

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  06/11/2025
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)
<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>Based on observations and interviews, the facility failed to promote care for residents in a manner that maintains the resident's dignity and respect during resident observations on 2 of 3 days of survey (6/9/25 and 6/10/25) (Resident #27 [R27], and R12).</p> <p>Findings:</p> <p>1. On 6/9/25 at approximately 1:30 p.m., staff were observed assisting R27 who is dependent on staff for all Activities of Daily Living tasks, with personal incontinence care. It was observed from the hallway by a surveyor that R27 was being asked to roll on their side for the staff to perform incontinence care. At this time the surveyor observed the privacy curtain was closed but the window curtains were open, and the window was facing the parking lot, potentially exposing R27.</p> <p>On 6/9/25 at 1:35 p.m. the surveyor asked the charge nurse to observe the task being conducted with R27. At this time the Surveyor confirmed the window curtain was not closed and R27 was exposed to the parking lot while receiving incontinence care. The charge nurse closed the window curtains at this time and informed staff to ensure resident privacy is maintained.</p> <p>On 6/11/25 at 9:34 a.m. during an interview with R27, he/she stated that the curtains being opened during his/her care the other day didn't bother him/her but they do prefer to have them closed during their care.</p> <p>2. On 6/10/25 at 10:56 a.m. a surveyor overhead Certified Nursing Assistant #1 (CNA1) speaking to R12, and heard R12 say, please, then CNA1 was observed pushing R12 in his/her wheelchair toward his/her room, R12 was overheard saying, all I said was I had to go to the bathroom.</p> <p>On 6/10/25 at 10:58 a.m. in an interview with CNA1, a surveyor asked CNA1 to clarify what she said to R12, the surveyor asked if CNA1 asked R12 to say please before she would take him/her to the bathroom. The CNA1 stated she, asked [him/her] to say please. We just took [him/her], asked to go to the bathroom again, two person assist, I said okay, say please, because he gets very verbal, swearing. The surveyor confirmed with the CNA1 at this time that R12 was not treated with dignity and respect when she required R12 to say please before she would assist him/her.</p> <p>On 6/10/25 at 12:15 p.m. in an interview with the Administrator and Director of Nursing, a surveyor confirmed R12 was not treated with dignity and respect when CNA1 asked R12 to say please before she would assist him/her.</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 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>Based on facility policy review, record review, and interview, the facility failed to ensure that the resident and/or resident representative received assistance/follow up assistance to complete the written information provided concerning the right to accept or refuse medical or surgical treatment and/or formulate an advanced directive, or appoint a surrogate, for 1 of 16 residents reviewed for advanced directives. (Resident #22 [R22]).</p> <p>Finding:</p> <p>Review of facility policy Advanced Directives under the Optional Section: We will assist you to make an Advanced Directive . and by answering your questions about the forms. These services are available from the Social Service Director.</p> <p>On 6/11/25, a review of R22's electronic medical record was completed. The medical record lacked evidence that the facility offered assistance or followed up with the resident and/or resident representative concerning the right to accept or refuse medical or surgical treatment and to ensure the completion of the resident's advanced directive wishes.</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on record review and interviews, the facility failed to ensure that a resident's physician was notified of a significant health change/abnormal lab result with a dieticians recommendation for 1 of 1 resident reviewed (Resident #23 [R23]).</p> <p>Finding:</p> <p>On 6/9/25 at 1:44 p.m. R23's clinical record was reviewed, a nutrition/dietary note documented that R23 has a low albumin level with a suggestion/recommendation for 2 scoops of protein powder to be added to a beverage or soft vegetable such as mashed potato daily.</p> <p>Further review of R23's clinical record indicated that on 3/19/25 the facility wrote a communication to the provider with the problem listed as Albumin 3.0 and asked if they could get a diagnosis for protein/calorie malnutrition. On 3/19/25 R23 had the new diagnosis of protein/calorie malnutrition and was added to his/her diagnosis list.</p> <p>On 6/10/25 at 3:08 p.m. during an interview with a surveyor, the Director of Nursing (DON) stated that if the dietician made a recommendation/suggestion we would write it on a communication form for the provider and get an order. She stated that the dietician was reviewing the labs from March, 3/3/25, and she wrote a note in R23's clinical record. The dietician then gave the DON a handwritten note (DON showed the surveyor the note that was written for multiple residents with the suggestion/recommendation for 2 scoops of protein powder for R23. The DON stated that she is not sure how the suggestions/recommendations got missed but she has called the provider to let her know and they will start the order for the protein powder tomorrow. The surveyor confirmed this finding during this interview.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on clinical record reviews and interviews, the facility failed to follow physician orders for 1 of 16 residents reviewed. (Resident #30 [R30]).</p> <p>Finding:</p> <p>On 6/10/25 at 11:44 a.m., during a clinical record review for R30 there is documentation that shows he/she had an order dated 5/29/25 for Boost (supplement) twice a day between meals with a diagnosis of protein, calorie malnutrition. The clinical record lacks evidence that R30 has received this supplement.</p> <p>During this clinical record review a physician progress note dated 6/2/25 that documents that R30 also has protein-calorie malnutrition with albumin of 2.6, decreased from 2.9 in February. Boost nutritional supplements twice daily was added to her regimen to increase caloric intake. The provider was not aware that R30 was not receiving the Boost supplement as ordered. A physician progress note dated 6/9/25 addresses R30's protein-calorie malnutrition and documents the Continuing nutritional supplement twice daily. Consider adding lactase enzyme before meals if there is any discomfort following meals. At this time R30 still had not been receiving the supplement as ordered.</p> <p>On 6/10/25 at 2:00 p.m. during an interview with the Director of Nursing, she stated she was not sure how this order got missed. The surveyor at this time confirmed that R30 was not receiving a supplement as ordered to treat his/her protein-calorie malnutrition.</p>		

