

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/04/2024
NAME OF PROVIDER OR SUPPLIER  Harbor Hill Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2 Footbridge Rd Belfast, ME 04915	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37440</b></p> <p>Based on interview and record review, the facility failed to ensure accommodations were made for a resident, to include the facility's bathing schedule and resident preferences for 1 of 1 resident reviewed for bathing (Resident #295).</p> <p>Findings:</p> <p>On 1/11/24, the state agency received a facility reported incident stating that Resident #295 did not receive a shower for over a week after admission.</p> <p>Clinical record review indicated Resident #295 was admitted on [DATE] and discharged on [DATE]. The admission minimum data set (MDS) dated [DATE], under section F preferences for customary routine and activities states it is very important for him/her to choose their bathing options.</p> <p>On 12/4/24, review of Certified Nurse's Assistant(CNA) bathing documentation noted Resident #295 received showers on 12/25/24 and 12/31/24 on the day shift and there had been no refusals documented during the resident's stay. The documentation lacked evidence that Resident #295 received showers the week of December 17th-23rd and January 7th-10th.</p> <p>On 12/4/24 at 9:20 a.m., in an interview, the Market Clinical Advisor confirmed that residents are to receive at least one bath/shower a week and that the CNA bathing documentation lacked evidence that Resident #295 received showers the week of December 17th-23rd and January 7th-10th.</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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<p>F 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>17282</p> <p>Based on interview and Beneficiary form review, the facility failed to ensure that a Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) was provided to 1 of 3 residents whose Medicare Part A services were discontinued (Residents #22 [R22]).</p> <p>Finding:</p> <p>On 12/3/24, R22's Skilled Beneficiary Notification Review form was reviewed. The Beneficiary Notification form that was completed on 12/3/24 by the Minimum Data Set (MDS) Coordinator indicated R22 received Medicare Part A services that ended on 10/30/24, but there was no evidence that the required Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) was provided to R22 so that he/she could make an informed decision to continue receiving the skilled services that may not be paid for by Medicare and assume financial responsibility.</p> <p>On 12/3/24 at 11:45 a.m., in an interview with the surveyor, the MDS Coordinator confirmed that a SNFABN was not issued to R22.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17282</b></p> <p>Based on observations and interviews, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in a sanitary condition for 2 of 2 environmental tours, both on 12/3/24, on 2 of 2 units[Harbor Hill and Fort Point].</p> <p>Findings:</p> <p>On 12/3/24 at 8:00 a.m. through 8:45 a.m., an environmental tour was conducted with the Senior Maintenance Supervisor and Maintenance Supervisor. Findings were confirmed at the time of the observations.</p> <p>1. Fort Point</p> <p>room [ROOM NUMBER], bathroom walls are gauged and scuffed with black marks. The cover of the safety fall mats next to bed 1 have cracks and torn areas creating an uncleanable surface. Next to bed 2, the wall is gauged and has several black scuff marks.</p> <p>room [ROOM NUMBER], the room divider curtains are soiled and stained. The wall behind bed 2 has areas of missing paint.</p> <p>room [ROOM NUMBER], bathroom walls have scuffed marks and areas with unpainted patches of putty.</p> <p>room [ROOM NUMBER], bathroom walls have scuffed marks and areas with unpainted patches of putty.</p> <p>room [ROOM NUMBER], bathroom walls have scuffed marks and areas with unpainted patches of putty.</p> <p>The dining room wooden thresh-holds are scuffed and gouged. The wooden kitchenette cabinets are marred and have scuff marks.</p> <p>37440</p> <p>2. Harbor House</p> <p>-The kitchenette and dining areas had floor seams which were split and unsealed, containing dirt and debris. The cabinets around the kitchen were marked and marred with black marks. The wall paper to the right of the sink was ripped/peeled exposing sheetrock.</p> <p>-There were 4 hallway ceiling tiles, by the Admission Director's office, that had large brown stains on them.</p> <p>-The whirlpool room had ripped/chipped paint next to the whirlpool creating an uncleanable surface. -The cabinet by the sink had missing and worn treatment on the wood surface creating an uncleanable surface.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The Sit-to-stand patient lift had chipped/missing paint on the base and legs.</p> <p>-The Reliant 600 patient lift, in the hallway by room [ROOM NUMBER], had chipped/missing paint on legs.