STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205069	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandy River Center	119 Livermore Falls Road Farmington, ME 04938

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
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. **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 6 of 6 Units (Mt. [NAME], Mt. Blue, Sugarloaf, Porter, Rangeley and [NAME]), the laundry room and a common area for 3 of 4 days of survey.(9/15/25, 9/16/25 and 9/18/25).Findings: 1. On 9/15/25 at 6:20 p.m., two surveyors observed small fruit type flies around and on the table in the main office conference room. 2. On 9/15/25 at 8:00 p.m., a surveyor observed the following findings on the Rangeley Unit: - The linen closet had linen and dirt/debris on the floor. - The shower room had black buildup on the grout in the lower right corner of the room. - The dining room floor was heavily soiled with dirt throughout the floor and around the edges and the residents' room door frames. - The privacy curtains were missing hooks, hanging down and in disrepair for resident rooms 502, 503 and 506. 3. On 9/15/25 at 8:15 p.m., a surveyor observed the following findings on the [NAME] Unit: - The dining room floor was heavily soiled with dirt throughout the floor and around the edges and the residents' room door frames. - The unit entrance double doors had chipped/missing paint. - The shower room had black buildup on the grout in the lower left corner of the room. - The laundry room had linens on the floor. There was an approximately one foot by one foot square section of sheetrock cut out of the wall exposing insulation. 4. The common area flooring, in front of the [NAME] Unit entrance doors, had an approximately two inch by 4 inch section of linoleum missing creating an uncleanable surface. 5. On 9/16/25 from at 8:07 a.m. to 9:26 a.m., a surveyor observed the following findings during a facility tour: (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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Porter Unit -Resident room [ROOM NUMBER] – There were numerous house flies flying around the room. The baseboard heater cover and window sill had chipped/missing paint creating uncleanable surfaces. The fall mat, stored by the window had ripped/torn edges exposing foam creating an uncleanable surface. - Resident room [ROOM NUMBER] – The baseboard heater cover, behind head of bed, was broken apart and had fallen down and had chipped/missing paint creating an uncleanable surface. - Resident room [ROOM NUMBER] – The entire bathroom was heavily soiled with dirt and was dirty around base of toilet. There were two cracked/broken floor tiles in front of the toilet. Rangeley Unit: - Resident room [ROOM NUMBER] – The bathroom floor was dirty around the base of the toilet. - Resident room [ROOM NUMBER] – There was a window shade on the floor by a window. Both wardrobe draws, on the right side, were off track and broken. The bathroom floor was dirty around the base of the toilet and there were two bedpans on the floor. - Resident room [ROOM NUMBER] – There were two cracked/broken floor tiles just inside the room entrance door. On 9/16/25 at 9:28 a.m., in an interview with a surveyor, the District Manager for Healthcare Services confirmed the findings. 6. On 9/16/25 at 1:07 p.m. in an environment tour and interview with a surveyor, Director of Operations, and District Manager for Health Care Services the following was confirmed: In room [ROOM NUMBER] the baseboard heater was rusted, had chipped paint, and the end cap of the baseboard heater at the head of the bed was falling off. In room [ROOM NUMBER] the baseboard heater was rusted, and had chipped paint. In room [ROOM NUMBER] the floor was visibly soiled, and when walking next to bed 1, there was a sticky substance on floor, the wall at the head of bed 1 was patched, peeling, and not painted, and the top of the nightstand was dusty. On 9/18/25 from 8 a.m. through 8:20 a.m., an environmental tour was completed. On the Mt. Blue Unit, the grooves of the shower room threshold is caked with dirt. On the Sugarloaf Unit in room [ROOM NUMBER], and 304, behind the toilet, the wall above the cove base has missing sheetrock and crumbling putty patches creating uncleanable surfaces. The above findings were confirmed with the Administrator, on 9/18/25 at 10:45 a.m. On 9/18/25 between 9:02 a.m. thru 9:10 a.m., an environmental tour was completed with the (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Administrator, Manager of Housekeeping and Laundry, and a surveyor with the following confirmed at time of observation: Mount Blue Unit In room [ROOM NUMBER]-204 bathroom, the floor tiles had gaps around the toilet that were filled with dirt. In room [ROOM NUMBER]-1, the portable fan was dusty. In room [ROOM NUMBER]-1, the fan was dusty, the air conditioner filter was dusty, and the wall behind the bed was gouged. In addition, the light switch to the bathroom did not work. Mount [NAME] Unit In room [ROOM NUMBER], the air conditioner filter was dusty and there were holes in the drywall that were patched but not painted by the entrance door. In room [ROOM NUMBER]-1, the air conditioner filter was dusty. In room [ROOM NUMBER] bathroom, the cove base by the toilet was not attached to the wall

