

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 11/05/2025
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)
F 0689 Level of Harm - Actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of reportable incident forms, clinical record review, facility policies, and interviews, the facility failed to ensure that 3 of 4 residents reviewed for falls (Resident #1, #3, and #4) were free from accident hazards and provided with supervision and assistance devices to prevent accidents, resulting in 3 avoidable falls, with major injuries to 2 residents. Specifically, the facility staff failed to maintain the required extensive assistance for Resident #1 (R1) during peri-care, which caused R1, who had hemiplegia, to roll out of bed and sustain a displaced fracture of the right femoral neck upper thigh bone. Additionally, staff failed to ensure the correct and safe use of assistive devices for two other residents: staff failed to attach footrests during R3's wheelchair transport, causing R3 to fall forward and sustain a nasal bone fracture; and staff failed to use the mechanical lift (Hoyer) with the legs open, causing R4 to slip out onto the floor. Findings: 1. Review of R1's, Reportable Incident Form for Certified, Licensed or Registered Providers Complaint Line received by Division of Licensing and Certification (DLC), State of Maine on 10/25/25 at 1:17 p.m., indicated that on 10/24/25 at 1935 (7:35 p.m.), Certified Nursing Assistant #1 (CNA1) was providing care for R1, rolled R1 to his/her left side to provide peri-care, turned to throw brief in trash, upon turning back to place new brief, R1 had rolled from the bed and landed on the floor mat beside his/her bed. R1 was on his/her stomach with head against the night-stand. R1 had a 2 cm (centimeter) laceration noted to the left side of his/her forehead, and c/o (complaint of) right hip pain with movement. Resident was transferred to emergency room on [DATE] at 9:30 p.m. and admitted to the hospital with a closed displaced fracture of the neck of the right femur (a broken right thigh bone just below the hip joint). Review of Nursing Facility Reportable Incident 5 Day Investigation Follow-Up report dated 10/27/25 stated, CNA1 turned around to throw the dirty attends away and when she turned back around R1 was already in the process of falling. R1 fear of falling and R1 did assist by holding onto the assist rail with his/her right arm. Review of R1's Care Plan, attached to reportable incident form signed by provider on 8/28/25, indicated under Problem Interest-Need-Condition 1. Self-care deficit R/T (related to) hx (history) of Traumatic Hemorrhage of cerebrum . hemiplegia and hemiparesis following cerebral infarction affecting left-dominant side.M/B (manifested by) inability to perform ADLs independently ., Approach Method-Activity-Medication He/she is max assist for all his/her bathing, dressing, and personal hygiene and 2. Altered mobility . M/B weakness . Long- Term Goals Criteria Res will not be injured d/t (due to) a fall this quarter. Approach Method-Activity-Medication He/she is extensive assist x 1 for bed mobility with use of bilateral upper assist rails . He/she is a fall risk. and 5. Approach Method-Activity-Medication He/she is extensive assist for bed mobility using bilateral upper assist rails. and 7. Altered elimination. M/B always incontinent of bladder and of bowel. Approach Method-Activity-Medication He/she is extensive assist for toilet hygiene and for toilet transfer. Review of R1's x-ray report on 10-24-2025 22:36, reported 10-25-2025 10:33, Findings: There is an acute displaced subcapital fracture of the right hip.Impression: Displaced subcapital right femoral neck fracture. This was also noted by the treating emergency room provider. On 11/5/25 at 3:21 p.m. in an interview with a surveyor, CNA1 stated that she was providing care for R1, the side railings were up, and the resident was on his/her left side holding onto the railing with his/her right hand. CNA1 said she turned away from R1 to dispose of a soiled brief, and when she looked back R1 was in the air falling, already rolling off the bed, feet first onto the mat on the floor. R1 did not have the mobility ability to prevent himself/herself from rolling out of bed due to hemiplegia, hemiparesis to the left upper and lower extremities. 2. Review of R4's Progress Note dated 11/3/25 at 11:07 a.m. stated, Type: Incident Note: Resident was being hoiered out of bed to chair, by 2 CNA's when R4 slipped out of canvas and down to the floor. R4 has no bumps, lacerations, or bruising to head. Small abrasion to mid upper back. Review of R4's Social Service Note dated 11/3/25 at 12:12 p.m. stated, .It was explained that the current room is too small and poses a safety risk. We discussed moving the resident to another room that has a human (overhead) lift. The resident will be moved today.Review of R4's Care Plan, signed by provider on 8/14/25, indicated under Problem Interest-Need-Condition 1. Self-care deficit R/T (related to Multiple Sclerosis. M/B Hoyer Transfer and inability to ambulate. Long- Term Goals Criteria Ris will not have any falls this quarter. Approach Method-Activity-Medication [He/She] is total dependent assist x2 staff via Hoyer lift transfers and ext [extensive] assist for canvas placement. He/she does not ambulate.Hoyer with x2 assist and W/C [wheelchair] for mobility. A policy review indicated, Policy: Lifting Machine, Using a Mechanical Department: Nursing - PM004 Positioning and Moving Effective: 11/2017 Revised: 03/2025 page 1 of 3</p>		