STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205116	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stillwater Health Care	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17282 Based on observations and interviews, the facility failed to maintain a comfortable air temperature for 3 of 4 days of survey. Findings: On 1/13/25, during an initial tour of A-Wing and B-Wing, the air temperature was observed to be chilly. On 1/13/25, between 11:15 a.m. and 12:00 p.m., in an interview with the surveyor, Resident #5 (R5), R10, R11, R17 and R36 stated they feel cold and at night, it is colder. On 1/14/25, the facility air temperature was observed to be chilly on A-Wing. On 1/15/25 at 12:30 p.m., the air temperature was observed to be chilly on A-Wing. The thermostats on A and B-Wing and in the main dining room were observed to be set at 70 degrees Fahrenheit (F). On 1/15/25 at 1:00 p.m., the air temperature was taken in front of the nurse's station on A-Wing and registered at 69.9 Degrees F; in front of room [ROOM NUMBER] the air temperature was 70.1 degrees F, in front of room [ROOM NUMBER] the air temperature was 70.1 degrees F, and in front of room [ROOM NUMBER] the air temperature was 70.1 degrees F. On 1/15/25 at 2:00 p.m., in an interview with the Maintenance Director (and observation of thermostats), he confirmed he was unaware that the regulation indicated the air temperature must be maintained between 71 degrees F and 81 degrees F. He turned the thermostats up to 73 degrees F at the time of the interview. On 1/15/25 at 2:30 p.m., the air temperature at A-Wing nurse's station registered at 73 F, in front of room [ROOM NUMBER] the air temperature was 73.5 F, and in front of room [ROOM NUMBER] the air temperature was 73.4 F. On 1/15/25, while taking the air temperatures, random residents on A-wing were asked if they could feel a difference in the air temperature and they answered that they felt warmer. ,

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
	205116	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stillwater Health Care	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 17282 Based on record review, review of the facility's 'Fall Policy and Procedure' and interview, the facility failed to re-evaluate fall interventions and the relevance of the current fall interventions for 1 of 2 sampled residents (Resident #30 [R30]) reviewed for 7 falls within 8 months timeframe. Finding: On 1/15/25, a review of R30's clinical record was completed. R30 is diagnosed with Alzheimer's Disease/Dementia. Nurse's notes indicated that from 6/3/24 through 1/3/25, R30 has had several unwitnessed falls, mostly in the late afternoon and evening time, in his/her bedroom. On 6/12/24 at 12:23 p.m., R30 was found on their bedroom floor and had sustained a fracture of the right femur. On 8/19/24, R30 found in bedroom and apparently had slid from their wheelchair onto their bedroom floor. On 9/14/24, R30 fell to the bedroom floor. When found, R30 told staff they were reaching for the TV remote. On 10/25/24, R30 found on floor next to the bed. On 11/13/24, R30 found on bedroom floor, slid to the floor from his/her bed while staff in room. On 12/11/24, R30 found on bedroom floor after falling from wheelchair. On 1/3/25, R30 found on bedroom floor after getting up from his/her wheelchair and falling to the bedroom floor. A review of R30's care plan, dated 6/13/24, indicated for the problem of safety and the potential for falls, interventions were to use non-skid footwear, monitor for medication side effects, report behaviors, and keep call bell in reach. A review of R30's care plan, dated 9/7/24, indicated for the problem of at risk for falls, interventions were to keep call bell in reach, use non-skid footwear, fall mat to each side of bed and use fall risk strategies. The highlighted fall strategies for R30 were to use fall mats, low bed, call light in reach, personal items in reach. On 1/16/25, a review of the facility's Fall policy and Procedure (Clinical Protocol) indicated under Cause Identification: Number 3. The staff and physician will continue to collect and evaluate information until either the cause of the falling is identified, or it is determined that the cause cannot be found or is not correctable. Under Treatment/Management: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205116	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stillwater Health Care	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Number 1: Based on the preceding assessment, the staff and physician will identify pertinent interventions to try to prevent subsequent falls and to address risks of serious consequences of falling. 