

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/29/2024
NAME OF PROVIDER OR SUPPLIER  Sandy River Center		STREET ADDRESS, CITY, STATE, ZIP CODE  119 Livermore Falls Rd Farmington, ME 04938	

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 maintain housekeeping and maintenance services necessary to maintain in good repair and sanitary condition unit refrigerators, kitchenette cabinet doors, dining tables, microwave ovens on 7 of 7 kitchenettes. (Mount Blue, Sugarloaf, Mount [NAME], Rangely Lake, [NAME] &amp; [NAME], First floor recreation)</p> <p>Findings:</p> <p>On 4/29/24 between 11:10 a.m. to 12:15 p.m., surveyor conducted a tour of the facility dining areas and kitchenettes and observed the following in</p> <ul style="list-style-type: none"> <li>- The refrigerator shelves and door shelves on the Mount Blue, Sugarloaf, Mount [NAME], Rangely Lake, Porter, [NAME] units and first floor recreation area were soiled with yellow/pink/white dried liquid</li> <li>- The upper and lower kitchenette cabinet doors on the [NAME] unit had chipped paint creating an uncleanable surface creating an uncleanable surface.</li> <li>- The microwaves on Mount [NAME], Rangely Lake and [NAME] units were soiled with dried food debris.</li> <li>- The Mount Blue unit kitchenette cabinets were soiled with crumbs of food.</li> <li>- Dining room tables on the Rangely Lake (2 tables) and [NAME] unit (2 tables) were soiled with food debris.</li> </ul> <p>A surveyor confirmed the findings above with the Administrator on 4/29/24 at 4:45 p.m.</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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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33639</p> <p>Based on observations and interviews, the facility failed to properly store, label and date food in the walk-in refrigerator and unit refrigerators for 6 units, first floor recreation area and kitchen 1 of 1 days of survey ([DATE]).</p> <p>Findings:</p> <p>On [DATE] between 11:10 a.m. to 12:15 p.m., the unit kitchenettes were observed to contain unlabeled, expired, and/or out of date food items which were available for resident use.</p> <p>Mount Blue:</p> <ul style="list-style-type: none"> <li>- A gallon sized zip lock bag with a crumbled chocolate chip cookie</li> <li>- 1 plain muffin covered with plastic on a plate.</li> <li>- 1 package of Ball Park [NAME], undated</li> <li>- 1 small plastic container of Philadelphia Garden Vegetable dip</li> <li>- 1 12-ounce bottle of [NAME] Hot sauce, undated</li> <li>- 1 12-ounce bottle of Brianna's, Raspbery Poppy Seed Dressing</li> <li>- 1 10-ounce jar of Cinnamon Apple Jelly</li> <li>- 2 small containers of tuna, date expired ,d+[DATE]</li> <li>- 1 sandwich covered in plastic wrap.</li> <li>- 1 10-ounce container of Dark Chocolate Hummus</li> <li>- 1 1.5-quart container of Breyers mint chocolate chip ice cream</li> <li>- 1 1.44 Quarts of Turkey Hill Vanilla Ice Cream</li> <li>- 1 medium sized cup of frozen chocolate shake</li> <li>- 1 small open container of strawberry pureed</li> </ul> <p>Sugarloaf:</p> <ul style="list-style-type: none"> <li>- 1 small cardboard container full of brown rice with green mold</li> </ul> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Mount [NAME]:</p> <ul style="list-style-type: none"> <li>- 1 container of Heinz Tomato Ketchup</li> <li>- 1 jar of [NAME] Stuffed [NAME] Spanish Olives</li> <li>- 1 15-ounce container of On the Border salsa</li> <li>- 1 24-ounce bottle of Wish Bone Creamy French Dressing</li> <li>- 1 24-ounce bottle of Hidden Valley Ranch dressing</li> <li>- 1 12-ounce plastic container of Heluva Good Dip French Onion</li> <li>- 1 small container of pureed squash</li> <li>- 1 sandwich wrapped with white paper.</li> <li>- 1 10 ounce Wholly Guacamole Avocado Verde dip</li> <li>- 2 small containers of pineapple,</li> <li>- 1 jar of Smucker's Sugar Free Red Raspberry jam</li> <li>- 1 6-ounce container of Yoplait Original blackberry harvest yogurt, Best by date [DATE]</li> </ul> <p>First floor Recreation:</p> <ul style="list-style-type: none"> <li>- 1 small glass container with brown liquid</li> <li>- 1 12-ounce bottle of Rose's Grenadine syrup</li> <li>- 1 64-ounce V8 Splash Berry Blend Juice</li> <li>- 1 14-ounce jar of Great Value Pizza Sauce dated [DATE].</li> <li>- 1 16-ounce bottle of Synergy Raw Kombucha Golden Pineapple</li> </ul> <p>Rangely Lake:</p> <ul style="list-style-type: none"> <li>- 1 1.5 Quart of Hood Classic Trio Ice Cream</li> <li>- 1 16-ounce Great Value Whipped Topping, date open [DATE].</li> <li>- 1 container of Friendly's Chocolate Chip ice cream</li> <li>- 1 container of Great Value Strawberry ice cream</li> </ul> <p>(continued on next page)</p>		

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<p>F 0812</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>- 1 Quart container of Lactaid Cookies and Cream ice cream</li> </ul> <p>Porter:</p> <ul style="list-style-type: none"> <li>- Large Italian sandwich wrapped in paper.</li> <li>- Small bowl of cream soup dated ,d+[DATE] - ,d+[DATE].</li> <li>- Upper and lower kitchen cabinet doors with peeled paint, creating an uncleanable surface.</li> </ul> <p>[NAME]:</p> <ul style="list-style-type: none"> <li>- 1 jar of Old El Paso Jalapeno Slices</li> <li>- 2 jars of homemade jelly</li> <li>- 1 container of Pink Peppermint ice cream</li> </ul> <p>During a tour of the kitchen with the Food Service Director, the following findings were observed and confirmed:</p> <p>The following was observed in the reach in refrigerator:</p> <ul style="list-style-type: none"> <li>- 1 container of Ham salad dated ,d+[DATE] - ,d+[DATE]</li> <li>- 1 quart of Lactaid Fat Free Milk, undated</li> <li>- 1 gallon of Oakhurst Dairy 2 % Reduced Fat Milk, undated</li> </ul> <p>The walk-in freezer had excessive dirt/debris on the floor.</p> <p>A surveyor confirmed the findings above with the Administrator on [DATE] at 4:45 p.m.</p>