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	09/10/2025

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observations, Medication Administration Record (MAR) review, and interviews, the facility failed to ensure a Physician ordered medication was available for use for 1 of 14 residents observed during medication administration (Resident #12 [R12]).Findings:R12's clinical record contained a Physician order Lidocan External Patch 5 % (Lidocaine) [a patch that adheres to skin to decrease pain]. Apply to two patches lower back topically in the morning for pain. Apply one left side and one to right side remove after 12 hours - Start Date- 08/20/2025 0800. On 9/10/25 at 9:54 a.m. during a medication administration observation with a surveyor, the Certified Nursing Assistant - Medications (CNA-M) reviewed the order for R12's Lidocaine patches and stated to the surveyor that the medication was not available and that the nurse was aware. The CNA-M made an entry on the electronic health record, Effective Date: 09/10/2025 09:54 Type: Orders - Administration Note Lidocan External Patch 5 % Apply to two patches lower back topically in the morning for pain Apply one left side and one to right side remove after 12 hours Medication not available. Nurse aware. On 9/10/25 at 10:07 a.m. the CNA-M stated to R12 that there weren't any pain patches yet. In an interview with a surveyor at this time, R12 stated that he/she hasn't had pain patches in more than a week and doesn't know why. R12 stated that he/she uses two patches, one on his/her right lower hip for pain and one on his/her back near the left kidney for pain.R12's MAR was reviewed and revealed that the Lidocaine pain patch medication wasn't administered on 8/29/25 through 8/31/25, 9/1/25, 9/2/25, and 9/5/25 through 9/10/25. On 9/11/25 at 2:22 p.m., in an interview with the surveyor, the Director of Nursing (DON) reviewed the MAR and stated that the facility has the Lidocaine 4% patches and would obtain a physician order to change the order from Lidocaine 5% patches to 4% patches. At this time, the surveyor confirmed with the DON that R12 has not received his/her Lidocaine 5% pain patches as ordered from 8/29/25 through 8/31/25, 9/1/25, 9/2/25, and 9/5/25 through 9/10/25, for a total of 11 days.

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

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	09/10/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on interviews and record reviews, the facility failed to protect a resident's right to a dignified existence for 1 of 1 resident reviewed for abuse (Resident #44 [R44]).Findings: On 9/8/25 at 12:35 p.m., during an interview with a surveyor, R44 stated a nurse refused to administer scheduled pain medication when requested and had shouted, in a public setting, that R44 didn't need pain medicine because R44 is paraplegic and can't feel pain anyway. R44 stated everyone could hear.On 9/9/25 at 3:25 p.m., a surveyor reviewed written statements from witnesses that corroborated R44's statement. Clinical record review indicates active diagnoses including paraplegia and chronic pain.On 9/10/25 at 11:00 a.m., during an interview with a surveyor, the Director of Nursing (DON) stated R44 and the Licensed Practical Nurse did not get along, the Licensed Practical Nurse was usually assigned to another unit but was terminated following this incident. At this time the surveyor confirmed with the DON that R44's dignity was not protected when the License Practical Nurse publicly mocked R44's medical condition.

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	09/10/2025

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on record review and interview, the facility failed to revise a care plan for a resident requiring Enhanced Barrier Precautions for 1 of 1 resident reviewed for Tube Feeding (Resident #6 [R6]). Finding: The facility's policy, Enhanced Barrier Precautions, revised 3/2025, indicated that an example of when staff are to utilize these precautions are when providing device care or use such as a feeding tube. On 9/8/25, R6's clinical record was reviewed and indicated that R6 received Tube Feedings. On 9/9/25 at 2:01 p.m., a surveyor observed an Enhanced Barrier Precaution sign on the wall outside R6's door. On 9/9/25 at 2:19 p.m., during an interview with the Director of Nursing, a surveyor confirmed that R6's care plan was not updated for Enhanced Barrier Precautions.