2. If underlying causes cannot be readily identified or corrected, staff will try various interventions, based on assessment of the nature or category of falling, until falling reduces or stops or until a reason is identified for its continued (for example, if the individual continues to try to get up and walk without waiting for assistance). Under Monitoring and Follow-Up: Number 2. The staff and physician will monitor and document the interventions intended to reduce falling or the consequences of falling. 4. If the individual continues to fall, the staff and physician will re-evaluate the situation and consider other possible reasons for the resident's falling (bedsides those that have already been identified) and will re-evaluate the continued relevance of current interventions. On 1/16/25 at 10:20 a.m., in an interview with the surveyor, the Director of Nursing confirmed that R30 continues to have unwitnessed falls. He stated has not re-evaluated the effectiveness of the current fall interventions, has not tried other interventions to attempt to reduce the falls, and confirmed that he has not followed the facility's fall policy and procedures.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205116	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stillwater Health Care	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35904 Based on record review and interviews, the facility failed to provide interventions outlined in the resident's care plan to ensure that two-person assist was provided during activities of daily living (ADL) for 1 of 2 sampled residents (Resident #12 [R12]), reviewed for falls. The failure to have supervision (two-person assist) as directed by the care plan resulted in an avoidable accident; R12 falling out of bed during evening ADL care, requiring transfer to the emergency room [ER] with admission to the hospital, sustaining a laceration to the head, and rib fractures with increased pain. In addition, based on record review, and interview, the facility failed to adequately supervise a fall risk resident for 1 of 2 sampled residents (R30), reviewed for falls. Findings: R12 was admitted on [DATE] with diagnosis to include diabetes mellitus, peripheral vascular disease with history of right above-the knee amputation, most recently a left toe amputation, and history of deep vein thrombosis on Coumadin (a blood thinner). Review of R12's Report a Facility Incident or Complaint form, dated 5/29/24 at 12:22 p.m. from the facility, indicates that on 5/28/24 at 21:00 (9:00 p.m.), while providing incontinent care to R12, Certified Nursing Assistant #4 (CNA4) had to change his gloves, while he stepped away to get clean gloves R12 rolled out of bed. R12 had laceration above left eye. Pain reported in left torso/rib area. R12 was admitted for follow-up and reported rib fracture per imaging report. Review of R12's follow-up report Report of Facility Incident or Complaint form, dated 5/31/24 at 3:28 p.m. from the facility, indicates that, CNA4 tasked with R12's care did not follow his/her plan of care. It is noted that R12 was a 2 person assist in bed and for incontinence care. CNA4 provided care on his own. CNA4 will go back on orientation to ensure that he is providing safe resident care to our residents. This same CNA will also be receiving a disciplinary write up for this infraction. He will also be required to complete safe resident handling education. R12 received a laceration above his/her left eye, and fractured ribs 2 - 6 on the left side. R12 was admitted to the hospital. Review of R12's Baseline Care Plan (CP) dated 5/24/24, indicates under Baseline CP: I NEED: some assistance can't complete my cares on my own; BECAUSE I: have below knee amputation; I REPOSITION IN BED: with 2 helpers providing more than half the effort. Review of R12's Kardex Guidelines for Daily Care indicates under MOBILITY: I reposition in bed: with 2 helpers providing more than half the effort. Review of R12's fall charting indicates on 5/28/24: 21:00 (9:00 p.m.) resident room. Laceration left forehead c/o (complain of) pain left side torso hit head. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205116	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stillwater Health Care	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of R12's injury report indicates that on 5/28/24 21:00 (9:00 p.m.) R [12], (CNA4), lac (laceration) left forehead c/o (complain of) pain left side torso hit head, ER . Bed height: higher for hygiene, incontinence care .CNA [4] cleaning resident for incontinence care, he stepped away for a second to grab a clean pair of gloves. R [12] yelled; I'm going. CNA [4] saw R [12] roll out of bed. - ran for additional staff assistance. Resident found on the right side of the bed (on floor, per Administrator interview on 1/15/25). Small amount of blood coming from his/her left eyebrow and forehead area. Vitals taken; ems [emergency medical services] called. c/o (complain of) pain on left side of his/her torso (rib area) and left arm more than c/o pain in his/her head. On 1/16/25 at 8:35 a.m. in an interview with a surveyor via telephone, CNA4 states, R12 rolled out of bed. I was performing care, patient care hygiene. R12 couldn't hold his/her balance, he/she only has one leg, and his/her weight got to him/her. CNA4 states, I think R12 was a two person assist. CNA4 did admit to caring for R12 by himself when the care plan and Kardex states R12 is a 2 person assist. On 1/15/24 at 12:23 p.m. in an interview with a surveyor, CNA7 stated that R12 needs 2-person assistance, and stated that this can be found in the Kardex, and pointed to a binder in the nurses station on A wing where the Kardex, Guidelines for daily care, on each resident is kept. Review of CT Abdomen and Pelvis with Contrast report findings on 5/29/24 at 1:31 a.m., Chest Findings: Displaced acute appearing fractures of the left anterior lateral 2nd through 6th ribs. On 1/15/25 at 10:34 a.m. in an interview with the Director of Nursing (DON), a surveyor confirmed that the baseline care plan for R12 states he/she needs 2-person assistance with repositioning. The failure to have two staff members present during care for R12 resulted in the resident falling out of bed and sustaining injuries. 17282 2. On 1/15/25, a review of R30's clinical record was completed. R30 is diagnosed with Alzheimer's Disease/Dementia. Nurse's notes indicated that R30 had several unwitnessed falls, mostly in the late afternoon and evening time; On 6/12/24 at 12:23 p.m., R30 was found on their bedroom floor and had sustained a fracture of the right femur. On 8/19/24, R30 found in bedroom and apparently had slid from their wheelchair onto their bedroom floor. On 9/14/24, R30 fell to the bedroom floor. When found, R30 told staff they were reaching for the TV remote. On 10/25/24, R30 found on floor next to the bed. On 11/13/24, R30 found on bedroom floor, slid to the floor from his/her bed while staff in room. On 12/11/24, R30 found on bedroom floor after falling from wheelchair. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205116	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stillwater Health Care	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	On 1/3/25, R30 found on bedroom floor after getting up from his/her wheelchair and falling to the bedroom floor. A review of R30's care plan, dated 6/13/24, indicated for the problem of safety and the potential for falls, interventions were to use non-skid footwear, monitor for medication side effects, report behaviors, and keep call bell in reach. A review of R30's care plan, dated 9/7/24, indicated for the problem of at risk for falls, interventions were to keep call bell in reach, use non-skid footwear, fall mat to each side of bed and use fall risk strategies. The highlighted fall strategies for R30 were to use fall mats, low bed, call light in reach, personal items in reach. On 1/16/25 at 7:15 a.m., in an interview with Certified Nurse Assistant-Medication (C.N.A.-M), she stated she works from 6 a.m. to 6 p.m. She stated she most always works on the A-Wing, where R30 lives. CNA-M stated R30 is a 'sun downer'. [R30] gets more agitated and anxious in the late afternoon and evening. The C. N.A.-M stated they try to keep an eye on R30, but they aren't always able too. C.N.A.-M stated most of the falls occur during late afternoons, dinner time and evening in R30's room and are unwitnessed. On 1/16/25 at 10:20 a.m., in an interview with the surveyor, the Director of Nursing confirmed that he has not evaluated the times and causes for R30's falls and has not put in place a plan for supervision and monitoring of R30 during the times of day that the resident experiences greater anxiety and is at a higher risk for falls.