

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Waterville Center for Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 7 Highwood St Waterville, ME 04901	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51669</p> <p>Based on record review, observation, and interviews, the facility failed to ensure that clinical records were complete and contained accurate information for 1 of 3 residents reviewed during an investigation of a facility-reported incident. (Resident #1)</p> <p>Findings:</p> <p>Resident #1 was admitted on [DATE] and had diagnoses to include venous stasis ulcers and deep vein thrombosis (DVT).</p> <p>Review of Resident #1's Care plan, initiated on 12/19/24, states, .history of Deep Vein Thrombosis r/t [related to] Immobility .at risk of developing another DVT . Inspect legs and feet for Skin color/temperature (calf/thigh): pale, cool, edematous (DVT); pinkish red, warm along the course of the vein (superficial) .</p> <p>Review of Resident #1's active physician orders, dated January 2025, lacked evidence that Resident #1 was being monitored for signs and symptoms related to a DVT.</p> <p>Review of Resident #1's daily skilled assessments dated 1/12/25, 1/16/25, and 1/17/25 lacked evidence that a cardiovascular assessment was completed, and assessments dated 1/12/25 and 1/13/25 lacked evidence that a skin assessment was completed. There is no evidence that daily skilled assessments were completed on 1/7/25 and 1/14/25.</p> <p>During an interview with 2 surveyors on 2/11/25 at 11:39 a.m., the Cove Harbor Unit Manager (UM) stated it was her expectation that monitoring for signs of a DVT would be documented on the Treatment Administration Record (TAR) or in the skin and cardiovascular sections in the daily skilled note and that all sections of the assessment should be complete. At this time, UM further reviewed Resident #1's clinical record and confirmed that the TAR lacked evidence of monitoring for signs of a DVT and that the skilled assessments were incomplete for the above dates.</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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