

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Woodlawn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 59 West Front St Skowhegan, ME 04976	

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 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>50218</p> <p>Based on record reviews and interviews the facility failed to provide residents/representatives written information concerning the right to accept or refuse medical or surgical treatment and/or formulate an advance directive for 2 of 3 residents reviewed for advanced directives (Resident #20 [R20] and R31).</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of R20's entire clinical record lacked evidence that [he/she] was offered/refused the opportunity to formulate an advanced directive upon [his/her] admission on 4/18/23. 2. Review of R31's entire clinical record lacked evidence that [he/she] was offered/refused the opportunity to formulate an advanced directive upon [his/her] admission on 7/24/24. <p>During an interview on 8/27/24 at 9:53 a.m. with a surveyor, the Social Worker confirmed that she has not asked/offered advanced directive information for R20 and R31 upon their admission.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>35904</p> <p>Based on record review, interviews, and facility policy, the facility failed to ensure an injury of unknown origin was investigated and reported to appropriate state agencies timely for 1 of 3 facility reported incidents reviewed (Resident #12 [R12]).</p> <p>Findings:</p> <p>On 7/8/24 at 8:40 a.m. the Division of Licensing and Certification for the State of Maine (DLC) received an initial Facility Incident or Complaint report, from the facility, that R12 was found to have injuries of unknown origin with small bruise on left temple area, date incident 7/4/24, time of incident 16:00 (4:00 p.m.). R12 has dementia and unable to say what happened.</p> <p>On 7/10/24 at 9:21 a.m. DLC received a follow-up Facility Incident or Complaint report, from the facility, that R12 was noted to have a small spot, nickel sized on 7/3(/24) on the left temple area that developed into a bruise noted on 7/4(/24). Bruise initially was size of quarter.</p> <p>During review of R12's clinical record, nursing note on 7/4/24 at 4:22 p.m. by Registered Nurse #2 [RN2] states R12 presents with large bruising on the left side of his/her head/face. Nursing note on 7/4/24 at 4:27 p.m. by RN2 states R12 was discovered to have bruising on left side of his/her face. Origins are unknown and resident cannot recall due to dementia. Nursing note on 7/4/24 at 4:28 p.m. by RN2 states R12 left side of face - date of incident unknown, possible fall.</p> <p>On 8/28/24 at 11:45 a.m. in an interview with a surveyor, RN2 stated that she was told by other staff, certified nursing assistants, that R12's bruising happened a couple of days prior to her nursing notes of 7/4/24 and didn't report it because she thought it was already reported. The Director of Nursing was not made aware.</p> <p>During R12's clinical record review, there is no evidence that the incident noted on 7/4/24 was investigated and reported until 7/8/24.</p> <p>On 8/28/24 at 11:31 a.m. in an interview with the Administrator, a surveyor confirmed that R12's injury of unknown origin wasn't investigated or reported until 7/8/24.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42531</p> <p>Based on interviews, observations and record reviews, the facility failed to update/implement care plans for a resident diagnosed with Coronavirus (COVID-19) (Resident #191 [R191]).</p> <p>Findings:</p> <p>R191 was admitted on [DATE] and tested positive for Coronavirus (COVID-19) on 8/24/24 requiring quarantine isolation precautions.</p> <p>Observation of R191 on 8/27/24 at 11:01 a.m., self-propelling down [NAME] Unit, unmasked and passing 3 residents and 1 staff member in the hall.</p> <p>During an interview on 8/27/24 at 11:01 a.m., Certified Nursing Assistant #1 indicated that R191 won't stay in the room, and she doesn't know what to do with him/her because he/she comes out of his/her room all the time, and no one has given her any direction on what to do if he/she is not following quarantine precautions.</p> <p>Review of R191's care plan updated 8/16/24 lacked evidence that goals and interventions were put into place for infection COVID-19 or for his/her noncompliance with isolation precautions.</p> <p>During an interview on 8/27/24 at 2:13 p.m., with 2 surveyors, Senior Director of Nursing indicated it was her expectation that care plans would be updated to indicate goals and interventions for a diagnosis of COVID-19 as well as non-compliant behaviors.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42531</p> <p>Based on observation, interviews, and record review, the facility failed to update/implement care plans for isolation precautions for 1 of 1 care plans reviewed for isolation precautions (Resident #26 [R26]). In addition, the facility failed to update/implement goals and interventions for 1 of 1 resident reviewed for a cardiac pacemaker (R37).