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	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stillwater Health Care	335 Stillwater Ave Bangor, ME 04401

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations and interviews, the facility failed to ensure expired medications were removed from the available for use supply, for 2 of 3 Medication Storage Areas reviewed (A Wing Treatment Cart and B Wing Treatment Cart).Findings:On 2/25/26 at 3:16 p.m., a surveyor and the Director of Nursing Services (DON) observed and confirmed the following were in the A Wing treatment cart and available for use:-1 box of 12 rectal Acetaminophen Suppositories 650 milligrams (mg) with an expiration date of 01/2026-1 multi-use vial containing 10 milliliter (ml) of Insulin glargine 100 units (u)/10ml, open but unlabeled with an open date or an expiration date. The DON stated insulin is good for 28 days after opening, and was unable to determine when the vial would expire.-2 open vials, 10mL insulin lispro 100u/ml, with an open date of 1/14/26. The insulin expired on 2/11/26 and was available for use 14 days past expiration.On 2/25/26 at 3:35 p.m., a surveyor and the DON observed and confirmed the following were in the B Wing treatment cart and available for use:-1 open vial, 10mL insulin lispro 100u/ml, the box was labeled with an open date of 2/2/26, the vial was labeled as opened on 2/12/26. The DON was unable to determine when the vial would expire.-1 pre-filled 3ml insulin pens containing Lantus Solostar (Insulin Glargine) 100u/mL, open and undated. The DON was unable to determine the expiration date. The DON stated the pre-filled insulin pens expire 28 days after opening.-1 pre-filled 3ml insulin pens containing Lantus Solostar (Insulin Glargine) 100u/mL, the packaging was dated open 2/19/26, the insulin pen was labeled opened 2/20/26. The DON was unable to determine when the insulin pen would expire.

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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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. Based on observations and interviews the facility failed to ensure the kitchen was maintained in a clean manner on 2 of 3 days of survey (2/24/26 and 2/25/26), the facility failed to ensure that dented cans were removed from use and the facility failed to discard expired products in the reach-in refrigerator and the walk in refrigerator located in the kitchen that were available for use on 1 of 3 days of survey (2/24/26), Findings: On 2/24/26 at 10:45 a.m., during the initial tour of the kitchen a surveyor observed a built-in air conditioner that was heavily covered in dirt and grime, also observed were dust webs from the top corners right and left of the air conditioner to the ceiling. In the dry food storage room on the shelves and in the can rack the surveyor and Food Service Director observed the following dented cans2 cans of crushed pineapples in juice, 6 pounds, 12-ounce cans that were dented near the bottom seal. 4 cans of mushrooms, pieces and stems 3-pound, 14-ounce cans that were dented near the bottom and top seals. In the reach-in refrigerator there was a carton of half and half that was half empty with a best by date of 2/23/26, next to it there was a full carton of half and half with a best by date of 2/23/26 available for use.In the walk-in refrigerator there were 2 full cartons of half and half available for use on the shelf with a best by date of 2/23/26. These findings were confirmed by the surveyor during the initial tour with the Food Service Director.On 2/25/26 at 8:30 a.m. during a second tour of the kitchen, the surveyor observed the built-in air conditioner that was still heavily covered in dirt and grime, also observed were dust webs from the top corners right and left of the air conditioner to the ceiling. The Food Service Director stated she will have it cleaned today on 2/25/26.

