| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 205076 | A. Building<br>B. Wing | 03/05/2025 |

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| Market Square Health Care Center, LLC | 3 Market Square<br>South Paris, ME 04281 |

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| F 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Reasonably accommodate the needs and preferences of each resident.<br><br>37440<br><br>Based on interviews and record review, the facility failed to ensure accommodations were made for a resident to include the facility's bathing schedule and resident preferences for 1 of 3 residents reviewed for activities of daily living (Resident #7).<br><br>Finding:<br><br>On 3/4/25 at 9:30 a.m., during an interview, Resident #7 stated that he/she wants to and is supposed to get a shower twice a week, on Sundays and Wednesdays. But due to staffing, he/she no longer gets a shower consistently. He/she stated that staff will come in and tell him/her that he/she will be getting a bed bath instead.<br><br>On 3/4/25 at 9:40 a.m., observation of the weekly shower schedule indicated Resident #7 was to receive a shower on Sunday and Wednesday early evenings.<br><br>On 3/4/25 at 9:48 a.m., in an interview and review of Resident 7's February 2025 bathing documentation, the Quality Improvement Specialist(QIS) confirmed that Resident #7's bathing documentation lacked evidence that he/she received showers on 2/5/25, 2/9/25, 2/12/25, 2/23/25 and 2/26/25. The QIS additionally confirmed that there was no documentation of the resident refusing and full bed baths were given instead of the showers. |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37440<br><br>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 3 units ([NAME] East, [NAME] and Tuttle) for 1 of 1 facility tour.<br><br>Findings:<br><br>On 3/5/25 from 8:30 a.m. to 9:15 a.m., a surveyor conducted an Environmental Tour with the Environmental Services Director and the Quality Improvement Specialist, in which the following findings were observed:<br><br>[NAME] East > There was an EZ sit-to-stand patient lift, in the hallway by room [ROOM NUMBER], that had food debris and dirt in the foot base area. > Resident room [ROOM NUMBER] - The wall behind bed 2 had chipped/missing paint and was marred with black marks. The base board heater front cover was off at the end of the bed exposing heating elements. Resident #32's grabber/reacher was coated with a thick brown substance on the grabber part and the entire handle. > Resident room [ROOM NUMBER] - The room was very cold and without heat. The base board heater was broken apart and laying on the floor. > Resident room [ROOM NUMBER] - A bedpan was stored on the toilet. There was a foam pad on the shower floor.<br><br>[NAME] > Resident room [ROOM NUMBER] - The room entrance door and the bathroom door were gouged/marked gouged and had untreated putty on many areas creating uncleanable surfaces. > Resident room [ROOM NUMBER] - The room entrance door was marred and chipped/gouged creating an uncleanable surface. > Resident room [ROOM NUMBER] - The room entrance door was marred and chipped/gouged creating an uncleanable surface.<br><br>Tuttle > Resident room [ROOM NUMBER] - The walls behind the beds were scuffed/marred with black marks and the entire floor was soiled with dirt and debris. > Resident room [ROOM NUMBER] - The privacy curtains had missing hooks, were hanging down and in disrepair. The caulking around the base of the toilet was dirty. > Resident room [ROOM NUMBER] - The caulking around the base of the toilet was dirty. The bathroom exhaust fan was dusty. The inside the bathroom doors had chipped/missing paint. The privacy curtain was missing hooks, hanging down and in disrepair. The bathrooms walls were marred/marked with black marks. > Resident room [ROOM NUMBER] - An EZ sit-to-stand patient lift, stored in room [ROOM NUMBER], had food debris and dirt debris in the base area. The privacy curtains were missing hooks, hanging down and in disrepair. The caulking around the base of the toilet was dirty. > Resident room [ROOM NUMBER] - The privacy curtains were missing hooks, hanging down and in disrepair. > Resident room [ROOM NUMBER] - There was a urine hat on the bathroom floor.<br><br>On 3/5/25 at 9:15 a.m., in an interview, the Environmental Services Director and the Quality Improvement Specialist confirmed the findings. |

