

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205133	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/22/2024
NAME OF PROVIDER OR SUPPLIER  Heritage Rehab & Living Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  457 Old Lewiston Rd Winthrop, ME 04364	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>37648</p> <p>Based on observations and interviews the facility failed to promote care for resident in a manner that maintains the resident's dignity by allowing an uncovered urine filled Foley catheter bag to be seen by passersby for 1 of 1 resident (Resident #22) reviewed for dignity related to urinary collection bags during 1 of 4 days of survey (2/20/24).</p> <p>Findings:</p> <p>On 2/20/24 at approx. 10:45 a.m., observation of Resident #22's Foley catheter bag, that contained dark yellow urine, was visible from the hallway. At this time, in an interview, Resident #22 stated he/she was very upset and embarrassed that there is no cover on the catheter bag and that it can be seen from the hallway if his/her privacy curtain is not pulled. In addition, he/she stated, he/she doesn't like to come out of his/her room in the electric wheelchair with a catheter bag that can be seen.</p> <p>On 2/20/24 at 11:00 a.m., during an interview, the Registered Nurse confirmed that Resident #22's foley catheter bag with urine was visible and retrieved a cover for the Foley bag.</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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>37648</p> <p>Based on record reviews and interview, the facility failed to ensure the Notice of Medicare Provider Non-Coverage (NOMNC) form was provided at least two days prior to end of Skilled services for 1 of 3 residents whose Medicare Part A Skilled services were discontinued (Residents #28). In addition, the facility failed to ensure the Skilled Nursing Facility Advance Beneficiary Notices (SNFABN) Form 10055, which included appeal rights and liability of payment, were provided at least 2 days prior to the resident's last covered day, for 2 of 3 residents whose Medicare Part A services were discontinued, and remained in the facility (Residents #2, #12).</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Resident #28's NOMNC indicated that the resident's Medicare Part A services would end on 2/1/24 and was signed by resident representative on 2/2/24, a day after last covered day. The medical record lacked evidence that Resident #28 or his/her legal representative was provided a SNFABN when the Medicare A coverage for skilled services was discontinued. The resident remained living in the facility.</li> <li>2. Resident #2's Medicare Part A coverage for skilled services ended on 2/15/24. The medical record lacked evidence that Resident #2 or his/her legal representative was provided a SNFABN when the Medicare A coverage for skilled services was discontinued. The resident remained living in the facility.</li> <li>3. Resident #12's Medicare Part A coverage for skilled services ended on 1/25/24. The medical record lacked evidence that Resident #12 or his/her legal representative was provided a SNFABN when the Medicare A coverage for skilled services was discontinued. The resident remained living in the facility.</li> </ol> <p>On 2/21/24 at 10:14 a.m., during an interview, the [NAME] President of Clinical Operations confirmed the above. At 4:15 p.m., in an additional interview, the Licensed Social Worker stated she was unaware that the SNF/ABN notice was required when Medicare A coverage for skilled services was discontinued and the resident remained living in the facility.</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** 37648</b></p> <p>Based on observations and interviews, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in good repair and in a sanitary condition for the 1 of 1 unit (Sunrise unit) and a common area for 1 of 1 facility tours (2/22/24).</p> <p>Findings:</p> <p>On 2/22/24 from 10:02 a.m. - 10:16 a.m., a surveyor and the [NAME] President of Clinical Operations conducted a tour of the facility in which the following findings were observed:</p> <ul style="list-style-type: none"> <li>- rooms [ROOM NUMBERS] shared bathroom ceiling light had dead bugs and debris under the cover.</li> <li>- room [ROOM NUMBER] bathroom had 2 wash basins and bed pan stored on the floor under the sink and dirt and debris around the base of toilet.</li> <li>- room [ROOM NUMBER] bathroom had a commode lid stored on the floor under the sink and the cove base is separated from the wall.</li> <li>-room [ROOM NUMBER]'s floor had dirt and debris along the walls and behind the door.</li> </ul> <p>Common Area:</p> <p>Heat pump on wall across from the nurse's station had a built up layer of dust.</p> <p>On 2/22/24 at 10:16 a.m., in an interview, the [NAME] President of Clinical Operations confirmed the findings.</p>