</p> <p>-room [ROOM NUMBER]- The caulking around the base of the toilet was dirty, the room entrance and bathroom doors and door frames were marred with black marks.</p> <p>-The restroom, across from room [ROOM NUMBER], had caulking around the base of the toilet which was dirty.</p> <p>-room [ROOM NUMBER] - The caulking around the base of the toilet was dirty and the seam between the room and bathroom floor was split open and built up with dirt. There was a bedpan stored on floor by the toilet.</p> <p>-room [ROOM NUMBER] - The caulking around the base of the toilet was dirty and the ceiling vent was rusty and had dried liquid residue on it.</p> <p>-room [ROOM NUMBER] - The floor around the base of the toilet was dirty and there was a commode bucket stored on the floor.</p> <p>-room [ROOM NUMBER] - The floor around the base of the toilet was dirty. The cove base was ripped/broken off by the bathroom door. The bathroom door and door frame had chipped/missing paint and the ceiling exhaust vent was dusty/dirty.</p> <p>-room [ROOM NUMBER] - Both privacy curtains were missing hooks, hanging down and in disrepair.</p> <p>-room [ROOM NUMBER] - Both privacy curtains were missing hooks, hanging down and in disrepair.</p> <p>-The television area had 3 ceiling tiles with dark brown stains on them and the ceiling vent near the television was dirty and rusty.</p> <p>3. Laundry Room</p> <p>The cement floor had chipped/missing paint creating an uncleanable surface. There was 1 ceiling tile above the washing machines that had black and brown stains on it. The ceiling vent near the washing machines was heavily soiled with dust/dirt.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49635</p> <p>Based on record reviews and interview, the facility failed to develop a Comprehensive Care Plan that addressed the physical needs of 2 of 4 sampled residents (Resident #26 [R26] and [R29]).</p> <p>Findings:</p> <p>1. On 12/4/24, clinical record review indicated R26 was admitted on [DATE]. Admitting diagnoses included Type 2 Diabetes. Orders for this diagnosis include administering 15 units of Insulin Glargine subcutaneously, at bedtime. The surveyor was unable to locate a care plan for the management of diabetes and/or insulin.</p> <p>On 12/4/24 at 12:02 p.m., during an interview with the Marketing Clinical Advisor, a surveyor confirmed R26's care plan does not address the diagnosis of diabetes or the use of insulin.</p> <p>37440</p> <p>2. Resident #29 was admitted on [DATE] with a current physician order dated 10/16/24 noting Wander Guard/Wander Elopement Device due to poor safety awareness. Review of Resident #29's current care plan indicated there were no Focus, Goals and Interventions addressing wandering/elopement.</p> <p>On 12/4/24 at 12:25 p.m., in an interview, the Market Clinical Advisor confirmed the Resident's #29's current care plan was not updated to include wandering/elopement.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>37440</p> <p>Based on observation, interview, and a review of Safety Data Sheets (SDS), the facility failed to ensure that the resident's environment was free of accident hazards relating to the storage of chemicals being properly secured for 1 of 3 days of survey (12/2/24).</p> <p>Findings:</p> <p>On 12/2/24 at 11:15 a.m., during a tour of the Harbor House, a surveyor observed a hallway storage area containing personal protective equipment (PPE) supply bins and oxygen concentrators that had a 1 pound 2.94 ounce container of Micro-Kill Bleach Germicidal Bleach Wipes stored in it at wheelchair height.</p> <p>The Safety Data Sheet for Micro-Kill Bleach Germicidal Bleach Wipes noted the following:</p> <p>4. First Aid Measures</p> <p>General advice: Never give anything by mouth to an unconscious person. If you feel unwell, seek medical advice (show the label where possible).</p> <p>Inhalation: Assure fresh air breathing period allow victim to rest.</p> <p>Eye contact: If In Eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.</p> <p>Skin contact: If irritation occurs, remove affected clothing and wash all exposed skin area with mild soap and water, followed by warm water rinse.</p> <p>Ingestion: rinse mouth. Do not induce vomiting. Obtain emergency medical attention.</p> <p>On 12/2/24 at 11:23 a.m., in an interview, Registered Nurse (RN #1) confirmed that the bleach wipes should not be kept out where residents and visitors had access to them and that there were residents that can ambulate and use a wheelchair to move down the hallway.</p> <p>On 12/2/24 at 11:55 a.m., a surveyor discussed the finding with the Director of Nursing (DON).</p>		

