Review of policy titled Falls Management last reviewed 3/15/24 states, . 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 .</p> <p>Review of policy titled Neurological Evaluation Flow Sheet states . Evaluate every 15 minutes for first 2 hours after final evaluation .After first 2 hours completed above, evaluate every 30minutes for 2 hours, after first 4 hours completed above, evaluate every hour for 4 hours .</p>		

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  07/19/2024
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>37015</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure that staff maintained the appropriate competency and skill required to provide tracheostomy care for 1 of 2 residents with tracheostomies on the Wayside Unit (#48).</p> <p>Finding:</p> <p>On 7/15/24 at 10:47 a.m., a surveyor observed a personal protective equipment station and signage advising Enhanced Barrier Precautions were required at the entrance of Resident #48's room. The surveyor observed Resident #48 lying in bed, receiving oxygen via a tracheostomy.</p> <p>A review of Resident #48's clinical record revealed diagnoses including anoxic brain injury, seizure disorder, chronic respiratory failure with hypoxia, and developmental delay. The record revealed a history of drug resistant organisms in Resident #48's sputum: Methicillin Resistant Staphylococcus Aureus (MRSA) and Pseudomonas Aeruginosa.</p> <p>The quarterly Minimum Data Assessment (MDS) 3.0, completed 6/11/24, indicated Resident #48 is dependent upon staff for all ADLs and is nonverbal, requires suctioning, has a tracheostomy and receives oxygen. The current care plan includes appropriate interventions to address Resident #48's needs.</p> <p>Provider orders, signed 6/26/24, include tracheostomy care twice daily and as needed, suctioning twice daily and as needed, change the inner cannula of the tracheostomy every day shift and as needed.</p> <p>On 7/16/24, the surveyor requested to observe the Wayside Unit charge nurse perform tracheostomy care for Resident #48. At 12:30 p.m., the surveyor observed the Nurse Practice Educator (NPE) was present for the observation. The charge nurse stated he/she had asked the NPE to be present as he/she did not feel competent doing the procedure. During the procedure, the NPE coached and prompted the charge nurse for next steps using a check off sheet. At one point, Resident #48 appeared to have labored breathing with audible rhonchi and copious white secretions draining from the tracheostomy. The charge nurse began using a Yankauer suction around the outside edge of the tracheostomy. The surveyor asked the charge nurse if he/she was going to perform deep suction. The charge nurse then proceeded to provide deep suction. Afterwards, Resident #48 was observed to be calm and relaxed, with unlabored respirations.</p> <p>At approximately 1:30 p.m., the surveyor asked the charge nurse if he/she had received training on performing tracheostomy care. The nurse stated it had been about 3 years ago but he/she was usually assigned on the upstairs unit, and did not feel competent to do the care when the surveyor asked to observe. The surveyor asked what did the nurse do when Resident #48 requires deep suctioning? The nurse stated he/she calls an upstairs unit and requests another nurse come down to perform the procedure. The surveyor stated that on 7/15/24, the charge nurse had signed Resident #48's treatment administration record and indicated he/she had performed tracheostomy care and deep suctioning. The charge nurse stated he/she had the nurse who was going off duty perform the suctioning and he/she did all the other things and signed off the tasks.</p> <p>(continued on next page)</p>		

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  07/19/2024
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/17/24 at 2:00 p.m., a review of the facility assessment, last revised 1/22/24, noted the facility stated it provides care for respiratory treatments including suctioning, tracheostomy care, ventilator or respirator. This includes policies and procedures to provide specialized respiratory care for tracheostomy or ventilator. The surveyor reviewed the procedures for tracheostomy care and suctioning, dated 7/15/21.</p> <p>On 7/17/24 at 2:50 p.m., the surveyor discussed the findings with the Administrator, who stated licensed nurses are required to complete a combination of online trainings and attend an annual skills fair where annual competencies are tested .</p> <p>On 7/17/24 at 3:00 p.m., in an interview with the surveyor, the Marketing Clinical Advisor, confirmed the last skills fair and competency testing for tracheostomy care and suctioning, that the charge nurse on the Wayside Unit completed was 9/29/22.</p>

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  07/19/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>50218</p> <p>Based on observations, and interviews the facility failed to ensure that medications were stored properly by having an unlocked, unattended medication cart on 1 of 7 resident units in the facility. In addition, the facility failed by leaving a resident's medications unattended at a bedside, allowing residents and unauthorized persons access to medications. (#33) (Saccarappa House Unit, Wayside Unit).</p> <p>Findings:</p> <p>1. On 7/15/24 at 9:42 a.m., two surveyors observed the unlocked and unattended medication cart in the hallway on Saccarappa House Unit. At 9:46 a.m., the Certified Medication Technician returned to the unlocked medication cart and began to prepare a resident's medication.</p> <p>On 7/17/24 at 11:27 a.m., the above finding was discussed with the Administrator and the Market Clinical Advisor.</p> <p>37015</p> <p>2. On 7/15/24 at 11:05 a.m., a surveyor observed Resident #33 asleep in bed. A cup of pills was observed on the overbed table next to Resident #33. At 11:14 a.m., the Wayside Unit charge nurse confirmed he/she had left the pills next to Resident #33, who must have forgotten to take them.</p> <p>On 7/15/24 at 1:15 p.m., the surveyor discussed the finding with the Market Clinical Advisor.</p>		

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  07/19/2024
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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>33639</p> <p>Based on record review and interview the facility failed to follow through with a physician's order for a dental referral for 1 of 43 sampled residents (#29).</p> <p>Finding:</p> <p>Resident #29's clinical record contained a physician's order dated 3/18/23 instructing staff to refer the resident to a dentist for gingivitis and a cleaning.</p> <p>Resident #29's clinical record lacked evidence of any follow up with the dental referral.</p> <p>In an interview with the surveyor on 7/17/24 at 11:06 a.m. the Marketing Clinical Advisor confirmed that Resident #29's dental referral had not been scheduled.</p>

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  07/19/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>37648</p> <p>Based on observations, record reviews and interview, the facility failed to ensure that clinical records were complete and contained accurate information for 1 of 2 residents reviewed for Activities of Daily Living (ADL) (#53).</p> <p>Finding:</p> <p>On 7/15/24 lunch meal and on 7/16/24 breakfast meal, Resident #53 was observed sleeping through both of the meals with no cueing provided by staff and did not consume any of the food or fluids provided. Review of the certified nursing aid documentation for 7/15/24 lunch and 7/16/24 breakfast states the amount eaten my mouth was 50%. The documentation for eating: self-performance for 7/15/24 lunch states resident was supervision with encouragement or cueing, and the lunch on 7/16/24 the documentation states resident was independent with no help or staff oversight at any time.</p> <p>On 7/17/24 at 8:11 a.m., during an interview with the Administrator, the above concerns were discussed.</p>