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37015</p> <p>Based on record review and interview, the facility failed to ensure a baseline care plan was developed and implemented within 48 hours that included the instructions needed to provide minimum healthcare information necessary to properly care for 1 of 1 residents reviewed for death ( Resident#31).</p> <p>Finding:</p> <p>A review of the closed clinical record for Resident #31 revealed an admitted [DATE] from an acute care hospital. Diagnoses included a history of prostate cancer with a new diagnosis of suspected metastatic cancer and hematochezia. Goals of care were discussed at the hospital and the resident elected to pursue comfort care. He was admitted to hospice services on [DATE] and died on [DATE].</p> <p>A review of the clinical record failed to locate evidence that a baseline care plan was developed and implemented within 48 hours of Resident #31's admission.</p> <p>On [DATE] at 12:53 p.m., in an interview with a surveyor, the MDS Coordinator confirmed that no care plan had been developed.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>33639</p> <p>Based on record review and interview, the facility failed to update and include interventions on the residents current care plan for the area of fluid restrictions for 1 of 23 residents sampled ( Resident #4).</p> <p>Finding:</p> <p>Documentation in Resident #4's clinical record indicated on a physician's order sheet, dated 11/30/23, that Resident #4 needs to be on fluid restriction of 1,800 milliliters (ml) daily.</p> <p>A review of Resident #4's current care plan was completed. Under the problem area of Nutrition there is no intervention for the resident's medical need of a fluid restriction.</p> <p>On 2/22/24 at 12:21 p.m. in an interview with the surveyor confirmed that Resident #4's care plan did not include interventions for the resident's medical need of a fluid restriction with the [NAME] President of Clinical Operations.</p>

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<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37015</p> <p>Based on interviews and clinical record review, the facility failed to develop a discharge summary which included a recapitulation of the resident's stay, a final summary of the resident's status, and reconciliation of all the resident's pre- and post-discharge medications for 1 of 1 residents reviewed for discharge to the community (Resident #30).</p> <p>Finding:</p> <p>On review of Resident #30's clinical record, a surveyor noted an admitted [DATE] to the skilled unit. On 12/14/23, Resident #30 was discharged back to his/her bed in the residential care unit.</p> <p>The surveyor located an incomplete recapitulation of stay in the electronic record dated 12/19/23.</p> <p>On 2/22/24 at 2:15 p.m., in an interview with a surveyor, the [NAME] President of Clinical Operations confirmed the recapitulation of stay was not completed and did not include the necessary information required at the time of the Resident #30's discharge.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33639</p> <p>37648</p> <p>Based on observations, record reviews, and interviews, the facility failed to obtain a physician order for the use of respiratory equipment, failed to ensure that respiratory equipment was clean and the respiratory tubing was changed weekly, and failed to provide a sanitary environment to help prevent the development and transmission of disease and infection related to oxygen tubing for 2 of 2 residents reviewed for respiratory care (Residents #4, #82).</p> <p>Findings:</p> <p>1. On 2/20/24 at 12:39 p.m., a surveyor observed a bilevel positive airway pressure (BiPAP) machine with headgear and tubing on Resident #4's bedside table. Resident #4 stated he/she was unable to recall the last time the tubing and facemask were cleaned.