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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p>Based on record reviews and interviews, the facility failed to ensure the physician reviewed the resident's total program of care, which included signing orders for medications and treatments listed on the Physician Orders in a timely manner for 2 of 6 residents reviewed for unnecessary medications (Residents #14 [R14], and R23).</p> <p>Findings:</p> <p>1. On 6/10/25, R14's clinical record was reviewed. A review of the physician visits and medication orders indicated that on 2/10/25, the first required 30-day physician visit (for a newly admitted resident) was completed and R14's admission orders were signed. On 2/24/25, the physician made a visit and medication orders signed. On 3/26/25, the second required 30-day physician visit (for a newly admitted resident) was completed and the medication orders signed. On 4/26/25, the third required 30-day physician visit was completed, but there was no evidence that the medication orders were signed at that visit.</p> <p>On 6/11/25 at 8:15 a.m., during an interview with the surveyor, the Director of Nursing (DON) confirmed that on 4/26/25 the physician made the last of the three 30-day required visits for new admissions, but did not sign the medication orders for that visit.</p> <p>2. On 6/10/25, R23's clinical record was reviewed. A review of the physician visits and medication orders indicated that the last orders signed are dated 3/26/25 and were good for 60 days. On 6/2/25 R23 had a physician visit completed, but there was no evidence that the medication orders were signed at that visit. With the last orders signed on 3/26/25 they were due to be reviewed and renewed no later than 6/4/25 which includes the 10-day grace period and as of 6/10/25 they were not signed and were 6 days late.</p> <p>On 6/10/25 at 2:43 p.m. during an interview with a surveyor, the DON stated that she had noticed today that R23's orders were not signed during the last physician visit. So, she called the physician and told her they needed to be signed that day. At this time the surveyor confirmed that R23's physician orders were not signed and were 6 days late.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>Based on interviews, the facility failed to ensure the Food Service Supervisor (FSS) met the qualifications of a Certified Food Service Director. This had the potential to affect all the residents (32 residents).</p> <p>Finding:</p> <p>On 6/9/25 at 10:45 a.m., during an interview with a surveyor, the FSS stated that she has been in this role for about one year. She stated that she does not have the qualifications for the job and that she is currently not enrolled in any qualifying course or a Managerial Servsafe course. She then stated the facility's dietician is on a consultant basis and comes in monthly.</p> <p>On 6/11/25 at 2:00 p.m., during an interview with the Administrator, the surveyor confirmed that the facility has failed to have a qualified Food Service Supervisor and uses a consultant dietician who is not employed by the facility in a full-time position.</p>		

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>Based on record review and interview, the facility failed to incorporate in a care plan the collaboration and responsibilities shared by the facility and Hospice for 1 of 2 Hospice residents reviewed (Resident #5 [R5]).</p> <p>Finding:</p> <p>On 6/10/25, a review of R5's clinical record was completed. Documentation in R5's clinical record indicated R5 is receiving Hospice services. Documentation in R5's care plan had a problem for terminal cancer and the name of the Hospice organization. There was no evidence of goals or interventions that indicated the collaboration of care between the facility and Hospice and there was no evidence of interventions that identified and directed the care between the two.</p> <p>On 6/10/25 at 2:00 p.m., in an interview with the surveyor, the Director of Nursing confirmed that Hospice responsibilities was not integrated in with facility care plan.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>Based on record review and interviews related to mandatory submission of staffing information, the facility failed to ensure complete and accurate direct care staffing information based on payroll data was submitted to CMS (Centers for Medicare and Medicaid Services) for fiscal year quarter 2 2025 (January 1 - March 31, 2025). This has the potential to affect all residents (32 Residents).</p> <p>Findings:</p> <p>Interview with the Administrator on 6/9/25 at 10:30 a.m. revealed that he/she is the responsible person for the submission to CMS of staffing information based on payroll data.</p> <p>A document titled PBJ Staffing Data Report CASPER (Certification and Survey Provider Enhanced Report) 1705D FY (Fiscal Year) Quarter 2 2025 (January 1 -March 31) states that the facility Failed to Submit Data for the Quarter was triggered. Triggered' was defined as no data submitted for quarter.</p> <p>A facility document titled Daily Census, printed 6/9/25, documented there were 32 residents living in the facility.</p> <p>On 6/9/25 at 10:15 a.m. in an interview with a surveyor, the Administrator stated there were 32 residents living in the facility.</p> <p>On 6/11/25 at 1:51 p.m. in an interview with a surveyor, the Administrator revealed the expectation is that the facility submit to CMS the staffing information based on payroll data, the deadline was 5/15/25, and that they submitted the data on 5/15/25 missing the deadline for the last quarter by one day due to a change in staff.</p>