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205116	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stillwater Health Care	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17282 Based on observations, record reviews, and interviews, the facility failed to maintain oxygen filled tanks while in use, failed to maintain a physician ordered oxygen setting on an air concentrator, and failed to maintain respiratory equipment in a sanitary manner to help prevent the development and transmission of disease and infection related to respiratory care for 3 of 4 residents reviewed for respiratory care (Resident #10 [R10], R15 and R1). Findings: 1. On 1/13/25 at 12:10 p.m., the surveyor observed Resident #10 (R10) in his/her wheelchair that held a portable oxygen tank on the back of the wheelchair. R10 was using a nasal cannula to receive the extra oxygen. Upon observation of the oxygen tank, it registered empty. After the observation, the surveyor reviewed R10's clinical record under the physician order section. R10 had a physician order for continuous oxygen to be kept at a range between 2-5 liters per minute (LPM) to maintain an oxygen saturation of 90%. At 12:25 p.m., RN1 was observed changing the oxygen tank. At 12:25 p.m., in an interview with the surveyor, R1 confirmed that the oxygen tank had been empty. 2. On 1/16/25 at 8:20 a.m., a surveyor observed R10 in the front lobby sitting in his/her wheel chair. Upon observation, R10's portable oxygen tank registered empty. A Nurse showed up at 8:28 a.m., with new tank and exchanged them. On 1/16/25 at 8:28 a.m., in an interview with the surveyor, the Director of Nursing confirmed that the oxygen tank had been empty. 3. On 1/15/25 at 2:45 p.m., a surveyor observed R10's oxygen concentrator and the air intake filter located on the back on the concentrator was heavily soiled with dust. On the front of the concentrator was the manufacturer's directions that directed the air intake filter needed to be cleaned weekly. On 1/15/25 at 2:50 p. m., in an interview with the Director of Nursing, a surveyor confirmed this finding. 33242 4. On 1/14/25 at 8:45 a.m., a surveyor observed R15's oxygen concentrator set on 1.5 liters per minute (LPM); the front of the oxygen concentrator was dusty and the intake filter located on the back on the concentrator was dusty. On the front of the concentrator was the manufacturer's directions that directed the air intake filter needed to be cleaned weekly. R15's physician order indicated that the oxygen order was for 2-4 LPM. On 1/14/25 at 3:07 p.m., during an interview with a surveyor, Licensed Practical Nurse (LPN) stated that R15's oxygen should be at 2 LPM. During this interview, the surveyor confirmed that the concentrator setting was not per physician order and that the front of the concentrator and the filter in the back was dusty. 35904 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205116	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stillwater Health Care	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. R1 was admitted on [DATE] and has an order dated 10/11/24 for a continuous positive airway pressure (CPAP) machine (used to treat obstructive sleep apnea, uses mild pressure to keep the breathing airways open during sleep) for evening use. On 1/13/25 at 11:58 a.m., a surveyor observed R1's CPAP machine on the table beside his/her bed. R1 states that staff set it up for him/her at night, but nobody has come in to clean it or order new supplies for it, and R1 states he/she's been here for three months and knows some supplies need to be replaced. On 1/14/25 at 3:03 p.m. in an interview with a surveyor, RN3 states she doesn't know if R1's CPAP has been cleaned because she doesn't work nights. She states it would be on the Treatment Administration Record (TAR), usually scheduled cleaning once a week. RN4 looked on the TAR and on the physician orders and did not see any orders for cleaning R1's CPAP. During this interview, the surveyor confirmed that the CPAP machine does not have an order or treatment scheduled for cleaning the CPAP machine. On 1/14/25 at 3:09 p.m., during an interview with the RN-Nurse Manager, a surveyor confirmed that there is no order for R1's CPAP machine, tubing, and mask for cleaning or replacing supplies.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205116	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stillwater Health Care	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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 35904 Based on record review and interviews, the facility failed to ensure sufficient direct care staff were scheduled and on duty to meet the needs of residents that reside in the facility. This has the potential to affect all residents needing assistance with Activities of Daily Living (ADL's). Findings: Review of Payroll Based Journal staffing report revealed the facility triggered for low weekend staffing during the fourth quarter of 2024 (July 1 - September 30). On 1/14/25 at 2:35 p.m., in an interview with a surveyor and review of weekend staffing for July 1, 2024, through September 30, 2024, the Administrator confirmed the facility did not have enough staff to meet resident needs on the weekends.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205116	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stillwater Health Care	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)
