

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 06/26/2024
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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>33242</p> <p>Based on record review and interview, the facility failed to transmit a quarterly Minimum Data Set (MDS) electronically to the State MDS database within 14 days of completion date for 1 of 1 system selected residents reviewed for Resident Assessment (Resident #14 [R14]).</p> <p>Finding:</p> <p>R14's quarterly MDS, with a target date of 5/16/24, was completed on 5/17/24. This assessment was required to be electronically submitted to the State MDS database within 14 days (by 5/31/24) but was not submitted until 6/26/24, 26 days late. On 6/26/24 at 11:04 a.m., during an interview with a surveyor, the MDS Coordinator stated that she just submitted R14's quarterly MDS; she wasn't sure why it wasn't transmitted and was unaware that it didn't transfer until the surveyor asked about it.</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
---	-------	-----------

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 06/26/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>33242</p> <p>Based on observations and interviews, the facility failed to provide respiratory care consistent with professional standards of practice by failing to ensure that respiratory equipment was clean, for 3 of 3 days of survey for Resident #33 (R33), R13, R35, R24, and R48).</p> <p>Findings:</p> <ol style="list-style-type: none"> On 6/24/24 at 9:01 a.m., a surveyor observed that R33's O2 concentrator filter was heavily soiled with dust and debris. On 6/25/24 at 1:17 p.m., a surveyor observed that R33's O2 concentrator filter was heavily soiled with dust and debris, and a trash receptacle containing a plastic trash bag was directly in front of the filter, the plastic trash bag was pulled toward/ against the filter. On 6/26/24 at 7:45 a.m., a surveyor observed that R33's O2 concentrator, the filter was observed to be heavily soiled with dust and debris. On 6/24/24 at 9:48 a.m., a surveyor observed that R13's oxygen (O2) concentrator filter was heavily soiled with dust. On 6/25/24 at 8:55 a.m., a surveyor observed that R13's O2 concentrator filter was heavily soiled with dust. On 6/24/24 at 9:57 a.m., a surveyor observed that R35's O2 concentrator filter was heavily soiled with dust. On 6/25/24 at 12:04 p.m., a surveyor observed that R35's O2 concentrator filter was heavily soiled with dust. On 6/24/24 at 9:58 a.m., a surveyor observed that R24's O2 concentrator filter was heavily soiled with dust and debris. On 6/25/24 at 1:12 p.m., a surveyor observed that R24's O2 concentrator filter was heavily soiled with dust and debris. On 6/26/24 at 7:37 a.m., a surveyor observed that R24's O2 concentrator filter was heavily soiled dust and debris. On 6/24/24 at 2:58 p.m., a surveyor observed that R48's O2 concentrator filter was soiled with dust. On 6/25/24 at 2:17 p.m., a surveyor observed that R48's O2 concentrator filter was soiled with dust. <p>49635</p> <p>On 6/26/24 at 8:37 a.m., during an interview with a surveyor, Registered Nurse #1 (RN1) stated that cleaning the filters on the O2 concentrators is part of a Charge Nurse weekly task. A surveyor and RN1 then observed the above mentioned O2 concentrator filters and the surveyor confirmed that they were dusty.</p> <p>On 6/26/24 at 9:16 a.m., during an interview with the Director of Nursing (DON), a surveyor confirmed with the DON that the O2 concentrator filters are dusty even though there was a weekly treatment for the task. The DON and surveyor then observed R35's O2 concentrator's dusty filters.</p>		