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| F 0655<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42531<br><br>Based on interviews, record review, and facility policy, the facility failed to ensure a baseline care plan was developed and implemented within 48 hours. That included the instructions needed to provide minimum healthcare information necessary to care for 3 of 25 care plans reviewed (Resident's (R)4, R55, and R67).<br><br>Findings:<br><br>Review of policy 48 Hour Baseline Care Plan dated 10/18 states a baseline care plan will be created within 48 hours of admission. Based on the admission assessment, physician orders and resident preferences a care plan will be created to facilitate a smooth transition of care and to provide effective, person care plan.<br><br>1. Resident (R55) was admitted in February of 2023.<br><br>Review of R55's admission assessment dated [DATE] states: Smoking Status If a current smoker, fill out the NCA LTC Smoking Risk : current every day smoker.<br><br>Review of R55's baseline care plan, dated 2/24/25, lacked evidence that a care plan was initiated in the area of smoking on admission.<br><br>During an interview on 3/3/25 at 4:10 pm the above was confirmed with Quality Improvement Specialist.<br><br>37648<br><br>2. Resident #67 was recently admitted to the facility. A review of the nursing assessments, dated 2/11/25 for Resident Smoking Screen and a Resident Smoking Contract state he/she can smoke unsupervised. As of 3/3/25 the residents' care plan lacked interventions and goals relating to smoking.<br><br>On 3/3/25 at 4:01 p.m., the above was discussed with the Quality Improvement Specialists<br><br>51669<br><br>3. Resident #4 was admitted in February 2025 and has diagnoses to include Stage 4 sacral pressure ulcer.<br><br>On 3/5/25 between 9:54-10:20 a.m., during an observation, LPN #1 and Certified Nursing Assistant (CNA) #3 placed a wedge pillow under the left and right sides of Resident #4's back and a wedge pillow under his/her bilateral lower extremities. At this time, CNA #3 stated Resident #4 is turned and repositioned every 2 hours and that 3 positioning wedges are used, 1 for his/her ankles and 2 for his/her back.<br><br>(continued on next page) |

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| F 0655<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of Resident #4's baseline care plan states, Impaired skin integrity secondary to pressure ulcer . Offload pressure points . Apply bolstered pillows to BLE [bilateral lower extremities] to prevent rotating and lacked evidence of the use of additional positioning wedges.<br><br>During an interview on 3/4/25 at 2:20 p.m., Licensed Practical Nurse (LPN) # 5 stated Resident #4 is positioned every 2 hours, using 4 to 6 wedge pillows to support her back and legs.<br><br>During an interview on 3/5/25 at 2:51 p.m., the finding was reviewed with the Administrator and the Regional Quality Improvement Specialist. |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>42531<br><br>Based on record reviews, interviews, and facility policy the facility failed to update/implement goals and interventions for diuretic and anticoagulant medication use for 1 of 1 resident reviewed for (Resident #11).<br><br>Findings:<br><br>Review of policy Comprehensive Person-Centered Care Planning dated 1/19 states: The facility must develop and implement person-centered care plan for each resident, which includes measurable objectives and timeframe's to meet a resident's medical, nursing, . needs identified in the comprehensive assessment evaluation.<br><br>Review of Resident #11 (R11) active medication orders, dated March 2025 revealed:<br><br>- order with start date of 4/27/24 for anticoagulant Eliquis 5mg tablet two times daily for atrial fibrillation<br><br>- order with start date of 11/30/24 for diuretic Lasix 20 mg tablet 1 time daily for atrial fibrillation.<br><br>Review of R11's care plan, updated 11/15/24, lacked evidence that goals and interventions were put into place for the use of diuretic and anticoagulant medications.<br><br>On 3/4/25 10:15 a.m., Dduring a review of R11's care plan with Quality Improvement Specialist (QIP) and 2 surveyors, QIP confirmed R11 care plan lacked goals and interventions for diuretic and anticoagulant use. At this time QIP stated there should definitely be goals and interventions for above medications. |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>37648<br><br>Based on clinical record review and interview, the facility failed to ensure physician orders were followed for 1 of 2 sampled residents for (Resident #67).