

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Marshwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 33 Roger Street Lewiston, ME 04240	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37440</p> <p>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 3 of 6 units ([NAME], [NAME] and [NAME]) for 1 of 1 days of survey.(8/20/24)</p> <p>Findings:</p> <p>1. On 8/20/24 from 8:55 a.m., to 9:25 a.m., during tour of the Gilber Unit by a surveyor, the following findings were observed:</p> <ul style="list-style-type: none"> > Resident room [ROOM NUMBER] - The wall heater unit has chipped/missing paint and had rust on it creating an uncleanable surface. The walls around the room and in the bathroom were marred/marked. > Resident room [ROOM NUMBER] - The bathroom walls were marred/marked. > Resident room [ROOM NUMBER] - The room wall heating unit has chipped/missing paint and had rust on it creating an uncleanable surface. Additionally the walls were marred/marked around the entire room. > Resident room [ROOM NUMBER] - The privacy curtain, between the two resident beds, had large dirty and stained areas in multiple places. The walls around the entire room were marred/marked. <p>On 8/20/24 at 9:30 a.m., in an interview, the Director of Nursing confirmed the above findings.</p> <p>2. On 8/20/24 from 9:35 a.m., to 10:15 a.m., during tour of the [NAME] Unit and [NAME] Unit by a surveyor, the following findings were observed:</p> <p>[NAME] Unit:</p> <ul style="list-style-type: none"> > Resident room [ROOM NUMBER] - The entrance door frame and door had chipped missing paint. > Resident room [ROOM NUMBER] - The entrance door frame and bathroom door frame had chipped missing paint. <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
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>> Resident room [ROOM NUMBER] - The entrance door frame and bathroom door frame had chipped missing paint.</p> <p>> Resident room [ROOM NUMBER] - The entrance door frame and door had chipped missing paint.</p> <p>> Resident room [ROOM NUMBER] - The bathroom door frame had chipped/missing paint.</p> <p>> The dining room heater had chipped/missing paint creating an uncleanable surface.</p> <p>[NAME] Unit:</p> <p>> Resident room [ROOM NUMBER] - The bathroom door frame had chipped/missing paint. The floor was dirty around the base of the toilet.</p> <p>> Resident room [ROOM NUMBER] - The bathroom door frame had chipped/missing paint.</p> <p>> Resident room [ROOM NUMBER] - The bathroom door frame had chipped/missing paint.</p> <p>> Resident room [ROOM NUMBER] - The entrance door frame and bathroom door frame had chipped missing paint.</p> <p>> Resident room [ROOM NUMBER] - The base board heater had chipped/missing paint creating an uncleanable surface.</p> <p>On 8/20/24 at 10:15 a.m. the surveyor discussed the findings with the Director of Nursing.</p>

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37440</p> <p>Based on observation and interview, the facility failed to ensure that the resident's environment was free of accident hazards relating to a base board heater, a wooden resident room door and a resident toilet for 1 of 1 day of survey. (8/20/24)</p> <p>Findings:</p> <p>1. On 8/20/24 at 8:55 a.m., a surveyor observed the following on the [NAME] Unit:</p> <p>> Resident room [ROOM NUMBER] - The bath room toilet was loose and not secured to the floor. Additionally, the bathroom door had chipped/gouged and splintered wood which was sharp.</p> <p>2. On 8/20/24 from 9:35 a.m. and 10:15 a.m., a surveyor observed the following on the [NAME] Unit:</p> <p>> Resident room [ROOM NUMBER] - The base board heater was broken apart creating sharp metal.</p> <p>> Resident room [ROOM NUMBER] - The entrance door had chipped/gouged and splintered wood which was sharp.</p> <p>On 8/20/24 at 10:15 a.m., in an interview, the surveyor discussed the findings with the Director of Nursing.</p>