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(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 - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record reviews and interviews, the facility failed to ensure that clinical record(s) contained complete and accurate information for 6 of 10 sampled residents reviewed on survey (Resident #7 [R7], R8, R51, R2, R36, and R17).Findings: 1. On 2/25/26, R7's clinical record was reviewed. R7's Order Summary indicated, Check monthly weights every day shift every 1 month(s) starting on the 1st for 7 day(s) for Monitoring with a start date of 8/1/25, Check monthly vital signs every day shift every 1 month(s) starting on the 1st for 7 day(s) for Monitoring with a start date of 8/1/25, and Weekly [blood pressure (B/P)] and [heart rate (HR)] checks. every day shift every [Sunday] for [Monitoring] B/P meds with a start date of 8/17/25. The Treatment Administration Record [TAR] indicated R7's vital signs (weight, blood pressure, temperature, pulse, respiratory rate, and oxygen saturation rate) were identical on 2/1/26, 2/2/26, 2/3/26, 2/4/26, 2/5/26, 2/6/26 and 2/7/26, 7 days. 2. On 2/25/26, R8's clinical record was reviewed. R8's Order Summary Report indicated an order, start dated 11/1/24, Vital Signs [and] Weights monthly every day shift every 1 month(s) starting on the 1st for 7 day(s) for vital signs. The TAR indicated R8's vital signs (weight, blood pressure, temperature, pulse, respiratory rate, and oxygen saturation rate) were identical on 2/2/26, 2/3/26, 2/4/26, 2/5/26, 2/6/26 and 2/7/26, 7 days. The provider progress note, dated 2/24/26, states Blood pressures this month [he/she] has had 3 recordings that were all recorded as exactly the same at 152/88, previous numbers were systolics ranging from the 100s to 120s over the last 3 months. Will wait to see ongoing trends before making any changes to [his/her] [blood pressure] medications at this time. Heart rates have been within normal limits, O2 saturations normal on room air and patient has been [without fever (afebrile)]. On 2/26/26 at 10:22 a.m., during an interview with a surveyor and the Director of Nursing (DON), R8's clinical record was reviewed. The DON stated the order directs the vitals to be taken once per month but was unsure why the vitals appear to be replicated over several days. At this time the surveyor confirmed the clinical record contained inaccurate information. 3. On 2/25/26, R51's clinical record was reviewed. R51's TAR, indicated, Check monthly vital signs every day shift starting on the 1st and ending on the 7th of every month with a start date of 9/1/25. The TAR indicated R51's vital signs (temperature, pulse, respiratory rate, and oxygen saturation rate) were identical on 2/2/26, 2/3/26, 2/4/26, 2/5/26, 2/6/26 and 2/7/26, 6 days. 4. On 2/25/26 R2's clinical record was reviewed. R2's TAR indicated, Vital Signs & Weights monthly every day shift every 1 month(s) starting on the 1st for 7 day(s) for vital signs with a start date of 11/1/24. The TAR indicated R2's vital signs (weight, blood pressure, temperature, pulse, respiratory rate, and oxygen saturation rate) were identical on 2/4/26, 2/5/26, 2/6/26, and 2/7/26, 4 days. 5. On 2/26/26 R36's clinical record was reviewed. R36's TAR indicated, Vital Signs & Weights monthly every day shift every 1 month(s) starting on the 1st for 7 day(s) for vital signs - Start Date – 11/01/2024. The TAR indicated R36's vital signs (weight, blood pressure, temperature, pulse, respiratory rate, and oxygen saturation rate) were identical on 2/1/26 through 2/7/26, 7 days. 6. On 2/26/26 R17's clinical record was reviewed. R17's TAR indicated, Monthly weight and Vitals every day shift every 1 month(s) starting on the 1st for 7 day(s) for vital signs – Start Date (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	– 05/01/2025. The TAR indicated R17's vital signs (weight, blood pressure, temperature, pulse, respiratory rate, and oxygen saturation rate) were identical on 2/2/26 through 2/7/26, 6 days. On 2/26/26 at 10:34 a.m., during an interview with the DON and four surveyors, the DON stated that the computer system is pulling information from the previous results when new data is not entered by staff. At this time a surveyor confirmed the above findings.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 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.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, record review, and interviews, the facility failed to ensure that a physician ordered medication was available for use to meet the needs for 1 of 4 residents observed during medication administration pass (Resident #64 [R64]).Finding:On 2/26/26 at 7:56 a.m., a surveyor observed Registered Nurse #1 (RN1) complete a medication administration pass for R64. RN1 stated she could not administer Testosterone Gel (a medication used to treat low testosterone levels not due to normal aging) to R64 because the facility did not have any.On 2/26/26, R64's clinical record review indicated an order, dated 2/20/26, for Testosterone Transdermal Gel 20.25 [milligram (MG)] per (/) Actuation (ACT)] (1.62%) (Testosterone) Apply 1 pump [applied to the skin (transdermally)] one time a day for [HYPOGONADISM (a condition in which the body doesn't make enough of the hormone testosterone)] APPLY TO UPPER ARM. Review of the Medication Administration Record indicated that R64's Testosterone Gel was not available and R64 had not received Testosterone Gel as physician ordered, from 2/20/26 through 2/26/26, for a total of 7 days (7 missed doses).On 2/26/26 at 10:18 a.m., during an interview with a surveyor and the Director of Nursing (DON), R64's clinical record was reviewed. The DON stated he would have to look into why this medication was not received from pharmacy. At this time, the surveyor confirmed the facility failed to ensure a physician ordered medication was available for use to meet the needs for R64.

