

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 03/18/2026
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** 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 7 units ([NAME], [NAME], [NAME], [NAME], [NAME] and [NAME]) 2 of 2 facility tours.(3/16/26 and 3/18/26)Findings:On 3/18/26 from 3:00 p.m. to 3:45 p.m., two surveyor conducted an Environmental tour with the Administrator, the Director of Nursing, the Maintenance Director, the Maintenance Assistant and the Housekeeping Supervisor in which the following findings were discussed and/or observed. [NAME] Unit:- There were six(6) cracked/broken floor tiles approximately forty one(41) cracked/broken floor tiles in the dining area. - Resident room [ROOM NUMBER] - The bathroom walls were marred/marked with black marks by the baseboard heater. - Resident room [ROOM NUMBER] - A surveyor had observed the heating unit to be pulled away from the wall. This was confirmed by and with the Market Clinical Advisor 3/16/26 at 11:00 a.m. [NAME] Unit:- The hallway hand rail covering, located between resident room [ROOM NUMBER] and resident room [ROOM NUMBER], was cracked/broken. - There were approximately forty one(41) cracked/broken floor tiles throughout the unit's hallway and dining area. - Resident room [ROOM NUMBER] - The wall by the reclining chair was marred/marked with black marks. - Resident room [ROOM NUMBER] - The bathroom had a stained ceiling tile above the toilet. The base of the bathroom metal door frame was rotted away leaving a hole in it. The floor around the base of the toilet was dirty. The ceiling exhaust fan was covered in dust/dirt. There was debris in the light fixture. [NAME] Unit:- Resident room [ROOM NUMBER] - The paint on the bathroom wall was peeling near the toilet. The baseboard heater had chipped/missing paint and was rusty. - Resident room [ROOM NUMBER] - The caulking around the base of the toilet was dirty/stained. The walls were marred and had chipped/missing paint exposing sheet rock.- Resident room [ROOM NUMBER] - The baseboard eating unit had the cover center connector piece that was falling off and hanging down. - Resident room [ROOM NUMBER] - Both bed side tables had dried liquid residue on them. [NAME] unit: - The shower room ceiling exhaust vent was dusty/dirty. - The dining room had three stained/dirty ceiling tiles by the large ceiling air vent. - Resident room [ROOM NUMBER] - On 3/16/26 at 9:38 a.m., a surveyor observed the privacy curtains were missing hooks, hanging down and in disrepair. - Resident room [ROOM NUMBER]- On 3/16/26 at 9:40 a.m., a surveyor observed the privacy curtains were missing hooks, hanging down and in disrepair. The heating unit by window had chipped/missing paint creating uncleanable surface.- Resident room [ROOM NUMBER] - The bathroom call bell cord was excessively long and lying on the bathroom floor. - Resident room [ROOM NUMBER] - There was a soiled plunger sitting on the bathroom floor next to the toilet.- Resident room [ROOM NUMBER] - The privacy curtain for the left bed, observed by a surveyor on 3/16/26, was missing hooks, hanging down and in disrepair. [NAME] Unit- Resident room [ROOM NUMBER] - The wall by the head of the bed and the bathroom walls were marked/marred and had chipped/missing paint creating uncleanable surfaces. - Resident room [ROOM NUMBER] - The heating unit by the bed on the right side of room had chipped/missing paint and was rusty. - Resident room [ROOM NUMBER] - The floor was dirty around (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>the base of the toilet. - Resident room [ROOM NUMBER]- The table fan, on the right side night stand, was dusty/dirty. - The ceiling air vent, in the dining area by resident room [ROOM NUMBER], was dusty/dirty. [NAME] Unit- Resident room [ROOM NUMBER] - The toilet had a broken plastic type wrap, around the base of the toilet, that was observed on 3/16/26 by a surveyor. On 3/18/26 at 3:45 p.m., in an interview with two surveyors present, the Administrator, the Director of Nursing, the Maintenance Director, the Maintenance Assistant and the Housekeeping Supervisor confirmed the findings.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on interviews and record review, the facility failed to review and revise the care plan by an interdisciplinary team (IDT), that included, to the extent possible, participation of the resident and/or his/her representative after each Minimum Data Set (MDS) assessment for 5 of 28 residents reviewed for care planning (Residents #1, #8, #35, #60, and #63).