

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Caribou Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10 Bernadette St Caribou, ME 04736	

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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on record review, review of the facility incident report, observation, and interviews, the facility failed to monitor an unlocked and/or non-alarmed door to prevent a resident identified as an elopement risk from leaving the building unnoticed. A staff member, who was informed by a visitor, told staff she saw a resident outside, unattended. The failure to have monitoring of unlocked, and/or non-alarmed doors, resulted in an avoidable elopement for 1 of 3 resident reviewed for elopement risk (Resident # 1 [R1]).</p> <p>Finding:</p> <p>R1 was admitted to the facility in February 2025 with a diagnosis of Dementia. R1 was identified as an elopement risk and wears a wander guard alert (a safety device that alarms if resident wanders too close to a door).</p> <p>Review of R1's Reportable Incident Form dated 5/26/25 indicates that on 5/25/25 at approximately 3:15 p.m., R1 was outside for thirty-three minutes and he/she was sitting in a wheelchair near the gazebo on the lawn across the employee parking lot. Another residents family member saw him/her outside .R1 was wearing a wander guard, but the door was unlocked, and the wander guard did not alarm.</p> <p>On 6/5/25 at 3:15 p.m. in an interview with a surveyor, the Licensed Practical Nurse stated that on 5/25/25 she observed R1 outside with in a wheelchair, stuck in the mud we alerted other staff, and ran to bring R1 inside.</p> <p>On 6/5/25 at 5:00 p.m. in an interview with a surveyor, the Director of Nursing (DON) states the facility was able to determine through video surveillance footage that R1 exited the building from the D Wing door, it did not appear that the alarm from his/her wander guard went off or locked the door. R1 was returned to the facility on 5/25/25 at approximately 3:51 p.m., thirty-three minutes after elopement. R1 was outside on a day that was mild in temperature. R1 was assessed, and monitored, there were no lasting effects to R1. During this interview a surveyor confirmed that R1 had elopement unnoticed by 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.

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