

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/07/2026
NAME OF PROVIDER OR SUPPLIER Caribou Healthcare Center, LLC		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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on interviews, observations, and record review, the facility failed to promote care for all residents in a manner that maintains each resident's dignity and respect during repositioning, bed mobility, and activities of daily living [ADL] care for 1 of 1 resident reviewed for resident rights (Resident #9 [R9]). Findings: 1. On 7/7/26 at 2:13 p.m. during an interview with a surveyor, R9 stated that earlier today staff locked his/her bed in the low position and locked it so that he/she could not raise or lower the head of the bed. R9 stated that he/she does not like the bed in the low position, closed to the floor, he/she doesn't know why but it has been since childhood, and the staff know this. On 7/7/26 at 2:13 p.m. a surveyor observed R9's bed in the low position and attempts by R9 to raise/lower the bed and raise/lower the head of the bed were unsuccessful. The remote that operates the bed was observed not working. On 7/7/26 at 2:18 p.m. during an interview with a surveyor, Certified Nursing Assistant #1 [CNA1] stated that earlier today staff put R9's bed in a low position for safety. R9's clinical record review stated under Administration Note 7/7/26 at 8:39 a.m., Diazepam oral tablet 5 mg [milligrams] give 1 tablet by mouth every 8 hours as needed for muscle spasms, res[ident] having muscle spasms. On 7/7/26 at 2:38 p.m. during an interview and observation with a surveyor, the Director of Nursing [DON] and CNA1 observed R9's bed, and bed remote and confirmed that the bed's remote functioning for R9 was locked [in locked position the remote to reposition bed does not work] and R9 could not reposition his/her bed. The DON unlocked the bed functions at time of observation and stated the bed's remote should not be locked. The DON stated that she is aware that R9 does not like his bed in the low position. 2. On 7/7/26 at 2:13 p.m. during an interview with a surveyor, R9 stated that sometimes he/she requires 2 staff to assist with repositioning, bed mobility, and ADL care because of the symptoms he/she has due to Parkinson's disease. R9 stated that staff wanted to assist him/her with 1 staff, even though R9 requested 2 staff due to increase in symptoms, tremors, stiffness, and pain. R9's clinical record review stated under Care Plan Report initiated on 4/17/26, Focus, the resident is resistive to care on occasion r/t [related to] adjustment to nursing home, Anxiety and Parkinson's Disease, Goal. The resident will cooperate with care through next review date. Interventions/Tasks. Allow the resident to make decisions about treatment regime, to provide sense of control. Provide resident with opportunities for choice during care provision. Review of Facility Reported Incident form received on 4/23/26 from the facility to the State of Maine, Department of Health and Human Services, Division of Licensing and Certification stated R9's family called the facility and stated he/she overheard staff via telephone having a verbal argument with R9 on 4/22/26 at approximately 8:20 p.m. The Registered Nurse, Clinical Coordinator went to R9's room, R9 verbalized that he/she was having an episode of increased tremors, stiffness, and pain decreasing his/her ability to assist the staff with bed mobility. He/she requested that CNA2 get a second CNA to assist. CNA2 made attempts to reassure R9 that she was able to complete the task independently, (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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Unsuccessful reassurance of these attempts caused increased anxiety and agitation for R9. R9 was still requesting 2 people to assist and CNA2 was continuing to attempt care by herself. On 7/7/26 at 2:52 p.m. in an interview with a surveyor, the DON stated that if R9 is requesting 2 person assist staff should assist with 2 people. The surveyor confirmed at this time that R9 requested 2 person assist with repositioning, bed mobility, and ADL care on 4/22/26, and CNA2 was continuing to attempt care with 1 person.		