STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205117	A. Building B. Wing	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caribou Rehab and Nursing Center	10 Bernadette St Caribou, ME 04736

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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 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 observation and interviews, the facility failed to promote care for all residents in a manner that maintains each resident's dignity and respect during resident transportation on 1 of 3 days of survey (7/1/25) and during meal services on 1 of 3 days of service (6/30/25). Findings: 1.On 7/1/25 at 11:00 a.m. in the hallway near the conference room (Bears Den) a staff member was observed pulling a resident backwards in their wheelchair, causing this residents feet to drag on the floor. On 7/1/25 at 11:35 a.m., during an interview with the Assistant Director of Nursing, the surveyor confirmed that a staff member was pulling a resident backwards while in their wheelchair. 2. On 6/30/25 at 12:21 p.m., during the lunch service, a surveyor observed a staff member standing while assisting a resident to eat. This observation was observed and confirmed with Activities staff at the time of observation.

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, interviews, and record review, the facility's interdisciplinary team meeting (IDTM) group failed to determine if it was clinically appropriate for a resident to keep medications at bedside and self-administer a medicated powder topically for 1 of 1 Residents observed with a medicated powder at bedside (Resident #165 [R165]). Finding: Review of facility policy, Pharmaceutical Services, reviewed on 8/21 stated, there shall be no self-administration of medication unless the Interdisciplinary Team Meeting (IDTM) group decides that the resident is able to self-administer and store the drugs safely. Physician's order will be maintained. On 6/30/25 at 10:37 a.m., a surveyor observed a medicated antifungal foot powder (Desenex), on R165's nightstand. R165 stated that he/she applies this powder themself, as needed. On 6/30/25 at 11:04 a.m., during an interview with a surveyor, the Director of Nursing (DON) stated that she will contact the doctor about the use of the Desenex because R165 has an order for miconazole (antifungal) for a rash. The DON stated that there had not been an evaluation to self administer medication completed. On 7/1/25, documentation in R165's clinical record included a physician order that the resident could self administer the Desenex and keep at the bedside; the clinical record also included a note that Licensed Practical Nurse #1 (LPN1) evaluated R165 for safe application of the product but there was no evidence that the IDTM had yet determined if this was clinically appropriate.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on record review and interview, the facility failed to ensure a resident's right to formulate an advance directive regarding cardiopulmonary resuscitation (code status) was clear in the clinical record for 1 of 9 sampled residents reviewed for advanced directives (Resident #214 [R214]). Finding: On 7/1/25, R214's clinical electronic health record (EHR) and paper health record were reviewed. R214's electronic clinical assessment in the EHR states, Code Status: FULLCODE, and the clinical paper health record, dated 6/23/25 Discharge Summary (from hospital) states, DNR/DNI [do not resuscitate/do not intubate] in regard to [his/her] CODE STATUS. On 7/1/25 at 2:05 p.m. a surveyor and the Assistant Director of Nursing (ADON) reviewed R214's EHR and paper health record. The ADON stated that the code status in the EHR should read DNR/DNI, not full code. In an interview at this time with the ADON, a surveyor confirmed that the code status for R214, full code is not accurate on the EHR.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on record review and interview, the facility failed to review, revise and update a care plan for a newly discovered pressure ulcer for 1 of 1 resident reviewed for pressure ulcer (Resident #19 [R19]). Finding: On 6/30/25, R19's clinical record was reviewed. Documentation indicated that R19 had a care plan with a revision date of 6/9/25 for alteration in skin. The care plan was not updated to address the new onset of a 3rd pressure ulcer as a stage III to the posterior of left foot. There was no evidence that the care plan was updated to reflect the new skin care needs. On 7/01/25 at 11:37 a.m., R19's care plan was reviewed with the Assistant Director of Nursing. The surveyor confirmed that the care plan does not reflect R19's current wound status and the care required for treatment.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on record reviews and interview, the facility failed to follow physician orders for 1 of 3 residents reviewed for use of sliding scale insulin (Resident #49 [R49]). Finding: On 7/1/25, R49's clinical record was reviewed and included a physician order to administer insulin if finger stick blood sugars (FSBS) were at a certain result. The order for FIASP FlexTouch (insulin), dated 4/29/25, directed staff to inject subcutaneously as per sliding scale: 3 units for 200-250 (FSBS result) 6 units for 251-300, 9 units for 301-350, 12 units for 351-400, 15 units for 401-450, and to call physician if over 451. R49's May Treatment Administration Record (TAR) indicated that on 5/22/25, R49's FSBS was 563. The TAR documentation indicated that R49 received 15 units of insulin. The clinical record lacked evidence of calling the physician and obtaining a physician order for insulin for a FSBS result greater than 451. R49's June TAR indicated that on 6/27/25, R49's FSBS was 288. The TAR documentation indicated that R49 received 3 units of insulin, instead of 6 units as ordered. On 7/1/25 at 12:10 p.m., during an interview with the Assistant Director of Nursing, a surveyor confirmed these findings.