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 06/26/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>49635</p> <p>Based on observations and interviews, the facility failed to ensure expired medications were removed from the available for use supply, for 1of 2 Medication Carts reviewed (B Wing Medication Cart), and 2 of 2 Medication Storage Rooms reviewed (B Wing Medication Storage and C-D Wing Medication Storage).</p> <p>Findings:</p> <p>On 6/24/24 at 1:53 p.m., review of the C-D Wing Medication Storage Room revealed on the shelf and available for use:</p> <p>1 bag containing Prochlorperazine 25 milligram (mg) suppositories with an expiration date of 2/24</p> <p>1 box Premarin vaginal cream conjugated estrogens 0.625mg/gram with an expiration date of 4/30/24</p> <p>1 bag containing Acetaminophen Suppositories 650mg with an expiration date of 6/23</p> <p>In the locked narcotic cabinet, on the shelf and available for use:</p> <p>1 blister pack of Hydrocodone and Acetaminophen 5mg-325mg with an expiration of 4/5/24</p> <p>A surveyor observed and confirmed the above findings with Registered Nurse #1 at the time of the observation.</p> <p>On 6/24/24 at 2:45 p.m., review of the B-Wing Medication Storage Room revealed on the shelf and available for use:</p> <p>1 bag containing Bisacodyl 10mg suppositories, 5 suppositories had an expiration date of 4/24, and 5 suppositories had an expiration date of 6/23</p> <p>1 bottle 44 milliliter Deep Sea Premium Saline nose spray 0.65% with an expiration date of 5/24</p> <p>2 boxes Acetaminophen suppositories 650mg with an expiration date of 4/24</p> <p>1 bottle Pain Relief Acetaminophen 250mg / Aspirin 250mg / Diphenhydramine 38mg with an expiration date of 2/24</p> <p>1 bottle Loratadine 10mg with an expiration date of 12/23</p> <p>Review of the B-Wing Medication Cart revealed available for use:</p> <p>1 bottle Loratadine 10mg with an expiration date of 12/23</p> <p>(continued on next page)</p>		

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 06/26/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A surveyor observed and confirmed the above findings with Registered Nurse #2 at the time of the finding.</p>

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 06/26/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>35904</p> <p>Based on observations, and interviews the facility failed to maintain an Infection Control Program designed to help prevent cross contamination and/or development of infection by maintaining a safe and sanitary environment related to enhanced barrier precautions (EBP's) pertaining to Resident's with urinary Foley catheters for 3 of 3 days of survey (6/24/24, 6/25/24, and 6/26/24).</p> <p>Findings:</p> <p>On 6/24/24, from 7:30 a.m. to 3:45 p.m., surveyors observed no personal protective equipment (PPE) other than gloves or signage notifying of EBP's for Resident #48 (R48) who had a urinary Foley catheter or any other Resident who had urinary Foley catheters.</p> <p>On 6/25/24 at 10:32 a.m., a surveyor observed no PPE other than gloves or signage notifying of EBP's for R10 who had a urinary Foley catheter or any other Resident who had urinary Foley catheters.</p> <p>On 6/25/24 at 11:11 a.m., a surveyor could not find any documentation pertaining to the use of Enhanced Barrier Precautions (EBP's).</p> <p>On 6/25/24 at 1:52 p.m. in an interview with the Director of Nursing (DON) and Assistant Director of Nursing, a surveyor confirmed that the facility is not using EBP's for Resident's who have a urinary Foley catheter and does not have a plan in place for the use EBP's. The DON stated that the use of EBP's are not being used for urinary Foley catheters or anything else.</p> <p>33242</p> <p>On 6/25/24 at 2:13 p.m., during an interview with a surveyor, R48 stated that staff just emptied the urinary Foley catheter bag and the staff member was wearing a uniform and no protective gown.</p> <p>On 6/26/24 at 3:30 p.m., a surveyor observed no PPE other than gloves or signage notifying of EBP's for R10 who had a urinary Foley catheter or any other Resident who had urinary Foley catheters</p> <p>On 6/26/24 at 3:33 p.m., during an interview with a surveyor, Registered Nurse #1 (RN1) stated she did not know what EBP's were. The surveyor asked RN1 about what PPE was worn when she performs urinary Foley catheter care to which the response was gloves, and if she was inserting a urinary Foley catheter, the equipment would be sterile.</p>		

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 06/26/2024
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 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.</p> <p>33242</p> <p>Based on employee files review and interviews, the facility failed to develop and implement an education program that included annual training on the Infection Control program standards, policies, and procedures for 1 of 5 Certified Nursing Assistants (CNA) reviewed (CNA1).</p> <p>Finding:</p> <p>On 6/25/24, CNA1's employee file and Inservice record was reviewed. CNA1's last documented Combined Inservice, which included training on the Infection Control program standards, was 12/6/22.</p> <p>On 6/25/24 at 2:45 p.m., during an interview with a surveyor, the Clinical Assistant stated that she was unable to find evidence that CNA1 completed the Combined Inservice in (December) 2023. On 6/26/24 at 3:12 p.m., during an interview with a surveyor, the Staff Educator stated that CNA1 completed the Infection Control training yesterday but it should have been done in 2023, but it was not. The surveyor confirmed this finding during these interviews.</p>