STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205168	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Park Rehab & Living Center	107 Orchard Street Farmington, ME 04938

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in a sanitary, orderly, and comfortable environment on 3 of 3 Units (Cortland, Northern Spy and [NAME]), the Therapy room, a common area, and the laundry room for 2 of 2 environmental tours (1/20/26 and 1/22/26).Findings: 1. On 1/20/26 at 10:56 a.m., 2 surveyors observed multiple cooking dishes stacked under the therapy room sink next to and below the drainpipe. At this time, in an interview with two surveyors present, a Certified Occupational Therapy Aide (COTA) confirmed the finding. On 1/20/26 at 11:15 a.m., in an interview with a surveyor, the Director of Nursing (DON) confirmed the cupboard contained dishes that were stored and stacked under and near to the therapy room sink drainpipe. 2. On 1/21/26 from 10:35 a.m. to 11:15 a.m., a surveyor conducted an Environmental tour with the Maintenance Director and the Director of Environmental Services in which the following findings were observed: Cortland Unit:- Resident rooms [ROOM NUMBERS] had privacy curtains that were missing hooks, hanging down and in disrepair. - Resident room [ROOM NUMBER] - The bathroom baseboard heater had chipped/missing paint and was rusty creating an uncleanable surface. The bathroom door protective surface was pulled away and coming off the door on the inside and outside of the door and the inside bottom of the door was chipped/gouged exposing unsealed wood. There was a wash basin on the floor the under sink. The toilet water fill line had a rusty escutcheon (the cap that covers the wall opening around the water line entrance). The room baseboard heater had chipped/missing paint and was rusty creating an uncleanable surface. - The hallway floor, at different locations throughout the hallway, had 7 chipped/broken floor tiles. - The Whirlpool room walls with chipped/missing paint and damaged sheetrock creating uncleanable surfaces. The floor linoleum was ripped/missing at the corner of the wall by the toilet and at the sink cabinet. Additionally, the linoleum was ripped/missing around the floor drain and seams in the middle of the floor had split and pulled apart. A ceiling light was rusty and the ceiling grid next to the light was rusty. The whirlpool tub was dirty, stained yellow and cracked throughout the tub. Additionally, the tub's water intake screen and water jets were soiled and stained. Northern Spy: - Resident room [ROOM NUMBER] had privacy curtains that were missing hooks, hanging down and in disrepair. - Resident room [ROOM NUMBER] - The bathroom ceiling tile, around a sprinkler head, was bubbled up and bent out of shape. - The hallway floor, at different locations throughout the hallway, had 32 chipped/broken floor tiles. [NAME] Unit:-6 cracked/broken floor tiles on [NAME] Unit-[NAME] shower room revealed chipped and missing paint on the walls. Common area:- The ceiling, near the nurse's station. had large brown stains on it. - The ramp, going downstairs, had a broken handrail. Laundry room:- The left clothes dryer had Velcro tape holding the bottom lint door on and had tape on the door glass. - A three-shelf laundry cart had ripped and hanging duct tape on the bottom shelf. On 1/21/26 at 11:15 a.m., in an interview with a surveyor, the Maintenance Director and the Director of Environmental Services confirmed the findings.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205168	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Park Rehab & Living Center	107 Orchard Street Farmington, ME 04938