</p> <p>Findings:</p> <p>R26 was admitted on [DATE] and tested positive for Coronavirus (COVID-19) on 8/10/24 and was placed on isolation precautions.</p> <p>Observation of R26 on 8/26/24 at 11:30 a.m., in hallway outside room [ROOM NUMBER]. There were no precaution signs or personal protective equipment (PPE) observed outside of room [ROOM NUMBER].</p> <p>During an interview on 8/28/24 at 7:14 a.m. Registered Nurse #1 [RN1] confirmed that R26 had been off quarantine precautions quite a while.</p> <p>Review of R26's care plan updated 8/12/24 states COVID 19 I have tested positive . Maintain my isolation with droplet and contact precautions administer oxygen as needed turn, cough and deep breath administer antipyretics as ordered evaluate me for dehydration (moist mucous membranes, urine color, skin turgor etc.) I need my aides to maintain my isolation with droplet and contact precautions. Report s/s [signs/symptoms] of pain to my nurse Provide or assist me with oral care, I need everyone to maintain my isolation with droplet and contact precautions. My goal is to: my airway and oxygen exchange will be maintained Goal time: two weeks. Further review of R26's care plan lacked evidence that the care plan was updated after he/she was taken off isolation precautions.</p> <p>During an interview on 8/27/24 at 2:13 p.m., with 2 surveyors the Senior Director of Nursing (SDNS) indicated once a resident tests positive for COVID-19 they are tested again on day 5 and on day 7, and after a negative test on day 7 they can come off precautions. SDNS further indicated that COVID-19 precautions should be care planned when a resident tests positive and should be taken off as soon as the precautions end. At this time SDNS confirmed R26's care plan was not updated appropriately.</p> <p>2. R37 was admitted on [DATE] and has diagnoses to include chronic obstructive pulmonary disease, and chronic heart failure with presence of cardiac pacemaker placed 3/11/24.</p> <p>Observation of R37 on 8/26/27 at 11:31 a.m., revealed a pacemaker monitor at bedside.</p> <p>During an interview on 8/28/24 at 2:34 p.m., in presence of 2 surveyors the Minimum Data Set (MDS) indicated R37 was admitted with the pacemaker and did not come with any orders for its use. MDS further indicated they do not have the serial number or expiration date on file because he/she sees the cardiologist every 2 months or so and didn't know they needed to have it. At this time MDS Coordinator confirmed R37's care plan lacked goals and interventions for R37's pacemaker.</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>35904</p> <p>Based on record review, and interview, the facility failed to ensure that physician's orders were followed for 1 of 3 sampled residents receiving insulin coverage (Resident #19 [R19]).</p> <p>Findings:</p> <p>1. On 8/28/24, R19's clinical record was reviewed and included a physician order, dated 5/11/24, to administer Insulin Aspart FlexPen 100UNIT/ML Solution Pen-injector, 10 units subcutaneous to [inject medication between skin and muscle, under the skin] daily at 7:30 a.m The instructions state, Hold for blood sugar less than 170.</p> <p>On 8/3/24, R19's blood sugar result at 7:30 a.m. was 119. Documentation indicated that R19 received 10 units and should have been held (not given).</p> <p>On 8/5/24 R19's blood sugar result at 7:30 a.m. was 165. Documentation indicated that R19 received 10 units and should have been held (not given).</p> <p>On 8/25/24 R19's blood sugar result at 7:30 a.m. was 166. Documentation indicated that R19 received 10 units and should have been held (not given).</p> <p>2. On 8/28/24, R19's clinical record was review and included a physician order, dated 5/11/24, to administer Insulin Aspart FlexPen 100UNIT/ML Solution Pen-injector, 10 units subcutaneous daily at 11:30 a.m The instructions state Hold for blood sugar less than 170.</p> <p>On 8/25/24 R19's blood sugar result at 11:30 a.m. was 161. Documentation indicated that R19 received 10 units and should have been held (not given).</p> <p>3. On 8/28/24, R19's clinical record was review and included a physician order, dated 3/15/24, to administer Insulin Aspart FlexPen 100UNIT/ML Solution Pen-injector, variable dose subcutaneous q.i.d. (four times per day) 7:30 a.m., 11:30 a.m., 16:30 (4:30 p.m.), 20:30 (8:30 p.m.) for Type 1 Diabetes, Insulin Directions: 131-180 = 6 units; 181-240 = 8 units; 241-300 = 10 units; 301-350 = 12 units; >400 = 16 units; .</p> <p>On 8/8/24 R19's blood sugar result at 4:30 p.m. was 162. Documentation indicated that R19 received 0 (no) units and should have been given 6 units.</p> <p>On 8/10/24 R19's blood sugar result at 4:30 p.m. was 192. Documentation indicated that R19 received 6 units and should have been given 8 units.</p> <p>On 8/22/24 R19's blood sugar result at 4:30 p.m. was 150. Documentation indicated that R19 received 5 units and should have been given 6 units.