<br><br>Finding:<br><br>On 3/3/25 Resident #67's clinical record was reviewed and included several physician orders for wound care instructing nursing to:<br><br>Right shoulder: Cleanse with Vashe solution soaked gauze applied to wound bed and left in place for 5 minutes. Apply skin prep spray to periwound. Apply Kaltostat to high draining areas (center of wound bed). Apply generous amount of Medihoney to rest of wound bed. Cover with fluffed dry gauze to fill the wound cavity. Cover with dry gauze and ABD (abdominal pad). Secure with Hypafix tape Change daily and PRN (as needed).<br><br>Anterior neck: Cleanse with Vashe solution soaked gauze applied to wound bed and left in place for 5 minutes. Apply skin prep spray to periwound. Apply Medihoney and moist gauze to wound. Apply dry gauze to cover. Secure with Hypafix tape Change daily and PRN.<br><br>Lateral neck: Cleanse with Vashe solution soaked gauze applied to wound bed and left in place for 5 minutes. Apply skin prep spray to periwound. Apply Medihoney and moist gauze to wound. Apply dry gauze to cover. Secure with Hypafix tape Change daily and PRN.<br><br>The physician orders lack current orders for wound management for the left shoulder wound.<br><br>On 3/3/25 from 9:36 a.m., through 10:05 a.m., a surveyor observed the Licensed Practical Nurse (LPN #1) perform Resident #67's wound dressing changes. The LPN #1, after cleansing the right shoulder wound, she applied skin prep to the periwound and then medi-honey to the wound bed. She then applied Kaltostat over the medi honey. Next, she applied a gauzed soaked in normal saline over the kaltostat then the ABD(Abdominal) pad and secured with the tape. On the anterior neck, lateral neck and left shoulder wound sites, after cleansing the wound beds on each wound she applied skin prep to the periwounds, with each wound she applied medi-honey to a Mepilix dressing then applied the dressing to the wound.<br><br>On 3/3/25 at 10:05 a.m., during an interview, the LPN confirmed the failure to follow the providers orders for the right shoulder, anterior and lateral neck wounds and the lack of a wound order for the left shoulder. |

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| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe and appropriate respiratory care for a resident when needed.<br><br>51669<br><br>Based on observations, record review, and interviews, the facility failed to provide a sanitary environment to help prevent the development and transmission of disease and infection related to respiratory care for 1 of 1 resident reviewed for respiratory care (Resident #29).<br><br>Finding:<br><br>Resident #29 has diagnoses to chronic obstructive pulmonary disease (COPD).<br><br>On 3/3/25 at 11:31 a.m. and 3/4/25 at 1:49 p.m., a surveyor observed Resident #29's, unbagged nasal cannula tubing, draped on top of the oxygen concentrator located next to the bed, with the nasal cannula prongs in direct contact with the surface of the oxygen concentrator. An empty plastic storage bag was observed tied to the nightstand drawer handle.<br><br>Review of Resident #29's clinical record revealed an active order, dated 2/10/25, for Change tubing one time weekly .change all oxygen tubing . and an active order, dated 2/10/25 for Clean/store oxygen tubing not in use .Place in plastic bag when not in use.<br><br>Review of Resident #29's care plan, dated 2/10/25, revealed, Change oxygen tubing weekly; label and date .<br><br>On 3/4/25 at 2:00 p.m., in an interview, the Certified Nursing Assistant (CNA) #1 stated when oxygen tubing is not in use, it is stored in one of the respiratory bags attached to the oxygen concentrator.<br><br>On 3/4/25 at 2:10 p.m., in an interview, Licensed Practical Nurse (LPN) #4 confirmed that Resident #29's unbagged nasal cannula tubing was draped over his/her oxygen concentrator tubing and stated oxygen tubing is supposed to be stored in the storage bag when oxygen not in use.<br><br>On 3/4/25 at 2:38 p.m., the finding was reviewed with the Regional Quality Improvement Specialist. |