</p> <p>On 2/22/24 Resident #4's clinical record was reviewed and there was no evidence of a physician's order for the use of the BiPAP machine. A review of Resident #4's current care plan dated 12/1/23 did not include a care area or interventions for the use of Resident #4's BiPAP machine.</p> <p>The facilities BiPAP Management policy, developed 5/21/21, indicates Nursing personnel will provide care and storage of Continuous positive airway pressure CPAP/BiPAP equipment following core infection control practices and following manufacturer's instructions.</p> <p>On 2/22/24 at 12:21 p.m., a surveyor confirmed the findings with the [NAME] President of Clinical Operations.</p> <p>2. On 2/22/24 from 10:02 a.m. to 10:16 a.m., a surveyor and the [NAME] President of Clinical Operations conducted a tour of the facility in which an observation of room [ROOM NUMBER] revealed an oxygen nasal cannula tubing wrapped up and stored with the cylinder on the back of the wheelchair. At this time, the [NAME] President of Clinical Operations discarded the nasal cannula confirming the storage was not a sanitary way to store the nasal cannula.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>37648</p> <p>Based on record review and interview, the facility failed to ensure expired medications were removed from the Automated Medication Dispensing System (AMDS) available for use in 1 of 1 medication room (Sunrise Unit).</p> <p>Findings:</p> <p>On 2/21/24 at 12:53 p.m., the [NAME] President of Clinical Operations provided the surveyor with the Item Expiration Tracking Report for the facilities AMDS. At this time, the [NAME] President of Clinical Operations stated there was 19 medications available for use that were expired and she has contacted pharmacy to remove the expired medications.</p> <p>Upon review of the Item Expiration Tracking Report, the following medications stated:</p> <p>Ciprofloxacin 400mg/200 (milligram), expiration date of 1/31/24</p> <p>Glucagon 1mg emergency kit, expiration date of 1/31/24</p> <p>Morphine Sulfate 15mg tablet, expiration date of 1/31/24</p> <p>Azithromycin 250mg tablet, expiration date of 1/31/24</p> <p>Citalopram HBR 20mg tablet, expiration date of 1/31/24</p> <p>Clonidine HCL 0.1mg tablet, expiration date of 1/31/24</p> <p>Cyclobenzaprine 5mg tablet, expiration date of 1/31/24</p> <p>Diltiazem 30mg tablet, expiration date of 1/31/24</p> <p>Divalproex DR 125mg capsule sprinkle, expiration date of 1/31/24</p> <p>Famotidine 20mg tablet, expiration date of 1/31/24</p> <p>Hydrochlorothiazide 25mg tablet, expiration date of 1/31/24</p> <p>Levetiracetam 250mg tablet, expiration date of 1/31/24</p> <p>Losartan Potassium 25mg tablet, expiration date of 1/31/24</p> <p>Mirtazapine 15mg tablet, expiration date of 10/31/23</p> <p>Metoprolol succinate ER 25mg tablet, expiration date of 1/31/24</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Risperidone 1mg tablet, expiration date of 1/31/24</p> <p>Simvastatin 10mg tablet, expiration date of 1/31/24</p> <p>Sucralfate 1 gram tablet, expiration date of 11/30/23</p> <p>Quetiapine Fumarate 25mg tablet, expiration date of 1/31/24</p> <p>On 2/22/24 at 1:08 p.m., during an interview, the [NAME] President of Clinical Operations stated, she and the pharmacy had reconciled the AMDS and verified that 5 medications: Ciprofloxacin 400mg/200 (1 tablet), Glucagon 1mg (2), Azithromycin 250mg (4 tablets), Clonidine HCL 0.1mg (3 tablets) and Famotidine 20mg (3 tablets) were expired. All other medications, when restocked into the AMDS, were entered in with the wrong expiration date and are not expired.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>33640</p> <p>Based on record review and interview, the facility failed to assure that a dose reduction for psychotropic drugs was attempted for 1 of 5 Residents ( Resident #3).</p> <p>Finding:</p> <p>A review of the clinical medical record indicated that Resident #3 has been receiving the medication Fluoxetine 20 milligrams (mg.) one dose each day for management of depressive symptoms since 10/18/22.</p> <p>According to the Pharmacy Consultation Report dated: 1/1/24 - 1/31/24, a recommendation was made as follows. The initial attempt at a Gradual Dose Reduction (GDR), consider reduction to 15 mg. every day.</p> <p>On 2/22/24 at approximately 2:10 p.m., during an interview, the [NAME] President of Clinical Operations confirmed there was no evidence in the clinical record that the physician provided a rationale to agree or disagree with the recommendation stated above.</p>