</p> <p>4. On 8/28/24, R19's clinical record was review and included a physician order, dated 5/11/24, to administer Insulin Aspart FlexPen 100UNIT/ML Solution Pen-injector, 4 units subcutaneous daily at 1630 (4:30 p.m.). The instructions state Hold for blood sugar less than 170.</p> <p>(continued on next page)</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>On 8/2/24 R19's blood sugar result at 4:30 p.m. was 144. Documentation indicated that R19 received 4 units and should have been held (not given).</p> <p>On 8/15/24 R19's blood sugar result at 4:30 p.m. was 115. Documentation indicated that R19 received 4 units and should have been held (not given).</p> <p>On 8/28/24 at approximately 5:15 p.m. in an interview with the Quality Improvement Manager, a surveyor confirmed the above findings.</p>

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42531</p> <p>Based on observation, interview, and record review, the facility failed to ensure that tube feedings were administered according to provider orders for 1 of 1 resident observed for tube feeding (Resident #9 [R9]).</p> <p>Findings:</p> <p>R9 was admitted on [DATE] with diagnose to include failure to thrive.</p> <p>Review of R9 Minimum Data Set, dated dated [DATE] revealed a Basic Interview for Mental Status (BIMS) score of 4 of 15 indicating he/she is not cognitively intact.</p> <p>Review of R9's active orders August 2024 revealed order for Osmolyte 1.2 Cal/Nutritional Supplements. Liquid (1430ml [milliliter]) at 89 ml per hour enteral tube continuous rate for 16 hours 1400 (2:00 p.m.-6:00 a. m.) for nutritional support. Give 200 ml of water prior to feeding, pause feeding at 10 p.m. to give 200 ml of water. Give 200 ml of water after feeding.</p> <p>During an observation on 8/27/24 at 7:00 a.m., R9 was observed sitting in a wheelchair. IV (intravenous) pole/machine was noted next to bed with a bag hanging from the pole containing 300 ml's of an unlabeled/undated liquid substance. The machine was off and connected to R9's abdomen.</p> <p>During a follow up observation on 8/27/24 at 7:09 a.m., Registered Nurse #1 (RN1) indicated she had hung the bag yesterday (8/26/24) at approximately 2-2:30 p.m., and it is supposed to run continuously until 10 p.m. , when a water flush is supposed to be done and it should have immediately been started again. At this time RN1 confirmed she did not date or label the tube feed and R9 did not get the entire nutritional support as ordered.</p> <p>During an interview on 8/27/24 at 3:39 p.m., the above concern was discussed with Senior Director of Nursing Services.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42531</p> <p>Based on observations, record reviews, and interviews, the facility failed to provide a sanitary environment to help prevent the development and transmission of disease and infection related to respiratory care for 1 of 1 resident reviewed for respiratory care (Resident #38 [R38]).</p> <p>Findings:</p> <p>R38 was admitted on [DATE] and has diagnoses to include chronic obstructive pulmonary disease.</p> <p>Review of facility Coronavirus (COVID-19) line list revealed R38 tested positive for COVID 19 on 8/9/24.</p> <p>Observations of room [ROOM NUMBER]-1 on 8/19/24 at 9:22 a.m., 8/20/24 at 2:45 p.m., and 8/21/24 at 10:02 a.m., revealed an oxygen concentrator at bedside with tubing tucked in concentrator handle, dated 8/11/24 and not bagged. A nebulizer machine was observed on the armchair of a recliner with tubing connected to nebulizer pipe, hanging off the side of the recliner. Tubing was not bagged and dated 8/11/24.</p> <p>Review of R38 clinical record revealed nursing note dated 7/13/24 states, Respirations labored, can't take full breath. SOB [short of breath] w [with] /exertion SOB when sitting at rest HOB [head of bed] needs raising. Oxygen [O2]: 2.0 liter/min [minute] in room via nose to keep O2 sat [saturation] > or equal to 90% tolerating well. No new orders continue to observe[,] Encouraged to rest[,] head of bed elevated. Resident states prior to use of oxygen at home only at bedtime and throughout the night.</p> <p>During an observation of room [ROOM NUMBER]-1 on 8/28/24 at 7:10 a.m., with a surveyor, Registered Nurse #1 (RN1) indicated that she doesn't know why the oxygen and nebulizer are still in the room as he/she has not used them in a really long time. During a review of R38's clinical record with RN1 on 8/28/24 at 9:54 a.m., RN1 confirmed R38 last used his/her oxygen on 7/13/24 and last used the nebulizer on 7/13/24.</p> <p>During an interview on 8/28/26 at 8:26 a.m., the above concerns were discussed with Administrator in presence of 2 surveyors. Administrator stated that she had no idea why they would still be in there because he/she did have COVID-19, but it was very mild and didn't think he/she required oxygen or his/her nebulizer.