</p> <p>Findings:</p> <p>1. Review of Resident #1's medical record contained a Quarterly Minimum Data Set (MDS) version 3.0 dated 1/6/26. The clinical record lacked evidence of his/her IDT meeting being held within 7 days of the quarterly MDS assessment</p> <p>On 3/18/26 at 9:30 a.m., in an interview with the Market Clinical Advisor, who confirmed that Resident #1's IDT meeting was not held within 7 days of the quarterly MDS assessment.</p> <p>2. Review of Resident #8's medical record contained a Quarterly MDS version 3.0 dated 12/16/25 and 3/12/26. The clinical record lacked evidence of his/her IDT meeting being held within 7 days of the two quarterly MDS assessments.</p> <p>3. Review of Resident #60's medical record contained a Quarterly MDS version 3.0 dated 6/24/25 and 9/26/25. The clinical record lacked evidence of his/her IDT meeting being held within 7 days of the two quarterly MDS assessments.</p> <p>4. Review of Resident #63's medical record contained a Quarterly MDS version 3.0 dated 5/20/25. The clinical record lacked evidence of his/her IDT meeting being held within 7 days of the quarterly MDS assessment.</p> <p>5. Review of Resident #35's medical record contained a Quarterly MDS version 3.0 dated 12/23/25. The clinical record lacked evidence of his/her IDT meeting being held within 7 days of the quarterly MDS assessment.</p> <p>On 3/17/26 at 12:20 p.m. during an interview with the Licensed Social Worker (LSW) he/she stated the expectation for documentation is for whoever spoke with family/representative would put a note in the system with what was decided for a meeting date and time. The LSW stated he/she puts a note in for the actual care plan meeting and Nursing does the actual care plan.</p> <p>On 3/17/26 at 12:37, in an interview with the MDS Coordinator the surveyor requested any documentation that showed the family/representative requested a meeting outside the 7 days for the above concerns, but none was presented.</p> <p>On 3/18/26 at 9:33 a.m. during an interview with three surveyors the Market clinical advisor confirmed the above findings.</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>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations and interviews the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for walls, floors, air conditioner vents, and ceiling tiles for 1 of 1 kitchen tour (3/16/26). Findings: On 3/16/26 from 8:16 a.m. to 8:48 a.m. two surveyors conducted an initial kitchen tour with the Director of Operations for Dietary for Health Care Services in which the following findings were observed and discussed: -The wall behind the stove has missing sheet rock. -The kitchen floor had food debris and trash under tables and equipment. -The floor in the walk-in freezer had chipped/missing paint creating an uncleanable surface. -The air conditioner vents were soiled with dust/dirt. -Approximately 15 ceiling tiles and the ceiling grids above the stove were stained yellowish and soiled with dust/dirt. On 3/16/26 at 8:48 a.m., in an interview with two surveyors, the Director of Operations of Dietary for Health Care Services confirmed the findings.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on record reviews and interviews, the facility failed to ensure the Medication Administration Records (MAR) and Treatment Administration Records (TAR) were accurately completed for 7 of 28 residents reviewed (Resident #1, #3, #8, #14, #35, #60, and #63).Findings:</p> <p>1. On 4/2/25 a surveyor reviewed Resident #1's clinical record which showed an active physician order initiated on 12/9/25 for Humalog Solution 100 units/milliliters with instructions to Inject per sliding scale if 0-150= 0 units (if blood glucose is less than 70, call MD (medical doctor); 151-200 = 2 units; 201-250 = 4 units; 251-300 = 6 units; 301-230 = 8 units; 351+ = 10 units and 9 (if blood glucose is greater than 400, call MD immediately for further instruction), subcutaneously before meals for sliding scale insulin coverage for diabetes must take finger stick blood glucose prior to administration.