F 0732 Level of Harm - Potential for minimal harm Residents Affected - Some	Post nurse staffing information every day. 35904 Based on observations and interview, the facility failed to post the nurse staffing information in an area visible to residents for 4 of 4 days of survey (1/13/25, 1/14/25, 1/15/25, and 1/16/25). Finding: On 1/14/25 through 1/16/25, a surveyor observed that the nurse staffing information was not posted in an area visible to residents. On 1/16/25 at 11:27 a.m., in an interview with a surveyor, the Administrator and Director of Nursing stated the nurse staff information was posted outside of the main entrance door to the facility, and the surveyor confirmed that it was not posted in an area that residents had visible access too.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205116	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stillwater Health Care	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32540 Based on observations and interviews, the facility failed to ensure the proper storage and labeling of foods in the walk-in refrigerator located in the kitchen, failed to ensure a vegetable sink had the proper air gap and failed to ensure kitchen staff properly wore hairnets by leaving hair uncovered and unrestrained for 2 of 4 days of survey (1/13/25, 1/15/25). Findings: 1. On 1/13/25 at 10:30 a.m., during the initial kitchen tour, a surveyor observed the Food Service Director (FSD) with a hairnet that did not contain all her hair. In the walk-in refrigerator there was a large cup of [NAME] Donuts beverage that was not labeled with a name or date, and a 1-pound (lb.) brick of Gold'N'Sweet butter that was noted to have a torn cover exposing the butter and showing marks of scrapes and punctures along the edges and on the top of the butter brick. The vegetable sink was observed with an improper air gap on the drainpipe. The 10-114 State of Maine Rules Chapter 226, definition Section A, defines an Air-Gap Separation - A physical separation between the free-flowing discharge end of a potable water supply pipeline and an open or non-pressure receiving vessel. An air-gap separation shall be at least twice the diameter of the supply pipe measured vertically above the overflow rim of the vessel - in no case less than one inch (2.54 cm) and the Code of Federal Regulation, Title 21, Part 1250, Section 1250, 30 (d) states all plumbing shall be so designed, installed, and maintained as to prevent contamination of the water supply, food, and food utensils. All the above findings were confirmed with the FSD at the time of the observations. 2. On 1/15/25 at 7:50 a.m., during a second tour of the kitchen, the surveyor observed that the FSD had a hairnet that did not contain all her hair, and two kitchen aides/cooks did not have a beard/mustache cover on while performing food preparation/distribution tasks. The vegetable sink did not have the proper 1-inch air gap on the drainpipe. On 1/15/25 at 8:00 a.m., the surveyor confirmed with the FSD that her hair was not contained in her hairnet and the cook and kitchen aide did not have their facial hair covered and the vegetable sink remained with the improper 1-inch air gap.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205116	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stillwater Health Care	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)
F 0842 Level of Harm - Potential for minimal harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33242 Based on record reviews and interviews, the facility failed to ensure that a resident's record contained the Power of Attorney paperwork, 2 months after admission, for 1 of 2 residents reviewed for Advance Directives (Resident #55 [R55]). Finding: On 1/14/25, R55's clinical record was reviewed and noted that R55 was admitted to the facility on [DATE] and that a family member was the Power of Attorney. The Acknowledgement of Important Information and Policies document uploaded in R55's electronic clinical record indicated that R55 has an Advanced Directive and have provided the facility with a copy of the document but the surveyor could not find this document. On 1/15/25 at 11:58 a.m., during an interview with a surveyor, the Licensed Social Worker (LSW) stated that she did not have a copy of an Advance Directive or the Power of Attorney (POA) paperwork. On 1/15/25 at 1:15 p.m., LSW handed the surveyor a copy of the Power of Attorney paperwork that she just received from the hospital. The surveyor confirmed that the POA paperwork has missing from R55's clinical record for 2 months.