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>42531<br><br>Based on record reviews and interviews, the facility failed to ensure that two people who are authorized to administer medications signed the Shift Count page indicating that they counted all controlled substances at the change of shift for 2 of 2 units reviewed for medication storage (East and [NAME] Units).<br><br>Findings:<br><br>1. Review of East Wing Med Cart Controlled Substance Log on 3/5/24 at 11:55 a.m., revealed the following:<br><br>- No outgoing signature on 3/1/25 at 6:30 a.m., 3/2/25 at 6:30 a.m., 2/14/25, 2/21/24, 1/24/25, 1/20/25, 12/23/24, 12/30/24, at 7:00 a.m., 1/23/25 at 6:30 a.m., 1/18/15 at 5:00 a.m., 1/7/25 at 8:00 a.m., or 12/26/24 unknown time.<br><br>- No incoming signature on 2/13/25 at 7:00 a.m., 1/27/24 at 11:30 p.m., or 12/24/24 at 11:15 p.m.,<br><br>2. Review of East Wind Treatment Cart Controlled Substance Long on 3/5/25 at 12:30 p.m., revealed:<br><br>-no incoming signature on 1/29/25 at 11:00 p.m.<br><br>-no outgoing signature on 1/15/25 at 7:15 p.m., 11:00 p.m., 2/2/25 11:00 p.m, 2/7/25 no time noted.<br><br>3. Review of [NAME] Wing Controlled Substance Log revealed:<br><br>-No outgoing signature on 2/20/25 at 11:00 p.m., 2/24/25 at 6:30 a.m., 2/27/25 8:00 a.m., undated at 8:00 a.m., 3/2/25 7:00 a.m., 2/6/25 at 8:00 a.m., 2/8/25 at 8:00 a.m., 2/9/25 at 800 a.m. 2/11/25 at 7:00 a.m., 2/13/25 at 6:30 a.m., 2/14/25 at 7:00 a.m., 2/15/25 7:00 a.m., 2/18/25 at 8:00 p.m.<br><br>-No incoming signature on 2/19/25 at 9:00 p.m.<br><br>During an interview on 3/5/25 at 11:58 a.m., Certified Nursing Assistant-Medication Technician (CNA-M)1 stated that she had received education on the importance of signing the controlled substance log at each shift change, but doesn't always make sure the person shes relieving signs it, but will in there future.<br><br>During an interview on 3/5/25 at 12:30 p.m., CNA-M2 stated that she had received education to include the importance of signing the controlled medication log after count at each shift change and anytime the keys are transferred to another person.<br><br>During an interview on 2/5/25 at 12:35 p.m. Licensed Practical Nurse (LPN)2 stated that during shift change, and after controlled medication count the incoming and outgoing staff are supposed to sign the count book.<br><br>(continued on next page) |

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During an interview on 3/5/25 at 12:15 p.m. the above was confirmed with Quality Improvement Specialist. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 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.<br><br>51669<br><br>Based on observations, interviews and record reviews, the facility failed to ensure medications including treatments were stored properly for 2 of 3 days of survey (3/3/25 and 3/4/25). Additionally, the facility failed to obtain physician orders for medications located at a resident's bedside, for 1 of 1 sampled resident (Resident #322).<br><br>Findings:<br><br>Review of Facility Policy Self-Administration of Medications, dated 5/2018, states, .residents who desire to self-administer medications are permitted to do so if the facility's interdisciplinary team [IDT] has determined that the practice would be safe .and there is a prescriber's order to self-administer .an assessment is conducted by the IDT .the results of the IDT assessment .are recorded .on the care plan .<br><br>Review of policy, Specific Medication Administration Procedures, dated 5/2018, states, .administer medication and remain with resident while medication is swallowed .Do not leave medications at bedside .<br><br>During observations on 3/3/25 at 10:27 a.m. and 3/4/25 at 9:55 a.m., a 0.5 fluid ounce bottle of thera tears lubricant eye drops was observed in a plastic cup on Resident #322's over-the-bed table. Additionally, a 1 fluid ounce bottle of Top Care Nasal Spray (oxymetazoline hydrochloride 0.05% nasal decongestant) and a 0. 38 fluid ounce bottle of Fluticasone propionate 50mcg(microgram) per spray nasal spray was observed on Resident #322's tv stand.<br><br>Review of Resident #322's clinical record lacked evidence of a physician order for the thera tears, Top Care nasal spray, and the fluticasone nasal spray and lacked evidence of an order to self-administer. Further review of the clinical record lacked evidence of an IDT assessment.<br><br>On 3/4/25 at 3:27 p.m., a surveyor and Licensed Practical Nurse #1 observed the thera tears, Top Care nasal spray, and fluticasone nasal spray at Resident #322's bedside. Additionally, a surveyor observed a clear medication cup containing approximately 30ml (milliliter) yellow liquid was on his/her tv stand. At this time, LPN #1 stated the liquid was Lactulose given earlier today and that Resident #322 probably refused the medication. At this time, LPN #1 stated medications should not be left at bedside and stated she was not aware Resident #322 had medications in his/her room.