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	09/10/2025

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on clinical record review, observation, and interview, the facility failed to ensure a resident was free from a significant medication error when a medication to control blood pressure was prepared and ready to be administered to a resident that was in excess of the prescribed dose as ordered by a physician for 1 of 14 residents reviewed during a medication administration observation (Resident #23 [R23]).Findings:On 9/10/25 at 8:41 a.m., during a medication administration observation a surveyor reviewed the electronic health record (EHR) for R23 with the Certified Medication Assistant - Medications (CNA-M) for Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 50 MG [milligram] (Metoprolol Succinate) Give 2 tablet by mouth one time a day. Pharmacy Active 8/12/2025 08:008/11/2025. On 9/10/25 at 8:42 a.m.,the CNA-M reviewed the order on the EHR, pulled a medication card from the medication cart for R23 that had a prescription written from PharMerica (the facility's pharmacy) on the card, METOPROLOL SUCC ER 100 MG TAB 1 TABLET BY MOUTH DAILY, and pop 2 tablets out of the medication card into a medication cup. On 9/10/25 at 8:44 a.m., the surveyor stopped CNA-M before she administered the medication and asked if she was going to administer the medication in the medication cup to R23. The CNA-M stated yes, the medication pass was stopped, and the surveyor confirmed a significant medication error that CNA-M was going to administer Metoprolol Succinate ER oral tablet 2 tablets of 100 mg that equaled 200 mg, double the dose ordered by the physician instead of the physician ordered Metoprolol Succinate ER oral tablet 2 tablets of 50 mg that equaled 100 mg.

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	09/10/2025

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure a contract was signed between the facility and Hospice Agency for 1 of 1 resident (Resident #4 [R4]) reviewed with services from St [NAME] Hospice. Finding: On 9/8/25 at 11:05 a.m., during entrance conference with the Administrator, a surveyor requested to review the Hospice contracts. On 9/9/25, a surveyor reviewed R4's clinical record who was admitted to the facility in April 2025. The resident was transferred to St. [NAME] Hospital where a contract was signed between the resident and St. [NAME] Hospice on 4/29/25 to provide Hospice services to the resident while at the facility. As of 9/9/25, R4 was still receiving Hospice services at the facility from St. [NAME] Hospice. On 9/9/25 at 2:45 p.m., the during an interview with a surveyor, the Administrator stated that she does not have a copy of the contract between the facility and St. [NAME] Hospice and that she has contacted the Hospice agency for a copy. On 9/10/25 at 10:33 a.m., during an interview with a surveyor, the Administrator stated that she had contacted the Hospice agency, and no contract has been provided by the agency. The surveyor confirmed this finding at this time.

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	09/10/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, facility policy review, and interviews, the facility failed to ensure that Enhanced Barrier Precautions (EBP) were followed for 1 of 3 residents who were on EBP (Resident #6 [R6]). Finding: The facility's policy, Enhanced Barrier Precautions, revised 3/2025, indicated that an example of when staff are to utilize these precautions are when providing device care or use such as a feeding tube. The precautions included wearing a gown and gloves. On 9/8/25, R6's clinical record was reviewed and indicated that R6 received Tube Feedings. On 9/9/25 at 2:01 p.m., a surveyor observed an Enhanced Barrier Precaution sign on the wall outside R6's door. The surveyor observed disposable gowns and gloves in the room by the entrance. The surveyor observed Licensed Practical Nurse #1 (LPN1) wash her hands and put on gloves but did not put on a gown. LPN1 checked placement of R6's feeding tube, flush the feeding tube and then attach the feeding setup tube to R6's feeding tube. On 9/9/25 at 2:12 p.m., while outside R6's room, standing next to the EBP sign, the surveyor asked LPN1 if she was supposed to wear a gown to which LPN1 stated yes. The surveyor confirmed this finding at this time. On 9/9/25 at 2:13 p.m., during an interview with a surveyor, the Director of Nursing stated that gowns and gloves were to be worn when doing care to R6's feeding tube.