

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/14/2026
NAME OF PROVIDER OR SUPPLIER Cummings Health Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 5 Crocker Street Howland, ME 04448	
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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide or get specialized rehabilitative services as required for a resident. Based on interviews and record review, the facility failed to provide specialized rehabilitative services or obtain the required services from an outside resource that is a provider of specialized rehabilitative services for 1 of 1 resident reviewed for rehabilitative services (Resident #9 [R9]. Findings:On 7/14/26 at 2:05 p.m., during an interview with a surveyor, the Physical Therapist stated that R9 started physical therapy [PT] services on 6/1/26. During review of R9's clinical medical record the record contained Physician's order dated and signed by the Physician on 12/16/25 for PT/OT [occupational therapy]: eval [evaluation]; Treat [treatment]. There is a handwritten note on the order that states, [Physical Therapist] aware. There is no evidence that a PT/OT eval and treat was initiated or completed.During review of R9's clinical medical record the record contained Physician's order dated 1/16/26 at 13:10 [1:10 p.m.] and signed by the Physician on 1/19/26 for PT and OT eval and treat. There is no evidence that a PT/OT eval and treat was initiated or completed.During review of R9's clinical medical record the record contained COMMUNICATION - with Family/NOK [next of kin]/POA [power of attorney] dated 1/16/26 at 14:50 [2:50 p.m.] Note Text: . [Family/NOK/POA] would like to resume PT and OT and states that [Family/NOK/POA] is willing to pay the out of network co-pay. There is no evidence that a PT/OT eval and treat was initiated or completed.During review of R9's clinical medical record the record contained Physician's order dated 4/21/26 at 11:06 (a.m.) and signed by the Physician on 4/23/26 for PT and OT Eval and Treat.During review of R9's Physical Therapy, PT Evaluation & Plan of Treatment, start of care 4/27/26, under Current Referral, signed by Physician on 5/28/26 at 10:37 a.m., Reason for Referral / Current Illness: Patient presents to therapy following functional decline related to Late stage PD [Parkinson's Disease]. Patient did have recent fall in room, but has been experiencing decline over the course of the last few months. Patient has had excellent success with therapy in the past and decline began when therapy previously ended.During review of R9's Physical Therapy, PT Discharge Summary, D/C [discharge] reason: Change in Payer Source. R9 had a PT evaluation on 4/27/26 and was discharged on the same day.On 7/14/26 at 2:05 p.m., during an interview with a surveyor, the Physical Therapist stated that he didn't start working at the facility until November 2025 and didn't know if R9 received PT services prior to November 2025. The Physical Therapist stated that since November 2025, R9 hasn't received PT services until 6/1/26 four months and 15 days beyond the 12/16/25 physician's order for PT/OT eval and treat.On 7/14/26 at 2:12 p.m., during an interview with a surveyor, the Administrator stated the facility was waiting for a new contract with R9's insurance company. They had lost their therapy contract with the prior therapy company and decided to bring therapy staff in-house. R9's therapy evaluation was completed on 4/27/26 and was discharged from therapy services the same day due to change in payer source. At this time, a surveyor confirmed R9 had not had a therapy evaluation until 4/27/26 and had been waiting from 12/15/25 to 4/26/26 for three months and 39 days beyond the Physician's order dated 12/16/25 for a PT and OT evaluation and treatment.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 205143
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