<br><br>On 3/5/25 at 8:36 a.m., the findings were discussed with the Regional Quality Improvement Specialist. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37440<br><br>Based on observations and interviews, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for floors, the food disposal unit, a wall mounted fan, and a plunger. Additionally, the facility failed to ensure foods were sealed, labeled, dated and/or discarded if past use by date in a reach-in freezer, in a walk-in refrigerator, a unit kitchenette refrigerator and in a dry storage room for 2 of 2 kitchen/kitchenette tours for 1 of 1 day of survey (3/3/25).<br><br>Findings:<br><br>The facility's Food Storage policy and procedure dated 2023 noted: 13. Refrigerated food storage: f. All foods should be covered, labeled and dated and routinely monitored to assure that foods (including leftovers) will be consumed by their use by dates, or frozen(where applicable) or discarded. 14. Frozen foods: c. All foods should be covered, labeled and dated. All foods will be checked to assure that foods will be consumed by their use by dates or discarded.<br><br>1. On 3/3/25 from 8:40 a.m. to 9:40 a.m., a surveyor conducted a kitchen tour with the Food Service Director in which the following findings were observed: > The kitchen floor was dirty with food debris and trash around entire floor and under the equipment and shelving. > The dish room food disposal unit had dried food and dried liquid residue on it. > The dish room wall mounted fan was heavily soiled with dust. > There was a plunger with dried food and liquid residue on it laying on the dish room floor. > The dry storage room had 7, one liter boxes of Apple Juice Blend base with a best if used by date of February 23, 2025. There was also 19, one quart containers of Med Plus 2.0 Nutritional Drink with a best if used by date of February 28, 2025. There were 5 bags of cornflakes that were not labeled. > The walk-in refrigerator cement floor had food and dirt debris on it and was missing areas of paint/sealant. > The walk-in freezer cement floor had food and dirt debris on it and was missing areas of paint/sealant. There was 1 package of hot dogs and 3 packages of buns that were not dated or labeled. > The storage room cement floor was dirty and was missing areas of paint/sealant.<br><br>On 3/3/25 at 9:40 a.m.; in an interview, the Food Service Director confirmed the findings.<br><br>2. On 3/3/25 at 10:15 a.m., a surveyor observed the refrigerator kitchenette for [NAME] East and [NAME] to contain a one liter box of Apple juice blend base with best used by February 23, 2025 and a 1 quart container of Med plus 2.0 butter pecan nutritional drink with best used by February 28, 2025. There was also an undated and unmarked 2 quart container of cereal on top of the refrigerator.<br><br>On 3/3/25 at 10:21 a.m., in an interview, Registered Nurse,(RN #1) confirmed the findings. |

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|---|---|---|---|
| | 205076 | A. Building<br>B. Wing | 03/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Market Square Health Care Center, LLC | 3 Market Square<br>South Paris, ME 04281 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| F 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648<br><br>Based on record review and interviews, the facility failed to ensure that a clinical record contained complete and accurate documentation for 2 of 2 residents reviewed for smoking (Resident's #55 #67), and for 2 of 5 residents reviewed for medication review (Resident #45 and #55).<br><br>Findings:<br><br>1. On 3/3/25 at 9:16 a.m., during an interview, Resident #67, stated he/she smokes cigarettes independently outside approximately 4-5 times a day and he/she stores the lighter and cigarettes in his/her room.<br><br>A review of the nursing assessment dated [DATE] for Resident Smoking Screen states, Resident smoking status based upon above information is: Non-smoker, Supervised smoker or Unsupervised neither of the 3 choices listed are checked. The section stating, Include in nursing care plan & interdisciplinary resident care plan. 30 day assessment: Resident can smoke unsupervised has yes checked.