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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 that medications and medical equipment were stored properly by having an unlocked, unattended medication cart on 1 of 3 days (A wing medication cart) (6/30/25), and a treatment cart on 2 of 3 days of survey (7/1/25, and 7/2/25) allowing residents and unauthorized people access to medications, and medication equipment. Findings: 1. On 6/30/25 at 11:11 a.m., during a surveyor observation of a medication administration pass, the Certified Nursing Assistant-Medications (CNA-M) left the A wing medication cart in the dining/activity area of the locked Special Care Unit for residents with advanced cognitive impairment. The cart was left unattended and unlocked while the CNA-M left the cart to give medications to Resident #31 (R31) who was sitting two tables away from the unlocked cart. There were several residents in the dining/activity area, and a surveyor observed R214 sitting in a wheelchair, self-propel himself/herself to the front of the unlocked medication cart, stop, and place his/her hand on the lock, and a drawer before moving away from the cart. On 6/30/25 at 11:12 a.m. in an interview with a surveyor regarding the unlocked and unattended medication cart, the CNA-M stated she was okay to not lock the cart because she always has the medication cart in sight when administering medications. The surveyor asked if she saw R214 attempt to open the medication cart, and she stated she did not, her back was turned away from the medication cart while she was administering medications to R31. On 6/30/25 at 11:30 a.m., in an interview with a surveyor, the CNA-M stated that she doesn't keep the A wing medication cart keys with her, she keeps them hooked to a nail in the medication storage room on B wing. A surveyor confirmed with the CNA-M and the Assistant Director of Nursing (ADON) that the medication cart was left unlocked and unattended. 2. On 7/1/25 at 10:15 a.m., a surveyor observed a treatment cart in a resident hallway unattended. Multiple residents and other staff were observed passing by the cart. The cart was observed to be unlocked, and contained syringes, lancets, medicated creams, ointments, and powders. At 10:18 a.m., the Charge Nurse returned to the cart and stated she had been down to a resident's room, then went to get another resident a drink. The Charge Nurse stated that the cart does not have a lock. At this time the surveyor confirmed the cart contained medications and sharps and was left unlocked, unattended and easily accessible to residents. 3. On 7/2/25 at 7:51 a.m., a surveyor observed an unattended treatment care to be in a resident hallway with the drawers facing the wall. The treatment cart drawers contained syringes, lancets, medicated creams, ointments, and powders, secured by a swivel snap hook. At 8:00 a.m., the surveyor observed and confirmed with the Charge Nurse that the treatment cart contained medications and sharps and was not secured with a locking device. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 7/2/25 at 8:20 a.m., during an interview with the Director of Nursing (DON), ADON, and 2 surveyors, the treatment cart in the medication room was observed and confirmed to be secured with a swivel snap hook. The DON confirmed that the cart needs a lock to secure the drawers. At this time 2 surveyors confirmed the treatment cart was not secured with a locking device, and multiple residents are capable of accessing the contents when it is not stored in the medication room.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to store, prepare, and serve food in accordance with professional standards for food service safety by not storing food in a sanitary manner for 2 of 3 days of survey (6/30/25 and 7/2/25). Finding: On 6/30/25 at 9:03 a.m., during observation of the walk-in freezer, a surveyor and the Dietary Supervisor observed and confirmed the following: 1 container of Veggie Lasagna, open and exposed to the environment. 1 container of pasta with meat sauce, exposed to the environment, freezer burn observed. 1 pizza on a round cooking sheet plastic wrap partially peeled up and pizza crust exposed to the environment. 6 slices of raw meat sitting on a shelf and exposed to the environment. The Dietary Supervisor identified them as Philly chicken. 1 package of cauliflower, open and undated. 1 package of breaded chicken patties, open and undated. 1 package of pre-cooked chicken cubed, open and undated. 1 package of yellow beans, open and undated. 1 package of tater-tots, open and undated. 1 package of fish sticks, open and undated. On 7/2/25 at 7:48 a.m., a surveyor observed and confirmed with a Certified Nursing Assistant (CNA) in the dayroom refrigerator and available for use: 1 half gallon of milk with an expiration date of July 01, 2025 2 open quart size containers of prune juice, undated. 1 open quart size container of apple juice, undated. 1 open quart size container of orange juice, undated. 1 pint size container of raspberries, observed to be shriveled and moldy.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on review of the facility's water management program and interview, the facility failed to fully develop/implement a water management program to prevent the growth and spread of legionella and other water-borne pathogens. Finding: On 7/2/25, a surveyor reviewed the facility's Water Management Program to Reduce Legionella Growth and Spread in Buildings policy that was last reviewed by the facility on 10/14/24 and photos of areas where Legionella could grow were updated as needed. The program lacked evidence of measures to prevent the growth of opportunistic waterborne pathogens (also known as control measures), and how to monitor them. There was no evidence of testing protocols for control measures, including how and when this would be monitored, acceptable control limits, what interventions would be taken if control limits were found to be outside of range, and instances when water testing for legionella would be needed. On 7/2/25 at 11:04 a.m., during an interview with Maintenance, a surveyor confirmed this finding.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on record reviews, Centers for Disease Control and Prevention (CDC) recommendations, and interviews, the facility failed to offer the updated Pneumococcal vaccination to 1 of 5 residents (Resident #24 [R24]). Finding: On 7/1/25, R24's clinical record was reviewed. The documentation in R24's clinical record indicated that R24 received the Pneumococcal Conjugate Vaccine (PCV) 13 in 2015 and the Pneumococcal Polysaccharide Vaccine (PPV) 23 in 2017. The CDC recommendation was based on shared clinical decision-making, decide whether to administer one dose of PCV20 or PCV21 at least 5 years after the last pneumococcal vaccine dose. On 7/1/25 at 9:14 a.m., during an interview with a surveyor, the Assistant Director of Nursing stated there was no evidence of offering the PCV20 to R24. On 7/2/25 at 10:00 a.m., during an interview with a surveyor, the Director of Nursing/Infection Preventionist stated that they use the CDC recommendations for administering the pneumococcal vaccines.