| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 205108 | A. Building<br>B. Wing | 06/13/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| St Andre Health Care Facility | 407 Pool St<br>Biddeford, ME 04005 |

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 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 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** Based on observations and interviews, the facility failed to maintain a safe, clean, comfortable and homelike environment on 3 of 3 units.<br><br>Findings:<br><br>On 6/11/25 at 1:30p.m. during a tour of the facility with the Administrator, the following were observed and confirmed:<br><br>Third Floor:<br><br>-Doorway next to stairwell near room [ROOM NUMBER] needs corner protector replaced.<br><br>-room [ROOM NUMBER]: Stained ceiling tile near window.<br><br>-Room: 304Wall gouged near bathroom door.<br><br>-Room: 308- Stained ceiling tile.<br><br>-Room:310- Stained ceiling tile in corner.<br><br>-Room: 313- Bathroom has two holes in the wall that need repair.<br><br>-Room: 318- Stained ceiling tile.<br><br>-Bathing Suite: Baseboard broken in two places and tile missing.<br><br>Second Floor:<br><br>-Common area: 2 holes in the wall behind coffee bar that need repair.<br><br>-Room: 212- Stained Ceiling tile in the bathroom.<br><br>-Room: 214- Bathroom door has two holes.<br><br>-Room: 215- Water in sink took a long while to heat up.<br><br>(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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| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -Room: 222- Wall in bathroom has 5 holes that need repair.<br><br>First Floor:<br><br>-Sun room all the way to the left after entering has stained ceiling tiles.<br><br>-Room: 101-Counter under sink needs repair - rough surface.<br><br>-Room: 102- Bathroom door has 2 holes that need repair.<br><br>-Room: 104- Bathroom wall has 2 holes that need repair.<br><br>-Room: 117- Stained ceiling tile above toilet. |

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| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide safe and appropriate respiratory care for a resident when needed.<br><br>2. On 06/09/25 at 12:20 p.m., observed an oxygen concentrator at the bed side of Resident #10. The tubing was still attached to the machine. Resident #10 stated that [he/she] no longer uses O2 but machine is at [his/her] bedside. Resident #10 stated that they have not used O2 for a month.<br><br>On 6/10/25 at 1:10 p.m. the surveyor confirmed in an interview with the Unit Manager that Resident #10 no longer uses the O2, and she will remove the concentrator.<br><br>Based on observations, record reviews, interviews, the facility failed to maintain a sanitary environment to help prevent the development and transmission of disease and infection related to respiratory care for 2 of 3 residents reviewed for respiratory care. ( #10, #13 and #23)<br><br>Findings:<br><br>1. On 6/9/25 at 9:24 a.m. during an observation of Resident #13 and Resident #23s room. The tubing on an oxygen (O2) concentrator next to Resident #23's bed was draped over the machine without being stored in a sanitary manner. The tubing on the concentrator next to Resident #23's bed was draped over the concentrator and the nasal cannula was directly on the floor.<br><br>On 6/11/25 a surveyor reviewed Resident #13's Order Summary/Report shows the following order dated 2/26/25 Oxygen Continuous O2 at 2 liters/minute via nasal cannula. Attempt to wean O2 to keep sat at 90% or higher. every shift<br><br>On 6/11/25 a surveyor reviewed Resident #23 Order Summary/Report shows an active order dated 5/5/25 Oxygen at 2 LPM via nasal cannula PRN. Monitor oxygen saturation every shift as needed for hypoxia.<br><br>On 6/11/25 at 11:00 a.m. a surveyor interviewed Certified Nursing Assistant and was told that oxygen tubing should be stored coiled up in a bag when not in use. They did not know why the tubing for Resident #13 and Resident #23 were not stored in a bag.<br><br>On 6/11/25 at approximately 11:15 a.m., the findings were discussed with the Charge Nurse who confirmed that Resident #13 and Resident #23 were currently using oxygen and the tubing needs to be stored in a sanitary manner between use. The tubing was immediately replaced and bags provided for sanitary storage. |

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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>Based on observations and interviews, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for the ceiling tile and support structure, and the large floor mixer, 3 of 3 days of survey. Additionally, the reach-in refrigerator was found to have a bag of cookie dough that was undated and unlabeled.<br><br>Findings:<br><br>On 6/9/25 at 9:15a.m. the initial tour of the kitchen was conducted with the Food Service Director (FSD) the following was observed:<br><br>-an open bag of cookie dough not labeled and not dated in the reach in refrigerator;<br><br>-several stained ceiling tiles throughout the kitchen;<br><br>-rust covered support struts of the ceiling;<br><br>- a long cob web hanging from the ceiling containing an insect;<br><br>-discolorations of ceiling tile near dish machine, upon closer examination it was determined that the area was covered with a heavy layer of dust and when touched with the tip of a broom created a heavy falling of dust and debris in the area.<br><br>On 6/10/25 at 7:30 a.m., during a tour of the kitchen the following was observed: dust strings hanging from the ceiling.<br><br>On 6/11/25 at 9:50 a.m., during a tour of the kitchen the following was observed:<br><br>-large cobwebs in several areas of the kitchen.<br><br>-dust covering a glove holder positioned over the clean bowls.<br><br>- large mixer that was covered with a plastic bag, and when the bag was removed a large amount of dried debris was seen around the machine.<br><br>-Additionally, a small to moderate amount of dust was observed on the outside of the ice machine.<br><br>The above was confirmed with the Food Service Director at that time and she stated that We have a lot of dusting to do. |

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| F 0814<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Dispose of garbage and refuse properly.<br><br>Based on observations and interviews, the facility failed to ensure that garbage and refuse were disposed of in a manner to prevent pest infestation for 1 of 3 survey days. (6/11/25).<br><br>Findings:<br><br>On 6/11/25 at 9:50 a.m. - Observed through the window that 1 of 2 dumpsters were uncovered, for 1 of 3 days of the survey.<br><br>This was confirmed with the Food Service Director at the time of the observation. |