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205116	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stillwater Health Care	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 33242 Based on the observations, facility policy reviews, and interviews, the facility failed to maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and during two medication administration observations and for a Resident on Enhanced Barrier Precautions (Resident #25 [R25] on 2 of 4 days of survey (1/14/25 and 1/15/25). Findings: The facility's policy, Administering Oral Medications, revised 2/2022, noted that for tablets or capsules from a bottle - do not touch the medication with your hands. 1. On 1/14/25 at 6:50 a.m., a surveyor observed Certified Nursing Assistant - Medications #1 (CNA-M1) preparing medications. There were already 2 pills in the plastic cup when the surveyor started the observation. CNA-M1 popped a pill from the medication card into her hands and placed the pill in the plastic cup. The surveyor confirmed during this observation with CNA-M1 that she had touched the medication with her hand at this time. 2. On 1/15/25 at 6:50 a.m., during a medication pass observation with CNA-M1 for Resident #55 (R55), a surveyor observed that CNA-M1 popped a pill from the medication card and it fell on to the top of the medication cart; CNA-M1 picked up the pill using 2 medication cups (not touching with her hands) and placed the pill into the medication cup for administration. The surveyor confirmed that the top of the medication cart is not considered a clean area because you don't know who or what has touched the top of your cart, even if you had cleaned it at the beginning of your shift at this time. 3. The facility's policy, Enhanced Barrier Precaution, revised 2/2024, directs that Enhanced Barrier Precautions (EBP) are indicated for residents with wounds .and remain in place for the duration of the stay or until the resolution of the wound. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs included changing linens. On 1/14/25, before 10:00 a.m., a surveyor observed Certified Nursing Assistant #2 (CNA2) in a resident room changing the bed linen for R25 and was observed not wearing a gown. The surveyor observed an Enhanced Barrier Precaution sign that indicated that staff must wear gloves and gown when changing bed linens. At 10:02 a.m., during an interview with a surveyor, CNA2 stated that R25 has a leg wound that is wrapped; CNA2, Licensed Practical Nurse (LPN), and the surveyor observed the sign on the wall outside of R25's room that indicated gown and gloves much be worn when changing bed linens. The surveyor confirmed that EBP were not followed at this time. On 1/15/25 at 7:37 a.m., during an interview with a surveyor, the Director of Nursing (DON) stated that CNA2 came to him and discussed the above observation; the DON stated that he explained to CNA2 that personal protective equipment (PPE) should be worn when changing bed linens for R25 and that additional education would be provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205116	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stillwater Health Care	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)
F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 35904 Based on employee record reviews and interviews, the facility failed to implement and maintain an effective training program which includes, at a minimum, training on abuse, and on dementia management by failing to ensure that 5 of 5 Certified Nursing Assistant (CNA) staff employed completed their required training (CNA1, CNA2, CNA4, CNA5, and CNA6). Findings: On 1/16/25 the following employee records were reviewed: 1. CNA1 was hired on 5/17/23. There was no documented training in over 12 months. 2. CNA2 was hired on 9/25/23. There was no documented training in over 12 months. 3. CNA4 was hired 2/28/24. There was no documented orientation, or training on dementia, and there is no documented reorientation as outline in a performance correction notice dated 6/11/24. 5. CNA5 was rehired on 9/26/24. There was no documented training on dementia. 6. CNA6 was hired on 5/8/23. There was no documented training on dementia. On 1/16/25 at 11:27 a.m., in an interview with a surveyor, the Administrator stated that she was unable to find any documented trainings listed above, and a surveyor confirmed that CNA1, CNA2, CNA4, CNA5, and CNA6 lacked evidence that mandatory training was completed.