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on record reviews and interviews, the facility failed to ensure that care plans were updated to reflect the residents current needs for 2 of 39 resident care plans reviewed (Resident #44 [R44] and R11).Findings: 1. On 9/18/25, a review of R44's clinical record was completed. Documentation in R44's nurse note dated 6/20/25 indicated the resident is edentulous and is at risk for choking and has swallowing issues. R44's Physician orders dated 8/19/25, indicated the resident is to be fully upright for meals and to encourage R44 to remain upright for 45 minutes after meals. In addition if R44 wants to eat foods not on his food list, educate him on the possibilities of aspiration, choking and death. A review of R44's care plan was completed. The risk of aspiration and choking was not addressed. Interventions as indicated in the Physicians order for the resident to sit upright for meals and for 45 minutes after meals and education were not addressed on R44's care plan. The surveyor confirmed this finding on 9/18/25 at 10:00 a.m., in an interview with the Director of Nursing. 2. On 9/17/25, R11's clinical record was reviewed and indicated that 7/3/25, R11 started working with physical therapy (PT). The surveyor reviewed the care plan but could not find a care area/intervention regarding R11 currently receiving PT services. On 9/18/25 at 9/18/25 at 8:35 a.m., during an interview with a surveyor, the Director of Rehab stated that R11 entered the case load on 7/3/25 when a change in weight bearing status occurred and is currently working with PT at this time. On 9/18/25 10:20 a.m. during an interview with a surveyor, the Upper Level Unit Manager and surveyor reviewed R11's care plan but were unable to find in the care plan that R11 was currently receiving PT services and had been for over 2 months.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and review of the facility's Warewashing policy/procedure and the facility's Food Storage policy/procedure, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for a food disposal, a mouse trap, the floor, the stove hood, house flies, ceiling air vents, ceiling tiles and the ceiling metal grid; failed to ensure foods were dated, labeled and/or secured in a walk-in refrigerators and a walk-in freezer; and failed to ensure that the dish machine was monitored for proper wash and rinse temperatures to ensure clean and sanitized utensils and dishes, for 2 of 4 days of survey (9/15/25 and 9/17/25). In addition, the facility failed to ensure that expired food was removed and food dishes were covered in unit refrigerators, for 1 of 4 days of survey (9/15/25). Findings: The facility's Warewashing” policy/procedure dated 2/2023 noted: Policy: All dishware, serviceware, and utensils will be cleaned and sanitized after each use. Procedure: 2. All dishware machine water temperatures will be maintained in accordance with the manufacturer's recommendations for high temperature or low temperature machines. 3. temperature and or sanitizer concentration logs will be completed, as appropriate. 1. On 9/15/25 at 6:10 p.m., a surveyor entered the kitchen and spoke with a cook and a dietary aide who both stated that the dish machine was a high temperature dish machine that washed at a minimum of 150 degrees Fahrenheit (F.) and rinsed at a minimum of 180 degrees F. 2. On 9/15/25 from 6:15 p.m. to 6:50 p.m., a surveyor conducted a kitchen tour with the Traveling Executive Chef for Healthcare Services in which the following findings were observed: - There was dried liquid residue on the food disposal. - There was a rusty mouse trap on the floor under the dish machine. - There was food, trash and equipment(lids/utensils) on the floor under and around the equipment and the shelving. - There was dried liquid residue on the outside of the stove hood. - There were a large amount of house flies observed to be flying around the kitchen and landing on vents, lights and tables. The outside kitchen door next to the freezer door was propped open and had no screen door allowing pests to enter the kitchen. - There were two ceiling air vents, eight ceiling tiles around the vents and the ceiling grid that was dusty/dirty over food preparation areas. - The walk-in Freezer had one package of fish patties that were not labeled. There was one case of previously open sausage patties that was not secured and open to the air. There was a case of beef sandwich slices that had a large chunk of ice built up on the box. There was an excessive ice buildup on the bottom of the condenser unit causing water mist to spray out onto the floor making it slippery. - The walk-in refrigerator had one package of meatballs that was not dated and labeled. There were (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	two, 16-ounce packages of whipped topping that did not have a thaw date and the manufacturer's instructions noted that the product was only good for 14 days after being thawed. - The emergency food storage room, located on the [NAME] Unit, had two ceiling tiles that had large brown stains on them. On 9/15/25 at 6:50 p.m., in an interview with a surveyor, the Traveling Executive Chef for Healthcare Services confirmed the findings. 