</p> <p>A review of his/her Medication Administration Record/Treatment Administration Record for the month of March, lacked evidence that Resident #1's blood sugars were checked and insulin was given on 3/1/26, 3/5/26, 3/8/26, and 3/10/26.</p> <p>On 3/18/26 at 9:25 a.m., during an interview with the Market Clinical Advisor, who confirmed there was no evidence that Resident #1 got his/her blood sugars checked or received insulin for the above dates.</p> <p>2. On 3/18/26, a surveyor reviewed Resident #3's clinical record which showed the following active physician orders:</p> <p>-HumaLOG Solution 100 UNIT/ML(milliliter) (Insulin Lispro (Human)) Inject as per sliding scale: if 0 - 150 = 0 units (If blood glucose is less than 70, call(MD)); 151 - 200 = 2 units;201 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351+ = 10 units and (if blood glucose is greater than 400, call MD immediately for further instruction) , subcutaneously before meals and at bedtime for sliding scale insulin coverage for diabetes must take finger stick blood glucose prior to administration -Start Date 01/05/2026.</p> <p>A review of his/her Medication Administration Record/Treatment Administration Record for the month of January 2026, lacked documented evidence that Resident #3's blood sugars were checked and insulin was given on 1/17/26 (2000).</p> <p>- Lantus Subcutaneous Solution 100 UNIT/ML (Insulin Glargine) Inject 20 unit subcutaneously at bedtime for DM -Start Date 01/07/2026.</p> <p>A review of his/her Medication Administration Record/Treatment Administration Record for the month of January 2026, lacked documented evidence that Resident #3's blood sugars were checked and insulin was given on 1/17/26(2000).</p> <p>-Dulaglutide Subcutaneous Solution Auto-injector 1.5 MG/0.5ML (Dulaglutide) Inject 3 mg subcutaneously one time a day every Thursday for Diabetes with a start date of 01/01/2026 and D/C date 03/04/2026.</p> <p>A review of his/her Medication Administration Record/Treatment Administration Record for the month of January 2026, lacked documented evidence that Resident #3's Dulaglutide was given on (continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1/17/26(2000).</p> <p>-Miconazole External Powder 2 % (Miconazole Nitrate (Topical)) Apply to groin and abdominal folds topically two times a day for yeast related skin condition initiated on 10/22/2025.</p> <p>A review of his/her Medication Administration Record/Treatment Administration Record for the month of January 2026, lacked documented evidence that Resident #3's Miconazole External Powder 2 % was applied on 1/17/26(2000).</p> <p>-Monitor scabbed wound on left shin until resolved. every day shift for skin care initiated on 10/20/2025 and discontinued on 02/04/2026. A review of his/her Medication Administration Record/Treatment Administration Record for the month of January 2026, lacked documented evidence that Resident #3's scabbed wound on left shin was monitored on 1/13/26.</p> <p>-Acetaminophen Oral Tablet 500 milligrams (MG) (Acetaminophen) Give 2 tablet by mouth three times a day for back pain initiated on 08/14/2025.</p> <p>A review of his/her Medication Administration Record/Treatment Administration Record for the month of February 2026, lacked documented evidence that Resident #3's Acetaminophen was given on 2/12/26 on evening (1900).</p> <p>-1C, BMP (Basic Metabolic Panel) one time only for DM for 1 Day initiated on 02/16/2026.</p> <p>A review of his/her Medication Administration Record/Treatment Administration Record for the month of February 2026, lacked documented evidence that Resident #3's 1C, BMP one time only was completed on 2/16/26.</p> <p>-Does the patient need to have the Head of Bed Elevated to Avoid Shortness of Breath while lying flat? every shift initiated on 06/04/2025.</p> <p>A review of his/her Medication Administration Record/Treatment Administration Record for the month of February 2026, lacked documented evidence that Resident #3's Head of Bed Elevated 1C was completed 2/13/26 and 2/22/26 on nights.</p> <p>-Is resident free from side effects of psychotherapeutic medications? (if no, document side effects in PN) every shift initiated on 08/12/2025. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February 2026, lacked documented evidence that Resident #3's was checked for side effects on 2/22/26 on nights.</p> <p>-Voltaren External Gel 1 % (Diclofenac Sodium (Topical)) Apply to bilateral knees topically three times a day for pain 4g initiated on 02/09/2026.