STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205132	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Durgin Pines	9 Lewis Rd Kittery, ME 03904

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 37015 Based on record reviews and interviews, the facility failed to ensure that the resident and/or resident representative was provided with written information concerning the right to accept or refuse medical or surgical treatment and/or formulate an advanced directive, or appoint a surrogate, for 5 of 5 residents reviewed. (#10, #15, #18, #23, #47) Findings: 1. Resident #18 was admitted in January of 2025. A review of the entire electronic medical record lacked evidence that the facility offered or provided the resident and/or resident representative with written information concerning the right to formulate an advanced directive. 2. Resident #23 was admitted in February of 2025. A review of the entire electronic medical record lacked evidence that the facility offered or provided the resident and/or resident representative with written information concerning the right to formulate an advanced directive. Review of facility policy Advance Directives, with a revision date of September, 2024, stated The resident has the right to formulate an advance directive, including the right to accept or refuse medical or surgical treatment. Section titled Determining Existence of Advance Directive, stated 2. The resident or representative is provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so. Section titled If the Resident Does not have an Advance Directive, stated 1. If the resident or representative indicates that he or she has not established advance directives, the facility staff will offer assistance in establishing advance directives. b. Nursing staff will document in the medical record the offer to assist the resident's decision to accept or decline assistance. On 3/11/25 at 11:20 a.m., in an interview with a surveyor, a social worker stated it has not been facility practice to offer to assistance to residents with formulating an advance directive. If a resident requests to complete one, staff will access the Maine Advance Directive forms online and help them complete them, then have the forms notarized. The social worker stated if an advance directive is not in the resident's record, then the resident does not have one on file. (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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/11/25 at 11:40 a.m., in an interview with a surveyor, the Administrator, Director of Nursing, Assistant Director of Nursing, and the Social Worker, confirmed the facility does not routinely document when staff are offering to help residents complete an advance directive or when a resident declines to formulate one. 48648 3. Resident #10 was admitted in February of 2025. A review of the entire electronic medical record lacked evidence that the facility offered or provided the resident and/or resident representative with written information concerning the right to formulate an advanced directive. 4. Resident #15 was admitted in February of 2023. A review of the entire electronic medical record lacked evidence that the facility offered or provided the resident and/or resident representative with written information concerning the right to formulate an advanced directive. 5. Resident #47 was admitted in June of 2023. A review of the entire electronic medical record lacked evidence that the facility offered or provided the resident and/or resident representative with written information concerning the right to formulate an advanced directive. On 3/11/25 at 11:30 a.m. a surveyor met with the facility social worker and learned that discussing Advanced Directives was not something they normally did.

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F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648 Based on record reviews and interviews, the facility failed to ensure that the Minimum Data Set (MDS) 3.0 was coded accurately in the area of Active Diagnosis and High-Risk Drug Classes: Use and Indication for 2 of 5 sampled residents for unnecessary medication review. (Resident #50 and #13) Findings: 1. On 3/11/25, resident #50's clinical record was reviewed and indicated the resident has orders for Mirtazapine and Sertraline daily, both antidepressants. The most recent Quarterly MDS dated [DATE] indicates, under Active Diagnosis Section I6100, states that the resident did not have depression however under section High-Risk Drug Classes: Use and Indication Section N0415, states the resident is taking antidepressants. In addition, the Pharmacy medication regimen review dated 1/5/25 recommends a Gradual Dose Reduction (GDR) on the Mirtazapine. The provider disagreed on the GDR with an explanation of Dose reduction is contraindicated because benefits outweigh risks for this patient and a reduction is likely to impair the resident's function and/or cause psychiatric / social instability. On 3/11/25 at 3:44 p.m., during an interview, the Skilled MDS Coordinator confirmed the above finding 33639 2. Resident #13's clinical record was reviewed and indicated the resident has a physician's order dated 11/20/24 for the antidepressant medication, Sertraline 50 milligrams (mg) daily. Resident #13's MDS, dated [DATE], under High Risk Drug Classes: Use and Indication Section N0415, was not coded to indicate that the resident received an antidepressant medication. On 3/12/25 at 11:47 a.m., during a telephone interview with the Skilled MDS Coordinator, a surveyor confirmed that the MDS was inaccurately coded for Resident #13.