3. On 9/17/25 at 9:45 a.m., a surveyor reviewed the kitchen documentation and found the dish machine temp logs for June, July, August and September were missing some dates and the rinse temps sometimes were documented below 180 degrees F. The facility Dish Machine Logs for June, July, August and September 2025 were missing temps taken or documented below 150 degrees Fahrenheit (F.) for washing and 180 degrees Fahrenheit (F.) for rinsing to make sure the dishes were clean and sanitized. June: Breakfast (wash temperature low) - 7th; (rinse temperature low)-7th, 8th, 14th, 16th, 17th, and 22nd-25th. Lunch(wash temperature low)- 19th, 23rd, 24th, 29th and 30th.; (rinse temperature low)-19th, 23rd, 24th, 29th and 30th. July: Breakfast (rinse temperature low)-1st, 4th, 6th-9th, 20th, 22nd and 26th. Lunch (rinse temperature low)- 7th-11th, 15th, and 29th-31st. Dinner (wash temperature missing)-28th.; (rinse temperature low/missing)-10th, 28th. September: Breakfast (rinse temperature low)-1st, 4th, 12th, and 13th. Lunch (wash temperature missing)- 15th.; (rinse temperature low/missing)- 9th, 11th, 12th, 11th, and 15th. Dinner (wash temperature missing)- 14th and 16th.; (rinse temperature low/missing)- 14th and 16th. On 9/17/25 at 9:45 a.m., in an interview with a surveyor, the Traveling Executive Chef confirmed the findings. On 9/17/25 at 10:00 a.m., in an interview with 4 surveyors present, the Administrator confirmed the findings from the kitchen. 4. On 9/15/25 at 8:35 p.m., a surveyor observed an opened gallon of milk with an expiration date of (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	9/3/25 in the Sugarloaf Mountain refrigerator. The surveyor confirmed this finding with Certified Nursing Assistant #2 (CNA2). On 9/15/25 at 8:41 p.m., two surveyors observed Beef snack sticks with an expiration date of 8/14/25 and a container of cantaloupe with was soft and watery, with a date of 9/4/25 on the lid in the Mount Blue refrigerator. The surveyor confirmed this finding with Licensed Practical Nurse #1 (LPN1). On 9/15/26 at 8:44 a.m., two surveyors observed a meal tray from tonight's supper with two bowls not covered in the Mount [NAME] refrigerator. The surveyor confirmed finding this with CNA3 at this time.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and a review of Safety Data Sheets (SDS), the facility failed to ensure that the resident's environment was free of accident hazards relating to the storage of chemicals being properly secured for 1 of 4 days of survey (9/15/25).Findings:On 9/15/25 at 8:15 p.m., a surveyor observed the laundry room door not to be fully closed and latched. There was a sign on the door that noted Please Make Sure The Door Is Shut When You Leave. Thank You!!. Upon entering the room, the surveyor observed no one to be in the room and the following chemicals sitting in the open.One - 20-ounce container of Simple [NAME] foaming Coil CleanerOne - 32-ounce bottle of Bio Enzymatic Odor EliminatorOne - 32-ounce bottle of Rapid Multi-surface Disinfectant CleanerTwo - 1 pound 13-ounce containers of Germicidal Disposable wipesTwo - 1 pound 10-ounce containers of Bleach Germicidal wipesThe Safety Data Sheet for Clorox Healthcare Bleach Germicidal Wipes noted the following: 4. First Aid Measures: Inhalation: If breathed in, move person into fresh air. Skin contact: If on skin, rinse well with water. Eye contact: IF IN EYES: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses if present, after the first five minutes, then, continue rinsing eye. Call a poison control center or doctor for treatment advice. Ingestion: If swallowed, call a Poison Control Center or doctor immediately. DO NOT induce vomiting.The Safety Data Sheet for Super Sani-Cloth Germicidal Wipes noted the following: 4. First Aid Measures: Inhalation: Remove to fresh air. IF exposed or concerned: Get medical advice/attention. Skin contact: Wash off immediately with soap and plenty of water while removing all contaminated clothes and shoes. Eye contact: Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Keep eye wide open while rinsing. Do not rub affected area. Remove contact lenses, if present, after the 1st 5 minutes, then continue rinsing eye. Get medical attention if irritation