</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>42531</p> <p>Based on record review and interviews, the facility failed to ensure sufficient direct care staff were scheduled and on duty to meet the needs of residents that reside in the facility. This has the potential to affect all residents needing assistance with Activities of Daily Living (ADL's).</p> <p>Findings:</p> <p>Review of Payroll Based Journal staffing report revealed the facility triggered for low weekend staffing during the second quarter (January1 through March 31, 2024).</p> <p>On 8/28/24 at 6:15 p.m., review of weekend staffing for January 1 through March 31, 2024, the Administrator confirmed the facility did not have enough staff to meet resident needs on the weekends.</p> <p>37440</p> <p>50218</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>37440</p> <p>Based on observation and interview, the facility failed to post the nurse staffing information in a prominent place, readily accessible and visible to all residents, for 1 of 3 days of survey (8/26/24).</p> <p>Finding:</p> <p>On 8/26/24, surveyors observed that the nurse staffing information was not posted in an area visible to residents and visitors.</p> <p>On 8/27/24 at 1:08 p.m., in an interview, the Administrator confirmed that the nurse staffing information was not posted in an area visible to residents and visitors on 8/26/24.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42531</p> <p>Based on record review and interviews, the facility failed to monitor and document targeted behaviors to support the use of psychotropic medications for 1 of 5 residents reviewed for unnecessary medications (Resident #37 [R37]).</p> <p>Findings:</p> <p>R37 was admitted on [DATE] and has diagnoses to include depression.</p> <p>Review of R37's active orders for August 2024 revealed order with start date of 3/12/24 for Escitalopram oxalate 10 mg [milligram] tablet 1 tablet by mouth daily for depressed mood. Further review of R37's clinical record lacked evidence that he/she was being monitored for side effects of this medication.</p> <p>During an interview on 8/27/24 12:02 p.m., Registered Nurse #1 confirmed that the facility does not monitor for side effects of psychotropic medication.</p> <p>During an interview on 8/27/24 at 2:12 p.m. Senior Director of Nursing indicated that the facility documents for side effects of psychotropic in nursing notes only by exception.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42531</p> <p>Based on record review, interviews and observations the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment, and to help prevent the development and transmission of communicable diseases and infections. The facility failed to provide enhanced barrier precautions (EBP's) pertaining to Resident's with urinary Foley catheters, and multi drug resistant organisms [MDRO] for 2 of 3 days of survey (8/26/24, and 8/27/24).</p> <p>Findings:</p> <p>1. Review of facility provided Coronavirus (COVID-19) line list revealed the first resident tested positive for Coronavirus (COVID-19) on 8/9/24. As of 8/24/24 there were a total of 17 residents and 13 staff members tested positive for Coronavirus.</p> <p>Observation of Resident #191 [R191] on 8/27/24 at 11:01 a.m., unmasked and self-propelling down [NAME] Unit passing 3 residents. Review of COVID-19 line list revealed R191 tested positive for COVID-19 on 8/9/24.</p> <p>During an interview on 8/27/24 at 11:03 a.m., Certified Nursing Assistant #1 [CNA1] indicated R191 won't stay in his/her room, and she did not offer him/her a mask to wear when in the hall.</p> <p>During an interview on 8/27/24 at 9:12 a.m., Licensed Practical Nurse (LPN) (designated infection preventionist) confirmed the first resident tested positive for COVID-19 on 8/9/24. LPN indicated that she finds out who tested positive when she comes in and runs the infection report but is unaware of how to track/trace how it come into the building because no ones ever shown her how to.</p> <p>During an interview in presence of 4 surveyors on 8/27/24 at 2:44 p.m., Quality Improvement Manager indicated she understands infection control needs some improvement as survey has pointed out and they will be making improvements but feels that the facility has a very low infection rate regardless.</p> <p>35904</p> <p>2. On 8/26/24, from 10:30 a.m. to 3:45 p.m., a surveyor observed no signage or personal protective equipment (PPE) notifying of EBP's for R13 who had an MDRO or R19 who had a Foley catheter.</p> <p>On 8/27/24, from 7:30 a.m. to 3:45 p.m., a surveyor observed no signage or personal protective equipment (PPE) notifying of EBP's for R13 who had an MDRO or R19 who had a Foley catheter.</p> <p>On 8/28/24 at 8:24 a.m., a surveyor could not find any documentation pertaining to the use of EBP's.</p> <p>On 8/28/24 at 8:24 a.m., a surveyor observed EBP signage and PPE equipment outside of the rooms of R13 and R19. At this time, in an interview with the Administrator, a surveyor confirmed that EBP's including signage and PPE equipment was not being used for R13 and R19 and should have been due to Foley catheter with MDRO and MDRO.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Woodlawn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 59 West Front St Skowhegan, ME 04976	

