

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2026
NAME OF PROVIDER OR SUPPLIER Kennebunk Center for Health & Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on record review, interview and facility policy, the facility failed to ensure the physician was notified of a significant change and/or incident for 1 of 3 residents reviewed for hospitalizations. (Resident #91) Findings: Facility policy titled Change of Condition Notification states The facility will inform the resident, consult with the resident's healthcare provider, and if known, notify the resident's legal representative or family member when there is. A significant change in the resident's physical, mental, or psychosocial status. A decision to transfer the resident from the facility. Under the section titled Procedure it states Physician/family notification must be documented in the electronic health record. A review of Resident #91's clinical record shows a progress note dated 2/16/25 at 1:59 p.m., which stated Patient lethargic this afternoon. Patients unable to answer simple questions. Vitals signs reflect an infectious process. BP (blood pressure) 159/88, p (pulse) 108, temp 99.1, oxygen saturation 88% on RA (room air) . Is appearing to be off [his/her] baseline. Writer will contact on-call. Writer applied supplemental oxygen at 2 L/m (liters per minute) . Patient has a history of Urosepsis. Progress note dated 2/16/25 at 2:19 p.m., stated, Writer spoke with on-call [provider] orders from provider are as follows. CBC (complete blood count), CMP (comprehensive metabolic panel), procalcitonin, and UA (urine analysis) STAT (urgent). Start Augmentin 875 mg for 5 days. Start NS (normal Saline) at 75 ml/hr (milliliter/per hour) for 1 bag. Start neuro checks. Notify on call for any changes in condition. Further review of the clinical record showed a progress note dated 1/16/25 at 3:13 p.m. which stated, . resident unable to swallow antibiotic. writer unable to start IV (intravenous) due to lack of supplies. Writer entered labs into PCC (point click care) for lab draw on Monday morning due to lab drop off center being closed on Sunday. Another progress note on 2/16/25 at 4:34 p.m., stated Temp is up to 101.2, POA (power of attorney) wants patient send to hospital. Patient sent out to the ED (Emergency Department) for further evaluation via EMS (Emergency Medical Services) for AMS (Altered Mental Status), abnormal vitals, and increased weakness. A review of the resident's entire clinical record lacked evidence that the provider was notified regarding the residents further change in condition after he/she was initially seen by the provider along with the inability to obtain stat labs, lack of supplies needed to start an IV, and the resident's inability to swallow the antibiotics. On 4/14/26 at 9:05 a.m., in an interview with the Facility Administrator, it was confirmed that the physician was not notified of the residents further change in condition.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on record reviews and interviews, the facility failed to ensure that a care plan was developed in the area of dementia care for 1 of 2 residents reviewed for dementia (Resident #55), and in the area of accidents for 1 of 4 residents reviewed for falls (Resident #9).Findings:</p> <p>1.Review of Resident #55's medical record stated he/she was admitted to the facility in July of 2025 with a diagnosis of dementia. The most recent care plan dated 2/9/26 lacked evidence that a comprehensive care plan was developed in the area of dementia care.</p> <p>On 4/15/26 at 1:29 p.m. in an interview with a surveyor, the Regional Director of Clinical Operations confirmed this finding.</p> <p>2. On 10/22/25 the Division of Licensing and Certification (DLC) received a facility-reported incident that indicated that Resident #9 had sustained an unwitnessed fall on 10/21/25 and was subsequently transferred to an acute care hospital and diagnosed with multiple fractures. The facility's 5-day follow-up report, submitted to the DLC on 10/28/25 stated, .A toileting schedule has been added to care plan to attempt to decrease risk of falls while trying to get to the bathroom.</p> <p>A review of Resident #9's clinical record indicated that Resident #9 has diagnoses to include, but not limited to repeated falls and abnormalities of gait and mobility. Resident #9's most recent quarterly Minimum Data Set (MDS) Assessment completed 2/9/26 under Section GG indicates Resident #9 requires setup assistance for toilet transfers and toileting.</p> <p>A review of Resident #9's care plan revealed, Resident has a Deficit in Self Care Function.TOILETING: Independent (No help or staff oversight at any time) and lacked evidence of an intervention for a toileting schedule. Additionally, the care plan lacked evidence that goals and interventions were developed and implemented for falls.</p> <p>On 4/14/26 at 2:49 p.m., the surveyor discussed the above concern during an interview with the Director of Nursing (DNS). At this time, the DNS reviewed Resident #9's entire care plan and confirmed that it does not contain goals and interventions for falls. The DNS then stated that for some reason, Resident #9's fall care plan was resolved on 2/26/26.</p>