develops and persists. Ingestion: Do not induce vomiting unless directed to do so by a medical professional. Clean mouth with water and drink plenty of water afterwards. Never give anything by mouth if victim is unconscious or is convulsing. Call a physician.The Safety Data Sheet for Simple [NAME] Foaming Coil Cleaner noted the following: 4. First Aid Measures: Inhalation: If adverse effect occurs, move to fresh air. Skin contact: If adverse effect occurs, rinse skin with water. Eye contact: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If irritation persists, get medical advice. Ingestion: May cause upset stomach. Drink plenty of water to dilute.The Safety Data Sheet for Rapid Multi Surface Disinfectant Cleaner noted the following: 4. First Aid Measures: Inhalation: Remove to fresh air. Treat symptomatically. Get medical attention. Skin contact: Wash off immediately with plenty of water for at least 15 minutes. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately. Eye contact: Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention immediately. Ingestion: Rinse mouth with water. Do NOT induce vomiting. Never give anything by mouth to an unconscious person. Get medical attention immediately.The Safety Data Sheet for Bio-Enzymatic Odor Eliminator noted the following: 4. First Aid Measures: Skin contact: Rinse with plenty of water. Eye contact: Rinse with plenty of water. Ingestion: Get medical attention if symptoms occur.On 9/15/25 at 8:25 p.m., in an interview with a surveyor, Administrator confirmed the finding. The Administrator stated that the lower level has confused residents that ambulate and also confused residents that move around the facility in their wheelchairs and with the laundry room door not secured, they would have access to these chemicals.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, record reviews, and interview, the facility failed to follow a physician order for the use of continuous oxygen for 1 of 2 residents (Resident #30 [R30]) reviewed for oxygen use. Finding:On 9/16/25 at 8:17 a.m., a surveyor observed R30 sitting at the dining room table having already eaten breakfast; present in the dining room were 2 staff members. The surveyor observed a bunch of oxygen tubing coiled up, sitting on the table next to R30 but the tubing was not attached to an oxygen source. The surveyor asked R30 if he/she was supposed to wear oxygen all the time and R30 stated, yes. A review of R30's physician order, dated 8/8/25, indicated that R30 was to received oxygen at 2 liters per minute via nasal cannula continuously. At this time, a surveyor confirmed this finding with Registered Nurse #1 (RN1) who then went to find portable oxygen for R30.

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F 0730 Level of Harm - Potential for minimal harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. Based on performance evaluation reviews and interview, the facility failed to complete 2 annual performance evaluations that were due to be completed at least every 12 months, for 1 of 3 sampled employees employed greater than 1 year (Certified Nursing Assistant #1 [CNA1]).Finding:CNA1 was hired on 2/21/23. The surveyor requested to review the annual performance evaluations that were due 2/24 and 2/25. On 9/18/2025 at 1:38 p.m., during an interview with a surveyor, the Administrator stated she was unable to find any performance evaluations for CNA1.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Some	Post nurse staffing information every day. Based on observations and interviews, the facility failed to post the nurse staffing information in an area visible to residents for 3 of 4 days of survey (9/15, 9/16, and 9/17/25).Finding:On 9/15/25 at 8:20 p.m., s surveyor observed the staff listing with census in the foyer between the entrance and exit doors. The doors are locked to exit the building to the foyer area. Residents cannot see this without assistance. On 9/15/25 at 8:23 p.m., during an interview with a surveyor, Licensed Practical Nurse #2 (LPN2) stated the only posted nurse staffing information she is aware of is upstairs. Residents would have to use the elevator which needs a passcode to operate. On 9/16/25 at 2:10 p.m. and 9/17/25 at 4:00 p.m., the surveyor observed the staff listing with census in the foyer area, not viewable to residents unless they are able to leave the building. On 9/17/25 at 4:05 p.m., during an interview with a surveyor, the Administrator stated that the Daily Nurse Staffing Form was only posted in the foyer, between the entrance and exit doors. She stated that there was no posting downstairs and confirmed that residents cannot use the elevator without entering a passcode. In addition, the door to exit the building is locked after hours and you need a code to exit the building to the foyer area. The surveyor confirmed that the nurse staffing information was not posted in an area visible to residents at this time.