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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>42531</p> <p>Based on interviews, and record review the facility failed to implement its Antibiotic Stewardship Program (ASP) that includes antibiotic use protocols and a system to monitor antibiotic use. This has the potential to affect all residents receiving an antibiotic.</p> <p>Findings:</p> <p>Review of facility provided Infection Report revealed the following:</p> <ul style="list-style-type: none"> -During the month of April 2024, there were 3 documented antibiotics prescribed. -During the month of May 2024, there were 7 documented antibiotics prescribed. -During the month of June 2024, there were 7 antibiotics prescribed. -During the month of July 2024, there were 11 antibiotics prescribed. <p>Review of facility provided RX Quality Pharmacy Report dated 1/26/24, 4/26/24 and 7/2/24 lacked evidence of antibiotic use/discussion on these forms.</p> <p>During an interview on 8/27/24 at 9:12 a.m., Licensed Practical Nurse (LPN) (Infection Preventionist) indicated she is currently halfway through the infection Preventionist program and does not know how to track the infections and what to do with the orders she prints out. She does not check for culture and sensitivity results for urinary tract infections and believes the nurses take care of all that stuff. LPN does not receive a quarterly antibiotic use report from pharmacy and doesn't review them at Quality Assurance and Performance Improvement (QAPI) meetings. LPN confirmed the provided pharmacy reports contain everything that is discussed in QAPI, and antibiotic stewardship has not been discussed.</p> <p>During an interview on 8/22/24 at 9:18 a.m., with 4 surveyors the Administrator confirmed the provided RX Quality Assurance Report's provided are what is discussed in QAPI meetings.</p> <p>During an interview in presence of 4 surveyors on 8/27/24 at 2:44 p.m., Quality Improvement Manager (QIM) was asked to provide evidence that the facility was implementing its antibiotic stewardship plan. At this time QIM indicated the facility is consistently using McGuire's criteria for antibiotic stewardship and refused to produce supporting documents to indicate their use and was unable to provide supporting evidence indicating review of antibiotic use during its QAPI meetings. At this time QIM indicated she understands infection control needs some improvement as survey has pointed out and they will be making improvements but feels that the facility has a very low infection rate regardless.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Woodlawn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 59 West Front St Skowhegan, ME 04976	

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>42531</p> <p>Based on interview, the facility failed to ensure that the facility's Infection Preventionist (IP) had completed specialized training prior to starting the IP position.</p> <p>Findings:</p> <p>During an interview on 8/27/24 at 9:12 a.m., with 3 surveyors, Licensed Practical Nurse (LPN) indicated she started with the facility in October 2024 for the purpose of becoming the Infection Preventionist but did not start the IP class until February 2024. LPN is currently halfway through the course and has not had any training by anyone and is unsure of what to do.</p> <p>During an interview on 8/27/24 at 2:21 p.m., Senior Director of Nursing Services confirmed that LPN was the facilities designated Infection Preventionist.</p> <p>During an interview on 8/27/24 at 10:27 a.m., with 3 surveyors, Regional Quality Improvement Manager confirmed LPN has been acting as IP since October of 2023 and was not enrolled in IP class until February 2024 and has not yet been completed it.</p>

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NAME OF PROVIDER OR SUPPLIER Woodlawn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 59 West Front St Skowhegan, ME 04976	
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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>42531</p> <p>Based on Certified Nurse's Aide (CNA) employee education record reviews and interview, the facility failed to monitor and ensure that a CNA attended the required 12 hours of annual in-service education, for 1 of 5 randomly selected CNA's employed greater than 1 year. (CNA2)</p> <p>Findings:</p> <p>CNA2 was hired on 4/11/23. Review of provided in-service training dated 4/11/23 through 4/11/24 lacked evidence that CNA2 received required in-service training for abuse or resident rights.</p> <p>During an interview on 8/28/24 at 6:24 p.m. with 2 surveyors, the Administrator confirmed CNA2 is missing education on abuse and resident rights for 2023-2024.</p> <p>50218</p>		