

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205109	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER Marshall Health Care and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 16 Beal Street MacHias, ME 04654	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>49635</p> <p>Based on facility policy review, the facility reportable incident report, the facility 5 day follow up report, the facility working schedule review, and interviews, facility failed to protect residents during their investigation by allowing the alleged perpetrator to work 5 of 5 scheduled shifts (4/1/24, 4/2/24, 4/3/24, 4/4/24, and 4/5/24), prior to investigation completion.</p> <p>Finding:</p> <p>The facility's Abuse, Neglect, Exploitation, or Misappropriation of Property- Reporting and Investigating policy, revised 2/2023, indicated the following: Under Investigation Allegations, the policy indicated Any employee who has been accused of resident abuse is placed on leave with no resident contact until the investigation is complete.</p> <p>During surveyor review of the initial report, dated 4/5/24; the facility reported an abuse allegation against a Certified Nurse Assistant [CNA] after receiving written statements of complaint from Resident [R]1 and a family member. The initial report indicated the Administrator became aware of the allegation on 4/1/24.</p> <p>A review of written statements indicated CNA gave a written statement on 4/3/24 as part of the investigation.</p> <p>A review of the facility's completed investigation indicated the facility concluded the investigation on 4/10/24.</p> <p>A review of the working schedule for 3/31/24 through 4/4/24 indicated that CNA worked 4/1/24, 4/2/24, 4/3/24, and 4/4/24 (while under investigation).</p> <p>On 4/25/24 at 11:40 a.m., in an interview, CNA stated he/she did not know he/she was under investigation because he/she was not asked to leave work and continued working daily through 4/5/24. The surveyor confirmed that CNA was allowed to work providing resident care before the investigation was completed at this time.</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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