STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205095	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kennebunk Center for Health & Rehabilitation, LLC	158 Ross Rd Kennebunk, ME 04043

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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 44049 Based on record review, interviews, and facility policy, the facility failed to ensure that two people, who are authorized to administer medications, signed the Narcotic Bound Book Shift Count page indicating that they counted all the controlled substances at the change of shift for multiple shifts between 8/14/24 and 9/3/24 (total of 56 shifts) for 1 of 4 units reviewed for drug diversion (Sagamore). Findings: Review of the facility policy Controlled Substances dated 10/07 states: At each shift change, a physical inventory of controlled medications, as defined by state regulation, is conducted by two licensed clinicians and is documented on an audit record. On 8/16/24, the Department of Licensing and Certification received a facility reported incident indicating during shift change on 8/16/24 at 16:00, a 30ml bottle of Ativan could not be located. Review of provided Sagamore Unit shift count log lacked documented evidence that a shift change count was conducted by two qualified staff on the following days 8/14/24 at 15:00 during oncoming shift. 8/15/25 at 23:00 during outgoing shift. 8/16/24 at 07:00 during oncoming shift and at 15:00 for the outgoing shift. 8/27/24 at 07:00 during oncoming shift and at 23:00 for the outgoing shift 8/29/24 at 07:00 during oncoming shift and at 15:00 for the outgoing shift 9/1/24 at 24:00 during outgoing shift 9/2/24 at 23:00 during oncoming shift 9/3/24 there is no documentation of outgoing or oncoming shift (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further review of the shift count log revealed Status of count exact yes/no space was left blank 42 of 56 shifts. On 9/3/24 at 9:00a.m., a surveyor and the Director of Nursing (DON) reviewed Sagamore Unit Narcotic Book. At this time the DON confirmed there is no documented evidence the shift count was completed for the above dates. She stated that it is her expectation that both people that have counted sign the log and that they enter a 'Y or a N for the count being correct or incorrect. She said that we have been doing audits and it is a common thing to find that there are not always two signature and that the 'Y or the N is not entered. On 9/3/24 at 9:45a.m., Licensed Practical Nurse (LPN) #1 stated that she came on duty this morning (9/3/24) at 7:00a.m., and did the shift count with the departing nurse, but neither of them signed the narcotic count. On 9/3/24 at 10:17a.m., LPN #2 stated stated that the correct change of shift count process is that there are always 2 sets of eyes on both the book and the medication, and that both nurses sign the book. On 9/3/24 at 10:35a.m., RN #1 stated that the correct change of shift count process is that there are always 2 sets of eyes on both the book and the medication, and that both nurses sign the book. On 9/3/24 at 10:45a.m., Med Tech (MT) stated that the correct change of shift count process is that there are always 2 sets of eyes on both the book and the medication, and that both people counting sign the book. On 9/3/24 during an interview with the DON, the surveyor confirmed the lack of documentation of shift to shift counting of controlled substance medications.

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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 0761 Level of Harm - Minimal harm or potential for actual harm 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. 44049 Based on observations, interviews, and record review the facility failed to provide a separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse for 1 of 1 observation. Findings: On 8/16/24, the Department of Licensing and Certification received a facility reported incident indicating during shift change on 8/16/24 at 16:00, a 30ml bottle of Ativan could not be located. On 9/3/24 at 9:15 a.m. an observation of the locked refrigerator in the locked Medication Room, a surveyor observed that there was no separate, locked box that is attached to the refrigerator for storage of Controlled Substances. On 9/3/24 at 11:00a.m. in an interview with the Director of Nursing, she stated that there had never been a seperate locked box in that refrigerator. On 9/3/24 at 11:05a.m. the above were confirmed with the Director of Nursing.