STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205115	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dexter Health Care	64 Park Street Dexter, ME 04930

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to follow a physician's order to perform wound vac dressing changes every 48 hours for 1 of 2 residents reviewed for wound vac care (Resident #1 [R1]).Finding: On 5/27/25 at 9:20 a.m., in an interview with a hospital Social Worker (LMSW), she stated the facility called on 5/4/26 asking for wound vac supplies because they had none and that the wound vac dressing changes had not been done as of 5/4/26. The LMSW stated on 4/22/26, she discussed the resident retuning to the facility with a wound vac on 4/30/26. The LMSW indicated the last wound vac dressing change was completed on 4/29/26.On 4/27/26, a review of R1's clinical record was completed. R1 was admitted to the facility on [DATE]. Documentation on R1's hospital Discharge summary, dated [DATE], indicated the resident had a physician's order for wound vac dressing changes every 48 hours.A review of R1's Treatment Administration Record (TAR), indicated that R1 had the first dressing change done on 5/5/26. What would have been scheduled wound vac dressing changes on 5/1/26 and 5/3/26 were not coded as being done.On 5/27/26 at 12:35 p.m., in an interview with the surveyor, the Administrator confirmed that the physician order to change the wound vac dressing every 48 hours did not occur on what would have been the change dates of 5/1/26 and 5/3/26.

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