STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205149	A. Building B. Wing	03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Katahdine Health Care LLC	22 Walnut Street Millinocket, ME 04462

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 35904 Based on observation, record review, and interview the facility failed to update a care plan for the problem area of care/assistance for 1 of 1 residents reviewed for fall with major injury (Resident #10 [R10]). Finding: On 3/11/24 at 11:26 a.m., a surveyor observed R10 sitting in a wheelchair with a cast on his/her left lower leg. On 3/13/24, R10's clinical record was reviewed which indicated that the resident fell on [DATE] and sustained a fractured left lower leg and is now non-ambulatory and wheelchair dependent. As of 3/11/24, R10's care plan had not been revised and/or updated with interventions related to his/her fall with major injury. Review of Minimum Data Set (MDS) 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023 significant change form was completed on 2/27/24 and signed by MDS Coordinator on 2/28/24 indicated care area triggered related to falls and addressed in the care plan. Review of the care plan, dated 1/23/24, lacked evidence that it was updated to reflect the change in ambulation status from I walk without help I use a roller walker, to non-weight bearing. On 3/12/24 at 2:19 p.m., during an interview with a surveyor, the MDS Coordinator stated that the care plan for the ambulation status, and falls was not updated after a fall with major injury, and it should have been. The above finding was confirmed at this time.

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17282 Based on record reviews, Medication Administration Records (MARs) and interviews, the facility failed to follow physician orders for 4 of 9 sampled residents (Resident #15 [R15], R4, R19, and R31). Findings: 1. On 3/12/24, R15's clinical record was reviewed. R15 had a medication order for Sucralfate (a protectant) 1 gram, give 1 tablet by mouth three times a day at 6:00 a.m., 11:00 a.m. and 4:00 p.m. for gastroesophogeal reflux disease. A review of R15's MAR indicated that R15 did not receive Carafate on 12/3/23, 12/4/23, 12/5/23 and 12/6/23. On 3/12/24 at 11:00 a.m., in an interview with a surveyor, the Clinical Supervisor confirmed that R15 had not received Carafate for four days. She stated they have had problems getting medications from the Pharmacy and medications are not always ordered timely. 33242 2. On 3/12/24, R4's clinical record was reviewed and included a physician order for Lantus (long-acting insulin) , dated 2/12/24, to administer 40 units in the a.m. and 50 units in the p.m. The order for the Lantus did not include parameters to hold. Documentation on the Medication Exception Report indicated that Lantus was held multiple times due to low blood sugar between 2/12/24 and 3/11/24. The physician orders contained a standing order, dated 10/5/23, that indicated the physician should be notified prior to holding any insulin; this standing order was displayed on the MAR. On 3/12/24 at 10:54 a.m., during an interview with a surveyor, Licensed Practical Nurse (LPN)1 stated that she used her nursing judgement to hold the Lantus (multiple times) but did not notify the physician or obtain an order to hold the insulin. R4's clinical record included a physician order, dated 10/5/23, to administer Duloxetine (an antidepressant) 60 milligrams (mg) in the morning. The medication administration record (MAR) for February 2024 indicated that this medication was held on 2/4/24 with no reason documented on the Medication Exception Report but the MAR indicated this medication was reordered on 2/3/24. Duloxetine 30 mg tablets were available in the emergency stock. R4's clinical record included a physician order, dated 2/15/24, to administer Tramadol (an opioid pain reliever) 50 mg, 3 times a day for pain. The MAR for February 2024 indicated that this medication was held on 2/27/24 for the 3:00 p.m. 9:00 p.m., and on 2/28/24 for the 9:00 a.m. dose, with documentation on the Medication Exception Report because the medication was not available. This medication was reordered on 2/27/24 and was available in the emergency stock. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. On 3/12/24, R19's clinical record was reviewed and included a physician order, dated 2/4/24, to start Mucinex (an expectorant work by thinning and lossening mucus in the airways, clearing congestion, and making breathing easier) on 2/5/24, twice a day for 7 days. A review of the MAR and Medication Exception Report indicated the medication was never given because it was not available. On 3/12/24 at 12:42 p.m., during an interview with a surveyor, the Clinical Supervisor stated that she was unaware that this medication was not available, and we could have gone to [NAME] to go get it. We are supposed to get an order to hold a medication if needed. 49635 4. On 3/12/24, R31's clinical record was reviewed and included a physician order, dated 1/25/24, for Sucralfate 1 gram (GM) tablet for R31, to be given by mouth four times a day (7:30 a.m., 11:30 a.m., 4:30 p.m., and 8:00 p.m.) for a diagnosis of gastroesophageal reflux disease. The clinical record indicated that on 2/3/24 R31's refill order was sent to the pharmacy for Sucralfate 1GM. R31 did not receive Sucralfate on 2/4/24 or 2/5/24 (a total of 8 missed doses), the record indicated medication [not available], waiting on pharmacy. On 2/18/24 at 1:39 p.m., R31's indicated Sucralfate 1GM was not given due to morning meds given too late. On 2/26/24 at 1:47 p.m., R31's clinical record indicated Sucralfate 1GM was not given due to morning meds given too late. On 3/03/24 at 2:32 p.m., R31's clinical record indicated Sucralfate 1GM was not given due to morning meds given too late. On 03/13/24 at 10:09 a.m., in an interview with a surveyor, LPN2 stated, normally we order a medication refill when the card (medication blister pack) reaches the blue strip (the last row on the card). LPN2 stated there are times when they don't have the medicine residents need because the pharmacy does not deliver the medications in time. LPN2 stated she usually gives R31's Sucralfate before meals. LPN2 stated there is no documentation to indicate the medication needs to be given before meals. LPN2 stated the physician was not notified of held doses as the computer automatically notifies the charge nurse electronically. LPN2 stated sometimes she gets stuck down at the other end helping, then it is too late to pass the medication. On 03/13/24 at 10:14 a.m., a surveyor confirmed with LPN2 that R31 did not receive Sucralfate as ordered by the physician on 2/4/24, 2/5/24, 2/18/24, 2/26/24, and 3/3/24.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 33242 Based on time card reviews and interviews, the facility failed to use the services of a Registered Nurse (RN) for at least 8 consecutive hours a day, 7 days a week for 2 of 2 weekend dates reviewed for RN coverage (2/25/24 and 3/9/24). Finding: On 3/11/24, a surveyor requested from the Business Office Manager a printed copy of time cards for RNs for the dates of Sunday 2/25/24 and Saturday 3/9/24. On 3/12/24 at 8:36 a.m., the Business Office Manager and surveyor reviewed the time cards for RNs for those dates and the surveyor confirmed that there was not RN coverage for 8 consecutive hours for either of those 2 dates reviewed. On 3/12/24 08:45 a.m., during an Interview a surveyor, the Director of Nursing (DON) stated that there was a RN that was out on medical leave at this time that worked every other weekend. The DON stated that she does not punch a time card herself but has been filing in on those weekends, but denied working either 2/25/24 or 3/9/24.