<br><br>A review of the Resident Smoking Contract states, I have read and understand the resident smoking policy. Please check one of the following:<br><br>For the safety of myself and others, I agree to keep my cigarettes and lighter at the nurses station. I understand failure to comply could result in loss of smoking privileges and/or discharge from the facility.<br><br>I am responsible to keep my cigarettes and lighters safe in my room period I understand not all residents are permitted to have lighters and agree not to give cigarettes and/or a lighter to any other resident.<br><br>I do not agree to follow or abide by the resident smoking policy and wish to be discharged from the facility.<br><br>Further review showed the resident had initialed all three choices above.<br><br>On 3/3/25 at 4:01 p.m., the above was discussed with the Quality Improvement Specialists, who confirmed the screening and the contract were not completed accurately.<br><br>42531<br><br>2. Review of R45's active orders for March 2025 revealed the following:<br><br>-Order with start date of 11/11/24 for elopement alarm three times daily: Expiration date: Wander Guard Placement Review of clinical record revealed:<br><br>(continued on next page) |

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| F 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 3/1/25: Nurse Day Shit: Wander Guard Placement: LW There is no documentation as to where the wander guard is placed. Nurse Evening Shift: KL Wander Guard Placement: KL There is no documentation as to where the wander guard I placed. Nurse Evening Shift: CB Expiration Date: 3012025; Wander Guard Placement: CB There is no evidence as to where the wander guard is placed.<br><br>-3/2/25: Nurse Day Shit: Wander Guard Placement: LW There is no documentation as to where the wander guard is placed. Nurse Evening Shift KL. There is no documentation as to where the wander guard is placed; Nurse Night Shift: Wander Guard Placement: EF There is no documentation as to where the wander guard is placed. Expiration Date: 627.<br><br>-3/3/25: Nurse Day Shift: Wander Guard Placement: BR There is no documented evidence as to where the wander guard is placed. Nurse Evening shift: Wander Guard Placement: BR There is no documented evidence as to where the wander guard is placed. Nurse Night Shift: Wander Guard Placement: CB Expiration Date: 3032025.<br><br>-3/4/25: Nurse Day Shift: Wander Guard Placement: BR There is no documented evidence as to where the wander guard is placed. Nurse Evening shift: BR There is no documented evidence as to where the wander guard is placed. Nurse Night shift: Wander Guard placement: AT Expiration Date: 2026.<br><br>During an interview on 3/5/25 at 4:45 p.m., the Director of Nursing and Assistant Director of Nursing confirmed the facility was not appropriately documenting the monitoring of R45's wander guard.<br><br>3. Review of Resident (R)45 active orders for March 2025 revealed:<br><br>-Order with start date of 8/5/24 for constipation medication Miralax 17 gram oral powder packet (1 packet) powder in packet (EA) oral. One time daily for repeated falls.<br><br>-Order with start date of 3/2/25 for constipation medication senna 8.6 mg tablet (1 tab) oral one time daily for repeated falls.<br><br>-Order with start date of 2/8/25 for sleep medication melatonin 3 mg tablet (1 tab) Oral one time daily for diagnosis exempt.<br><br>-Order with start date of 2/8/25 for Muscle Rub 15%-10% topical cream (1) cream (gram) topical two times daily for diagnoses exempt.<br><br>During a review of R45's clinical record on 3/4/25 at 1:49 p.m., with Quality Improvement Specialist, the above was confirmed.<br><br>4 R55 was admitted with diagnoses to include COPD.<br><br>Review of R55 active orders for March 2025 revealed order with start date of 3/3/325 for oxygen-see notes 1 time weekly: change oxygen tubing weekly. Further review of R55's clinical record lacked evidence that an order was obtained for oxygen use.<br><br>During an interview on 3/3/25 at 3:55 p.m., the above was confirmed with the Quality Improvement Specialist.<br><br>(continued on next page) |