</p> <p>A review of his/her Medication Administration Record/Treatment Administration Record for the month of February 2026, lacked evidence that the Voltaren External Gel 1 % was applied on 2/11/26, 2/15/26 and 2/17/26 on afternoons.</p> <p>-Wander Guard/Wander Elopement Device due to poor safety awareness every night shift check function and document in supplemental documentation Expiration date: 07/2026 (update the order with the new date when the bracelet is changed) initiated on 08/08/2025. (continued on next page)</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of his/her Medication Administration Record/Treatment Administration Record for the month of February 2026, lacked documented evidence that Resident #3's wander guard's function was checked on 2/4/26 and 2/22/26 on nights.</p> <p>-Wander Guard/Wander Elopement Device due to poor safety awareness every shift check the placement of the device and in supplemental Documentation document the location initiated on 08/08/2025.</p> <p>A review of his/her Medication Administration Record/Treatment Administration Record for the month of February 2026, lacked documented evidence that Resident #3's wander guard's placement was checked on 2/4/26 and 2/22/26 on nights.</p> <p>On 3/18/26 at 9:35 a.m., in an interview with five surveyors present, the Market Clinical Advisor confirmed the findings</p> <p>3. On 3/18/26, a surveyor reviewed Resident #8's clinical record which showed the following active physician orders:</p> <p>-Risperidone oral tablet 1miligram (mg) give 1.5 tablet by mouth two times a day for psychosis, agitation with start date of 2/12/26 and discontinue date 3/2/26.</p> <p>A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #8 was given the medication on 2/12/26.</p> <p>-Does the patient need to have the Head of Bed Elevated to Avoid shortness of Breath while lying flat? every shift with start date 11/12/25.</p> <p>A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #8 was checked for this on 2/2/26 at night, 2/13/26 at night, and 3/4/26 in the evening.</p> <p>-Is resident free from side effects of psychotherapeutic medications? [if no, document side effects in PN (progress note)] every shift with start date 11/12/25.</p> <p>A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #8 was checked for this on 2/2/26 at night, 2/13/26 at night, and 3/4/26 in the evening.</p> <p>-Weigh every day shift every Monday with start date 12/8/25. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #8 was weighed on 2/23/26.</p> <p>-Vital Signs short term/skilled patient q (every) shift x72 hrs (hours) then daily every, day shift with start date 8/11/25. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #8 had his/her vital signs taken on 3/5/26.</p> <p>-Check placement of clonidine patch every shift with start date 8/7/25. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked (continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>evidence that Resident #8's patch placement was checked on 3/5/26 in the evening.</p> <p>-Comprehensive Metabolic Panel (CMP), Complete Blood Count (CBC) one-time only for 1 day with start date 3/9/26. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #8 had this done on 3/9/26 or 3/10/26.</p> <p>-Epson salt to right great toe twice a day (BID), follow with Bactroban ointment and cover with 2x2 gauze and tape two times a day for irritation to toe following podiatry care for 7 days with start date 2/28/26. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that this was done for Resident #8 on 3/4/26 in the evening (PM).</p> <p>-Mupirocin external Ointment 2% apply to right great toe topically two times a day for irritation following podiatry care for 7 days with start date 2/28/26. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #8 received this on 3/4/26 PM.</p> <p>-Right great toe: cleanse right great toe with wound cleanser, apply thin layer Mupirocin External Ointment 2% two times per day until resolved two times a day for ingrown toe with start date 2/12/26. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #8 had this done on 3/4/26 from 4 pm to 10.</p> <p>On 3/18/26 at 9:35 a.m., in an interview with five surveyors, the Market Clinical Advisor confirmed the findings.