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<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>49635</p> <p>Based on observation, record review, and interview, the facility failed to maintain respiratory equipment in a sanitary manner to help prevent the development and transmission of disease and infection related to respiratory care for 2 of 4 residents reviewed for respiratory care (Resident #4 [R4] and [R26]).</p> <p>Findings:</p> <p>1. On 12/2/24 at 11:12 a.m., a surveyor observed R4's oxygen concentrator to have dust / debris accumulations over the filter vents. R4's nebulizer was observed on the bedside table, exposed to the environment. On 12/4/24, a surveyor observed R4's oxygen concentrator to have dust / debris accumulations over the filter vents. R4's nebulizer mask was hanging from a hook on the wall and exposed to the environment.</p> <p>2. Record review for R26 indicated the resident was admitted with acute and chronic respiratory failure and dependence on supplemental oxygen, for which R26 receives 1-2 liters of oxygen via nasal cannula continuously.</p> <p>On 12/2/24 at 11:16 a.m., a surveyor observed R26's oxygen concentrator to be heavily soiled with dust / debris. On 12/4/24, a surveyor observed R26's oxygen concentrator to be heavily soiled with dust / debris.</p> <p>Review of the facility's NEBULIZER: SMALL VOLUME procedure, revised on 11/01/23, indicated the nebulizer should be placed in a treatment bag labeled with patient name and date after use.</p> <p>On 12/4/24 at 11:08 a.m., during an interview with a surveyor, the Director of Nursing stated Maintenance was responsible for cleaning the concentrator equipment. At this time the Director of Nursing and a surveyor observed and confirmed the above findings.</p>

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>32540</p> <p>Based on observations, review of the plan of correction, and interview, the facility's quality assurance committee failed to ensure that the plan of correction for identified deficiencies from the Recertification Survey, dated 12/4/24, were effective. The deficiency F584 (Safe/ clean/ comfortable/ homelike Environment) was again identified during the 1/28/25 Re-visit Survey.</p> <p>Findings:</p> <p>During the Recertification Survey, dated 12/4/24, a deficiency was cited at F584 (Safe/ clean/ comfortable/ homelike Environment) for the failure to maintain adequate housekeeping and maintenance services to maintain a sanitary, orderly, and comfortable interior in 2 of 2 units.</p> <p>The facility's Plan of Correction, with a completion date of 1/14/25, for F584 indicated that they would correct the deficiencies in all cited rooms and all rooms through auditing, repairing of flooring, walls, bathrooms, divider curtains unpainted surfaces and caulking around toilets in the cited rooms. Additionally, the facility indicated that they would perform weekly audits x 4 of the environment to ensure that all areas meet the requirements of being safe, clean, comfortable and Homelike. Then the facility indicated that they would have monthly audits done by the Maintenance Director or designee and would bring the audit results to Quality Assurance and Performance Improvement.</p> <p>During the Re-visit survey observations on 1/28/25, F584 was re-cited for failure to follow their Plan of Correction to have a Safe/ clean/ comfortable/ homelike Environment on 2 of the 2 units cited. In addition, there were new environmental findings on Harbor House, a shower chair was observed in the hallway and the seat was observed soiled with a white unknown substance in the seams of the chair cushion. On Fort Point upon entering this unit, a heavy smell of urine was noted on the entire unit. It was noted that the handrails in the hallway were unfinished leaving exposed wood creating uncleanable surfaces. And the walls were noted to have black scuff marks along the bases.</p> <p>On 1/28/25 at 12:15 p.m. during an interview with the Administrator it was discussed that the areas cited during the previous survey have not been corrected as indicated on the facilities Plan of Correction with a correction date of 1/14/24. It was stated that the areas had not been completed yet due to the facility not having the matching paint for those areas. The surveyor confirmed the above findings at this time.</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>17282</p> <p>Based on review of the facility's Quality Performance Improvement (QAPI) Committee meeting attendance sheets and interview, the facility failed to provide evidence that a quarterly meeting was held for 1 of 4 quarters.</p> <p>Finding:</p> <p>On 12/4/24 at 10:00 a.m., a review of the facility's QAPI attendance sheets was completed. The facility held quarterly meetings on 9/27/24, 6/18/24, and on 3/5/24. The facility was unable to provide evidence that a quarterly meeting was held in 12/23 or 1/23. On 12/4/24 at 10:10 a.m., in an interview with the surveyor, the Marketing Clinical Advisor confirmed that the facility did not hold a quarterly QAPI meeting in 12/23 or 1/23, for the fourth quarter meeting, and that the last documented meeting she could find was dated 10/24/23.</p>