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F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. 33242 Based on record review and interviews, the facility failed to ensure that physician ordered labs (bloodwork) were attempted or completed for 1 of 6 sampled residents reviewed (Resident # [R]19). Finding: On 3/12/24, R19's clinical record was reviewed and contained a physician order, dated 1/14/24, to attempt to draw blood for 5 laboratory tests (if possible); this order was entered into the electronic treatment administration record (TAR) to be completed on 1/16/24 but was not signed off as being completed. The surveyor was unable to find evidence that this was attempted or completed in the clinical record. On 3/12/24 at approximately 12:15 p.m., during an interview with a surveyor, Licensed Practical Nurse 1 stated that the Clinical Supervisor draws blood for laboratory work. At 12:28 p.m., during an interview with a surveyor, the Clinical Supervisor stated that R19 was a hard stick (difficult to draw blood) and that if she cannot draw blood, she will let the Director of Nursing know so she can try; she will do some research on what happened. At 12:44 p.m., the Clinical Supervisor stated she called the lab and the bloodwork was not done. The surveyor confirmed that there was no evidence that these were attempted.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 49635 Based on observations, and interviews, the facility failed to store, prepare, and serve food in accordance with professional standards for food service safety by not storing food in a sanitary manner, not sanitizing the thermometer used for food temperature checks, as well as not monitoring sanitizer levels in the chemical sanitizer bucket to prevent food borne illness for 2 of 3 days of survey (3/11/24, 3/12/24). This has the potential to effect all residents in the facility. Findings: 1. On 3/11/24 at 10:15 a.m., during initial tour of the kitchen a surveyor observed: In the dry storage area, within the deep freezer, 1 open bag of garlic bread sticks, unlabeled and open to the environment. In the walk-in freezer, 1 bag of chicken patties, and 1 open bag containing bread rolls, unlabeled and open to the environment. In the walk-in fridge, 1 open, unwrapped box labeled 15 pounds sliced bacon, open to the environment. On 3/11/24 at 10:30 a.m., a surveyor and Cook #1 observed and confirmed each of the above findings. On 3/12/24 at 11:28 a.m., a surveyor observed 1 open bag containing bread rolls, open to the environment within the walk-in freezer. The surveyor confirmed the bread rolls were not stored in a sanitary manner with Cook #2 at the time of the observation. 2. On 3/11/24 at 11:21 a.m., a surveyor observed Cook #1 check food temperatures. During the observation Cook #1 attempted to use a thermometer to check food temperatures after the thermometer had been dropped on the floor and then swirled it in a red bucket. At this time the surveyor asked what was in the red bucket. On 3/11/24 at 11:45 a.m., in an interview with a surveyor, the Dietary Supervisor (DS) stated the red bucket contained sanitizer solution. DS stated you don't use this with dishes. You use the dishwasher to sanitize dishes. On 3/11/24 at 11:50 a.m., the surveyor confirmed with DS that the thermometer was not sanitized in manner to prevent food borne illness. On 3/12/24 at 11:25 a.m., the surveyor observed Cook #2 check food temperatures. During this observation Cook #2 sanitized the thermometer with alcohol wipes, lifted a trash lid (while holding the thermometer), rinsed the thermometer with water, used a towel to wipe the thermometer, then attempted to check food temperatures with the same soiled gloves and thermometer. At this time the surveyor confirmed with Cook #2 that the gloves were contaminated, and the thermometer was not sanitized in a manner to prevent food borne illness. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. On 3/11/24 at 11:45 a.m., in an interview with a surveyor, the DS performed a test strip on the sanitizer solution which resulted in a concentration of 100 parts per million (ppm). According to manufacturer's specifications, the appropriate concentration result should be 200-400ppm to prevent food borne illness. On 3/11/24 at 11:50 a.m., the surveyor confirmed with DS that the sanitizer bucket did not meet the appropriate concentration to prevent food borne illness. On 3/12/24 at 11:25 a.m., a surveyor observed Dietary Aid#1 test the sanitizer solution, the test strip result indicated a concentration of 100-200ppm. This finding was confirmed at the time of the observation.

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F 0947 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 33242 Based on employee file reviews and interview, the facility failed to implement and maintain an effective training program which includes, at a minimum, annual training on dementia for 2 of 3 Certified Nursing Assistants (CNA) reviewed (CNA4, CNA5). Findings: On 3/13/24, the following employee records were reviewed: 1. CNA4 was hired on 12/15/22. There was no documented dementia training completed by CNA4 in the employee file. 2. CNA5 was hired on 12/31/21. The most recent dementia training completed by CNA5 was 8/13/22. There was no documented dementia training completed by CNA5 for 2023. On 3/13/24 at 8:51 a.m., during an interview with the Business Office Manager, a surveyor confirmed this finding.