</p> <p>4. On 3/18/26, a surveyor reviewed Resident #14's clinical record which showed the following active physician orders:</p> <p>-Ammonium Lactate External Lotion 12 % (Lactic Acid (Ammonium Lactate)) with instructions to apply to Bilateral LE topically every day and evening shift for dry and flaky skin initiated on 01/31/2026. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March 2026, lacked documented evidence that Resident #14's Ammonium Lactate External Lotion 12 % was applied on 3/4/26 in evening.</p> <p>-Does patient need to have the Head of Bed Elevated to Prevent Shortness of Breath while lying flat? every shift for COPD -Start Date 02/17/2023. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March 2026, lacked documented evidence that Resident #14's Head of Bed Elevated was elevated on 3/10/26 at night.</p> <p>-Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML 3 ml inhale orally three times a day for Influenza, wheezing for 7 Days -Start Date 02/19/2026. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February 2026, lacked documented evidence that Resident #14's Ipratropium-Albuterol Solution was administered on 2/24/26 for afternoon.</p> <p>-IV: Observe IV site routinely for S/S of complications at a frequency based on therapy and resident condition. Document in PN at least q shift. every 2 hours for dehydration -Start Date 02/27/2026 -D/C Date 02/28/2026. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February 2026, lacked documented evidence that Resident #14 was observed (continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>for dehydration on 2/28/26 at 0600.</p> <p>On 3/18/26 at 9:35 a.m., in an interview with five surveyors, the Market Clinical Advisor confirmed the findings.</p> <p>5. On 3/17/26, a surveyor reviewed Resident #35's clinical record which showed the following active physician orders:</p> <p>-Basic Metabolic Panel (BMP) one time only for chronic kidney disease (CKD) for 1 day with start date 2/26/26. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #35 had this done on 2/26/26 or 2/27/26.</p> <p>-Is resident free from side effects of psychotherapeutic medications? (if no, document side effects in PN) every shift with start date 6/9/23. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #35 had this done on 2/2/26 at night, 2/13/26 at night, 3/1/26 at night, or 3/4/26 in the evening.</p> <p>-Wander Guard/Wander Elopement device due to poor safety awareness every shift, check the placement of the device on Right Left Leg (RLE) and in supplemental documentation document the location with start date 6/9/23. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #35 had this done on 2/6/26 at night, 2/13/26 at night, 3/1/26 at night, or 3/4/26 in the evening.</p> <p>-Bilateral (BIL) knee high teds at bedtime for edema remove teds, rinse and hang with start date 6/13/23. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #35 had this done on 3/4/26 at bedtime (HS).</p> <p>On 3/18/26 at 9:35 a.m., in an interview with five surveyors, the Market Clinical Advisor confirmed the findings.</p> <p>6. On 3/18/26, a surveyor reviewed Resident #60's clinical record which showed the following active physician orders:</p> <p>-Allow ice chips upon request for quality of life, seat patient fully upright in bed or chair prior to administration. The patient may self-administer ice chips by cup, cue patient to cough after each swallow. Leave head of bed elevated for 20 minutes after ice chips every shift with start date 1/13/21. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #60 had this done on 2/2/26 at night, 2/13/26 at night, and 3/1/26 at night.</p> <p>-CeraVe Moisturizing External Cream (Emollient) Apply to dry areas topically three times a day for excessive skin breakdown, rash apply to all areas of redness that patient will tolerate with start date 1/6/26. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #60 had this done on 2/6/26 at 1400, 2/7/26 at 1400, 2/15/26 at 1400, and 2/17/26 at 1400.</p> <p>-Colostomy care every shift with start date 4/8/20. A review of his/her Medication Administration (continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Marshwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 33 Roger Street Lewiston, ME 04240	