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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 review of the facility Infection Control Program (ICP) and interview, the facility failed to complete an annual review of the ICP and update/revise the program if needed for 1 of 1 ICP.Finding: On 2/25/26 at 9:00 a.m., in an interview with the Infection Preventionist (IP), she stated she did not know if the ICP had been annually reviewed. A review of the ICP was completed and there was no evidence that an annual review of the ICP had been completed.On 2/25/26 at 9:53 a.m., in an interview with the surveyor, the Administrator, confirmed that the facility has not completed an annual review of the ICP.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 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 dementia management by failing to ensure that 1 of 5 Certified Nursing Assistant (CNA) staff employed completed their required training (CNA3).Finding:On 2/26/26 the following employee record was reviewed:CNA3 was hired on 7/3/23. There was no documented training on dementia in over 12 months.On 2/26/26 at 8:00 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 CNA3 lacked evidence that mandatory training on dementia was completed within the past 12 months.

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F 0628 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to notify (at least monthly) the Ombudsman office of transfer/discharges for 1 of 1 resident reviewed for discharge (Resident #63 [R63]), and the facility failed to issue a written transfer/bed hold notice to a resident and their legal representative for a facility-initiated transfer/discharge for 1 of 1 resident reviewed for hospitalization (R61). Findings:1. On 2/26/26, a review of R63's clinical record was completed. Documentation indicated R63 was transferred home with services on 12/29/25. On 2/26/26 at 8:42 a.m., in an interview with the surveyor, the Licensed Social Worker stated she has not been sending notifications to the Ombudsman's office for any transfers or discharges. 2. On 2/26/26, a review of R61's clinical record was completed. Documentation indicated R61 was transferred to the hospital on [DATE] for respiratory distress. There was no evidence that the resident or resident representative had been provided a written copy of the transfer/discharge notice. In addition, the Ombudsman Program was not notified of the transfer/discharge.On 2/26/26 at 9:55 a.m., in an interview with the surveyor, the Director of Nursing confirmed that the resident/resident representative did not receive a copy of the transfer/discharge notice.

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F 0655 Level of Harm - Potential for minimal harm Residents Affected - Some	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted Based on record reviews and interviews, the facility failed to provide resident/resident representative's with a summary of their baseline care plan for 3 of 4 residents reviewed for baseline care plans (Resident #3 [R3], R5, R61). Findings: 1. On 2/25/26, a review of R3's clinical record was completed. A baseline care plan was completed within 48 hours of R3's admission. There was no evidence that a summary of the baseline care plan was provided to the resident or the resident representative. On 2/25/2026 at 12:35 p.m., in an interview with the surveyor, the Director of Nursing [DON] stated that they do not provide a copy of the baseline care plan to the resident or the resident representative. The surveyor confirmed at this time that the resident/resident representative did not receive a summary of the baseline care plan. 2. On 2/25/26, a review of R5s clinical record was completed. A baseline care plan was completed within 48 hours of R5's admission. There was no evidence that a summary of the baseline care plan was provided to the resident or the resident representative. On 2/25/26 at 12:35 p.m. in an interview with the surveyor, the DON confirmed that the resident/resident representative did not receive a summary of the baseline care plan. 3. On 2/26/26, a review of R61's clinical record was completed. A baseline care plan was completed within 48 hours of R61's admission. There was no evidence that a summary of the baseline care plan was provided to the resident or the resident representative. On 2/26/26 at 9:55 a.m., in an interview with the surveyor, the DON confirmed that the resident/resident representative did not receive a summary of the baseline care plan.