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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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648 Based on interviews and record review, the facility failed to review and revise the care plan by an interdisciplinary team (IDT), that included, to the extent possible, participation of the resident and/or his/her representative after each assessment for 7 of 9 reviewed for care planning. (Resident #1, #49, #40, #32, #13, #55 and #3). Findings: 1. On 3/10/25 at 11:34 a.m., during an interview, Resident #1 stated he/she is not invited or remembers having care plan meetings. Review of Resident #1's IDT care plan meeting notes stated IDTs occurred on 4/24/24, 7/24/24, 10/23/24, 11/22/24 and on 3/5/25. The medical record lacked evidence that he/she was invited and/or participated in his/her IDT meetings. 2. On 3/10/25 at 11:49 a.m., during an interview, Resident #49 stated his/her representative attends the IDT meetings via phone, but he/she is not invited. Review of Resident #49's IDT care plan meeting notes stated IDTs occurred on 2/5/24, 7/10/24, 10/16/24 and on 1/15/25. The medical record lacked evidence that he/she was invited and/or participated in his/her IDT meetings. In addition, the IDT meeting which occurred on 7/10/24 stated Resident #49 did not attend because Resident out facility, during meeting time, but aware of schedule. 3. On 3/10/25 at 12:32 p.m., during an interview, Resident #40 stated he/she has not been involved or had a care plan meeting since admission. Review of Resident #40's medical record showed he/she had 2 recent admissions. The IDT care plan meeting notes stated IDTs occurred on 1/17/25 and on 2/14/25. The medical record lacked evidence that he/she was invited and/or participated in his/her IDT meetings. 4. On 3/10/25 at 1:24 p.m., during an interview, Resident #32 stated he/she is not invited or familiar with any care plan meetings. Review of Resident #32's IDT care plan meeting notes stated IDTs occurred on 5/15/24, 7/31/24, 10/23/24, and on 1/23/25. The medical record lacked evidence that he/she was invited and/or participated in his/her IDT meetings. On 3/11/25 at 2:12 p.m., during an interview, the Director of Social Services confirmed the above findings. 33639 (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. A surveyor reviewed the clinical documentation of Resident #13, which included review of a comprehensive Admission Minimum Data Set (MDS) 3.0 assessment dated [DATE]. The surveyor could not locate evidence that a care plan meeting was held by the IDT that included, to the extent possible, participation of Resident #13 and/or his/her representative to review and revise the care plan. 6. On 3/10/25 at 1:42 p.m., during an interview, Resident #55 stated he/she is not invited to care plan meetings and would attend if he/she was invited. Review of the clinical documentation for Resident #55, included a comprehensive Admission MDS assessment dated [DATE] and a Significant change MDS dated [DATE]. Resident #55's care plan meeting notes indicated that an IDT meeting occurred on 1/6/25. The surveyor could not locate evidence that a care plan meeting was held by the IDT for the assessment dated [DATE] and that Resident #55 was invited and/or participated in his/her IDT meeting that occurred on 1/6/25. 7. On 3/10/25 at 2:41 p.m., during an interview, Resident #3 stated he/she is not invited to care plan meetings and would attend if he/she was invited. Review of Resident #3's IDT care plan meeting notes indicated that IDTs occurred on 1/10/24, 4/10/24, and 9/11/24. The medical record lacked evidence that he/she was invited and/or participated in his/her IDT meetings. On 3/12/25 at 12:25 p.m., during an interview, the Director of Social Services confirmed the above findings.

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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. 33639 Based on observation, interview and the facility's Dietary Dress Code Policy, the facility failed to ensure facial hair protection was worn on 1 of 3 days of survey. Finding: On 3/10/25 from 9:34 a.m. to 9:50 a.m., an initial kitchen tour was conducted in which the following finding was observed and confirmed with the Food Service Director: > There were 2 male kitchen workers with facial hair that was not wearing facial hair protection while preparing food in the kitchen. A review of the Dietary Dress Code Policy - updated 10/31/23, states All employees are required to wear a hair net or hat and beard guard (when appropriate) in food prep areas. On 3/10/25 at 2:20 p.m., in an interview with the Administrator, two surveyors discussed the above finding.