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #60 had this done on 2/17/26 during the day, and 3/1/26 at night.</p> <p>- Colostomy Appliance Change one time a day every 3 day(s) with start date 6/24/25. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #60 had this done on 2/13/26.</p> <p>-Does patient elevate Head of Bed (HOB) to prevent Shortness of Breath (SOB)? Every shift with start date 10/10/22. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #60 had this done on 2/13/26 at night, and 3/1/26 at night.</p> <p>-Enteral feed order every shift Jevity 1.2 Calorie (CAL) administer continuous via pump 100 milliliters (ml) per hour with water flush 25 ml/hour (hr) with start date 9/6/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #60 had this done on 2/2/26 at night, 2/13/26 at night, and 3/1/26 at night.</p> <p>-Enteral feed: elevate head of bed 30-45 degrees during feeding and for 30-45 minutes after every shift with start date 4/7/20. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #60 had this done on 2/2/26 at night, 2/13/26 at night, and 3/1/26 at night.</p> <p>-Enteral Feed: change syringe every 24 hours with start date 4/7/20. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #60 had this done on 2/9/26 or 2/17/26.</p> <p>- Enteral Feed: check for gastric residual volume (GRV) every shift prior to medication administration via tube. If GRV is greater than 250 ml or over, hold med notify physician/Advanced Practice Provider and document amount in ml with start date 9/6/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #60 had this done on 2/2/26 at night, 2/13/26 at night, and 3/1/26 at night.</p> <p>-Enteral feed: Flush tube with 30 ml of water before and after each medication pass. Every shift flush tube with at least 15 ml of water between each medication. Auscultate for presence of bowel sounds prior to med administration via tube with start date 9/6/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #60 had this done on 2/2/26 at night, 2/13/26 at night, and 3/1/26 at night.</p> <p>-Flush tube with 25 ml/hr of water during continuous feeding and a total volume of flush = 600 ml/24 hrs (excluding medication flushes). Total volume of nutrients + flush = 3000 ml/24hrs every shift with start date 9/6/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #60 had this done on 2/2/26 at night, 2/13/26 at night, and 3/1/26 at night.</p> <p>-Is resident free from side effects of psychotherapeutic medications? (If no, document side effects of psychotherapeutic medications? (if no, document side effects in PN) every shift with start date 4/8/20. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #60 had this done on 2/2/26 at night, (continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2/13/26 at night, and 3/1/26 at night.</p> <p>-Oral care every day and evening shift with start date 5/24/23. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #60 had this done on 2/17/26 during the day.</p> <p>-Total nutrient 2400 ml/24 hrs. total calories 2880 CAL/ 24 hrs with start date 9/6/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #60 had this done on 2/13/26 at night, 2/22/26 at night, and 2/23/26 at night.</p> <p>-Perform surface disinfection of suction canister as per Genesis policy, change the canister and the connecting tubing, date the canister every night shifts every Sunday with start date 9/6/20. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #60 had this done on 3/1/26.</p> <p>-Placement and tube length in centimeters (CM) every shift check tube for proper placement prior to each feeding, flush, or medication administration by measuring the length of the tube with start date 4/7/20. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #60 had this done on 3/1/26 at night.</p> <p>On 3/18/26 at 9:35 a.m., in an interview with five surveyors, the Market Clinical Advisor confirmed the findings.</p> <p>7. On 3/18/26, a surveyor reviewed Resident #63's clinical record which showed the following active physician orders:</p> <p>-CMP, Hemoglobin A1c one time only for diabetes, CKD for 1 day with start date 2/5/26. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #63 had this done on 2/5/26 or 2/6/26.</p> <p>-Does the patient need to have the Head of Bed Elevated to avoid shortness of Breath while lying flat? Every shift for Asthma with start date 9/4/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #63 had this done on 2/2/26 at night and 2/13/26 at night.