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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205116 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/27/2026 |
| NAME OF PROVIDER OR SUPPLIER Stillwater Health Care | | STREET ADDRESS, CITY, STATE, ZIP CODE 335 Stillwater Ave Bangor, ME 04401 | |

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) |
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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Respond appropriately to all alleged violations.</p> <p>Based on facility policy review, record review, and interviews, the facility failed to ensure allegations of abuse and neglect was investigated for 1 of 4 complaints reviewed. Findings: A review of the facility's policy, Abuse, Neglect, Exploitation and Misappropriation Prevention Program effective: 6/2016, revised 03/2025 states, 8. Identify and investigate all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident property. A review of a facility-provided written statement that the Director of Nursing (DON) received from a staff member dated 9/25/25 states, .a handful of residents are scared. and . has neglected some residents care., referring to another staff member. A review of a facility-provided written statement that the DON received, not signed, or dated states, resident looked so scared.(he's/she's) so rough and mean to me, referring to another staff member. On 2/25/26 at 4:47 p. m. in an interview with the DON, a surveyor confirmed that during the facility's recertification survey and this investigation, the facility was not able to provide evidence that the allegations of abuse or neglect was investigated. On 2/25/26 at 7:00 p.m., in an interview with the Administrator, a surveyor confirmed that the facility did not complete investigations for the allegations of abuse and neglect that was brought to their attention by facility staff.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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