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| F 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 5. During an interview on 3/3/25 at 12:20 p.m., Resident #55 stated that she is a long time smoker and smokes at least 2 cigarettes per day, and smokes independently.<br><br>Review of R55's clinical record revealed Resident Smoking Screen: Market Square Health Care Center: dated 2/17/25, Resident Smoking contract dated 2/17/25 states: Please check on the following: For the safety of myself and others, I agree to keep my cigarettes' and lighter.<br><br>Review of R55's admission Minimum Data Set (MDS) dated [DATE]; section J1300: Current tobacco use: Yes<br><br>A review of the Resident Smoking Contract dated 2/17/25 states, I have read and understand the resident smoking policy. Please check one of the following:<br><br>For the safety of myself and others, I agree to keep my cigarettes and lighter at the nurse's station. I understand failure to comply could result in loss of smoking privileges and/or discharge from the facility.<br><br>I am responsible for keeping my cigarettes and lighters safe in my room period. I understand not all residents are permitted to have lighters and agree not to give cigarettes and/or a lighter to any other resident.<br><br>I do not agree to follow or abide by the resident smoking policy and wish to be discharged from the facility.<br><br>Further review showed the resident had initialed all three choices above.<br><br>On 3/3/25 at 4:01 p.m., the above was discussed with the Quality Improvement Specialists, who confirmed the screening, and the contract were not completed accurately. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Provide and implement an infection prevention and control program.<br><br>37648<br><br>Based on record review and interview, the facility failed to maintain an Infection Control Program designed to help prevent the development and transmission of disease and infection relating to Legionella and failed to implement the elements of the Legionella Water Management Program. This has the potential to affect all 68 residents.<br><br>Findings:<br><br>1. The facility's Legionella Water Management Program revised on 1/9/25, under Control Measures states, Various control measures are in place to ensure a healthy water management program. Please refer to Appendix A of the water management program for a description of where controls are located. Monitoring states, monitoring provides data for determining whether a water system is operating within the parameters needed to control the growth of Legionella. Please refer to Appendix A of the water management program for the description of how monitoring will be conducted. Market Square receives its water from Maine Water . Maine Water uses a Total Chlorine system so the facility will use a Total Chlorine testing kit to take water samples. The following equipment will be part of the preventative maintenance schedule. Ice machine and Floor scrubbing machine. Appendix C: Preventative Maintenance Schedule to see a schedule of equipment that will be serviced as part of the preventative maintenance program.<br><br>Review of the entire Legionella Water Management Program lacked evidence of an Appendix A or Appendix C. In addition, Review of the Appendix B: Water Management Monitoring Spreadsheet lacks evidence of either the Ice machine or the Floor scrubbing machine monitoring and/or samples.<br><br>On 3/5/25 at 8:10 a.m., during an interview, the Quality Improvement Specialists confirmed the facility is not following its own Legionella Water Management policy, by not having measures in place to control the introduction of, assess and monitor areas where Legionella and opportunist waterborne pathogen can grow and spread and a diagram where these measures are applied.<br><br>51669<br><br>2. During an observation on 3/4/25 at 9:00 a.m, Certified Nursing Assistant-Medication Tech (CNA-M) #2 took Resident #121's blood pressure with a reusable wrist cuff. CNA-M # 2 then used a manual blood pressure cuff and stethoscope to take Resident #121's blood pressure on his/her left arm, and after removing the manual cuff, CNA-M #2 draped the blood pressure cuff and stethoscope around her neck. At 9:05 a.m., CNA-M#2 exited the room and placed the wrist cuff in the top drawer of the medication cart without sanitizing it and hung the manual cuff and stethoscope off the back of the medication cart, without sanitizing it. At this time, CNA-M #2 stated the blood pressure cuffs and stethoscope are for multi-patient use and that she should have wiped the equipment down before placing it in the medication cart and that she should not have placed the manual cuff and stethoscope around her neck.<br><br>On 3/4/25 at 10:15 a.m., the above findings were discussed with the Regional Quality Improvement Specialist. |