</p> <p>-Is resident free from side effects of psychotherapeutic medications? (if no, document side effects in PN) every shift with start date 9/3/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #63 had this done on 2/2/26 at night and 2/13/26 at night.</p> <p>-Levothyroxine sodium Tablet 150 micrograms give 1 tablet by mouth one time a day for low thyroid hormone with start date 11/5/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #63 received this on 3/16/26 at 0600.</p> <p>-Bilateral feet: Monitor feet, apply skin prep to bilateral feet two times per day every day and evening shift may apply foam dressing for added comfort with start date 2/26/26 and discontinue date 3/11/26. A review of his/her Medication Administration Record/Treatment Administration Record for (continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>the month of March lacked evidence that Resident #63 had this done on 3/4/26 in the evening.</p> <p>-Does the patient need to have the Head of Bed Elevated to avoid shortness of Breath while lying flat? Every shift for Asthma with start date 9/4/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #63 had this done on 3/1/26 at night, 3/4/26 in the evening, and 3/8/26 at night.</p> <p>-Is resident free from side effects of psychotherapeutic medications? (if no, document side effects in PN) every shift with start date 9/3/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #63 had this done on 3/1/26 at night, and 3/4/26 in the evening.</p> <p>-Lantus Solostar Subcutaneous Solution Pen-injector 100 unit/ml (insulin Glargine) inject 25 unit subcutaneously at bedtime for diabetes mellitus with start date 9/3/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #63 had this done on 3/4/26 HS.</p> <p>On 3/18/26 at 9:35 a.m., in an interview with five surveyors, the Market Clinical Advisor confirmed the findings.</p>

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to protect and promote a resident's dignity for 1 of 2 residents sampled for hygiene for 2 of 3 days of survey. (Resident #24). Findings: Resident #24 was admitted to facility in February 2026 with diagnoses of right tibia and fibula fracture. The most recent Brief Interview for Mental Status (BIMS) was 14 out of 15 indicating [he/she] is cognitively intact. Review of Resident#24's current care plan initiated 2/10/26 stated, Resident is at risk for decreased ability to perform ADL(s) (Activities of Daily Living) in grooming, personal hygiene requires 1 person extensive assistance with bathing, and grooming. On 3/16/26 at 10:56 a.m., observation of Resident #24 sitting in his/her wheelchair with long white facial hair on his/her chin. At this time, during an interview the resident was asked if having facial hair was a concern. The resident replied, Yes it does, I have tried to get someone to help me, there's men here so I know they have shavers. The surveyor asked if he/she is able to shaving his/her own face. Resident stated, he/she can but, I don't have a mirror here either. I wish someone could shave it. On 3/17/26 at 10:39 a.m., an additional observation, Resident #24 with the long white facial hair on his/her chin. Again, the surveyor asked the resident about his/her ability to shave his/her face. Resident stated, The other place I had a hot towel and [NAME] 3 and 1 cream and I would shave. It bugs the hell out of me, I'm sure a lot of people notice it, they just don't say anything to me and stated the facility must has razors because there are men here. On 3/17/26 at 10:45 a.m., during an interview, Certified Nurses Aid (CNA #1) confirmed she was providing care for Resident #24. The surveyor asked about the resident's facial hair. CNA #1 stated, I haven't shaved [him/her] and they would not leave razors in the resident's rooms. On 3/17/26 at 1:38 a.m., during an interview, the above concern was discussed with Director of Nursing Services, who after surveyor intervention, discussed the resident being shaved by either staff or shaving him/herself and the facility will obtain mirror and electric shaver.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** Based on observations, interviews, and a review of Safety Data Sheets (SDS), the facility failed to ensure that the resident environment remained free from the potential risk of accidents, relating to the storage of chemicals being properly secured for 1 of 3 days of survey (3/16/26). Findings: On 3/16/26 at 11:18 a.m., observation of the [NAME] unit spa with an unlocked and ajar closet door which residents had access to. Closer observation showed the closet contained 5 gallons of Cid-A-L ? II (disinfectant, virucide and fungicide chemical). Safety Data Sheet noted the following: Restrictions of Use: Do not ingest. Avoid contact with skin and eyes. Keep out of reach of children. Do not allow product to go directly down storm sewer. First Aid Measures Eye Contact: Flush eyes with plenty of water for at least 15 minutes. Skin Contact: Wash off skin and remove contaminated clothing. Do not reuse contaminated clothing. Inhalation: If dust, vapors or mist cause distress, remove to fresh air. Use oxygen or artificial respiration, if needed. Ingestion: If swallowed, consult a physician immediately. If symptoms persist, consult a physician. Toxicological Information Effects of Exposure: Product is toxic, may cause death. Eyes: Contact can cause irreversible eye damage or burns. Skin: Prolonged contact may cause burns or irritation. Inhalation: Vapor may cause drowsiness, nausea, loss of motor skills or disorientation. Do not create mist. Ingestion: Causes digestive tract burns. On 3/16/26 at 11:22 a.m. both the Director of Nursing and Surveyor observed the unsecured chemicals. At this time, the Director of Nursing confirmed the chemicals were not secured creating a hazardous and unsafe environment for which residents could access.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observation and interview, the facility failed to maintain a garbage storage area in a sanitary condition to prevent the harborage and feeding of pests for 3 of 3 dumpsters for 1 of 3 days of survey (3/16/26).Finding:On 3/16/26 at 8:18 a.m., a surveyor observed food and trash to be on the ground around 3 of 3 dumpsters.On 3/16/26 at 8:48 a.m., in an interview with two surveyors the Director of Operations for Dietary for Health Care confirmed the finding.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews, record review and facility policy, the facility failed to maintain an Infection Control Program designed to provide a sanitary environment to help prevent the development and transmission of disease and infection related to the management of residents with Clostridium Difficile (C-diff - a highly contagious bacterium (germ) that causes diarrhea and colitis) infection for 1 of 3 residents reviewed for Transmission Based Precautions. (#117)Finding:Resident #117 was admitted with a diagnosis of Clostridioides difficile. The current care plan for actual infection of Clostridioides difficile initiated on 3/14/26, had interventions of Contact Precautions.On 3/16/26 at 10:33 a.m., observation of Resident #117's room with a posted Contact Precautions sign on the door instructing staff to put on gloves and a gown before entering the room. Next to the door was a 3 draw plastic bin containing Personal Protective Equipment (PPE) of gloves and gowns. At this time, Resident #117 stated he/she was on contact precautions due to having C-diff and is on an antibiotic for a couple more days.On 3/16/26 at 11:11 a.m., 2 surveyors observed the Licensed Social Worker (LSW), without gloves or gown, in resident #117's room, sitting in the resident's wheelchair. At this time, Registered Nurse Manager (RN #6) came around the corner, the surveyor asked RN#6 why the LSW was not wearing the required PPE. The RN #6 stated, you only wear PPE if you are touching items. RN#6 then called the LSW out of the room and explained that she should be wearing gown and gloves while in room. At 11:17 a.m., the LSW applied gown and gloves.The facilities Transmission Based Precautions policy and procedure last revised on 5/1/25 states, The Center will have PPE readily available near the entrance of the patient's room and will don appropriate PPE before or upon entry into the environment of a patient on Transmission Based Precautions., Contact Precautions: intended to prevent transmission of pathogens that are spread by direct or indirect contact with the patient or the patient's environment. and Donning PPE upon room entry and discarding before exiting the room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination, Clostridioides difficile, norovirus and other intestinal tract pathogens.On 3/16/26 at 11:23 a.m., the above was discussed and confirmed with Director of Nursing.</p>