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to ensure a resident's care plan was developed and implemented to reflect the current needs of the resident for 2 of 14 residents reviewed for care planning (Residents #25, #28).Findings:1. Resident #25 was admitted with diagnoses to include presence of cardiac pacemaker.Review of Resident #25's clinical record revealed a provider progress note dated 11/11/25 that indicated, under active diagnoses, the presence of a cardiac pacemaker. Further record review revealed a nursing progress note dated 1/6/26 that states Attempted to do resident's pacemaker check-could not get machine to transfer data to the clinic, called the clinic back and informed them.A review of Resident #25's care plan lacked evidence that goals and interventions were developed and implemented for the pacemaker. On 1/21/26 at 3:05 p.m. during an interview, Registered Nurse (RN) #1 stated that Resident #25 has a pacemaker, and that it is monitored via a wireless device located in his/her room and that the facility receives reports from the cardiology clinic. RN #1 then stated that occasionally cardiology calls the facility and asks the nurse to reset Resident #25's device.On 1/22/26 at 10:18 a.m. during an interview, the surveyor discussed the above finding with the Director of Nursing (DON) and the Quality Improvement Specialist (QIS). At this time, the DON and QIS reviewed Resident #25's care plan and confirmed that it had not been developed or implemented in the area of the pacemaker. 2. Resident #28 has diagnoses to include intestinal obstruction, nausea with vomiting, and multiple abdominal surgeries.Review of Resident #28's clinical record revealed active physician orders for ambulate 4x [four times] daily to promote bowel function and Senna with Docusate Sodium 8.6 mg-50 mg tablet (2) TABLET Oral Two Times Daily Unspecified Intestinal obstruction Further review of Resident #28's clinical record revealed the following progress notes:A nursing progress note dated 12/4/25 that states, Resident c/o [complained of] abd [abdominal] pain, having loose, watery stools and hypoactive bowel sounds. Resident seen by [physician], order given to send to ER [Emergency Room].Resident transported via facility van.A nursing progress note dated 12/11/25 that states, Resident returned to facility at 11:30 via company wc [wheelchair] van, post small bowel obstruction.Abd remains firm and reports some pain.A nursing progress note dated 12/14/25 that states, Resident up to nurses station at 1830 [6:30 p.m.] reporting [his/her] ?belly is hard again' .Resident with distended, firm ABD [abdomen].sharp pain (5/10) comes and goes on top of constant feeling ?uncomfortable' and ?pressure'. Girth measured 114cm at this time., 110cm upon readmission [DATE]. On call contacted.NPO [nothing by mouth] tonight with water only, if resident becomes febrile and /or vomiting occurs, or increase in pain and resident unable to sleep may go to ER for evaluation.A provider History and Physical dated 12/15/25 that states, .Small bowel obstruction .Recurrent issue.was able to be managed conservatively at the hospital.feeling better, but still not at baseline .Facility to schedule GI [gastrointestinal] follow up .Resume bowel program .A review of Resident #28's care plan lacked evidence that goals and interventions were developed and implemented for the GI concerns.On 1/22/26 at 10:20 a.m. during an interview with the DON and QIS, the surveyor discussed the above finding. At this time, the DON reviewed Resident #28's clinical record, including his/her care plan, and confirmed the care plan lacked goals and interventions concerning Resident #28's recurrent GI concerns.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205168	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Park Rehab & Living Center	107 Orchard Street Farmington, ME 04938

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and a review of Safety Data Sheets (SDS), the facility failed to ensure that the resident's environment was free of accident hazards relating to the storage of chemicals being properly secured and failed to ensure that a resident toilet was secured to the floor for 2 of 2 observations for 1 of 3 days of survey (1/20/26).Findings: 1. On 1/20/26 at 10:10 a.m., a surveyor observed in resident room [ROOM NUMBER] bathroom, the toilet was lose and not secured to the floor. On 1/20/26 at 10:20 a.m., in an interview with a surveyor, confirmed with the the Director of Nursing (DON) the toilet was not secure to the floor and an accident hazard. 2. On 1/20/26 at 10:56 a.m., two surveyors observed two - 1.13-ounce containers of Super Sani-Cloth Germicidal wipes, one - 25oz bottle of Rapid Multi-Surface Disinfectant Cleaner, and one - 8oz container of WD40 Multi-Use Product Aerosol stored in an unlocked cabinet with sink in the kitchenette in the therapy room. At this time, in an interview with a surveyor, confirmed with the Certified Occupational Therapy Aide (COTA) that there were chemicals stored in the unlocked cabinet and the sink is for therapy use and residents have access to the sink. The Safety Data Sheet for Super Sani-Cloth Germicidal wipes noted: 4. First-Aid measures:Inhalation - Remove to fresh air. If exposed or concerned: get medical advice/attention.Eye contact - Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Keep eyes wide open while rinsing. Do not rub affected area. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. Get medical attention if irritation develops and persists.Skin contact - Wash off immediately with soap and plenty of water while removing all contaminated clothes and shoes.Ingestion - Do not induce vomiting unless directed to do so by a medical professional. Clean mouth with water and drink plenty of water afterwards. Never give anything by mouth if victim is unconscious or is convulsing. Call a physician. The Safety Data Sheet for Rapid Multi Surface Disinfectant Cleaner noted: 4. First-Aid measures:In case of eye contact: Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention immediately.In case of skin contact: Wash off immediately with plenty of water for at least 15 minutes. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.If swallowed: Rinse mouth with water. Do not induce vomiting. Never give anything by mouth to an unconscious person. Get medical attention immediately.If inhaled: Removed to fresh air. Treat symptomatically. Get medical attention. The Safety Data Sheet for WD40 Multi-Use Product Aerosol noted: 4. First-Aid measures:Ingestion (swallowed): Aspiration Hazard. Do not induce vomiting. Call physician, poison Control Center or the WD40 safety hotline immediately.Eye contact: Flush thoroughly with water. Remove contact lenses if present after the first 5 minutes and continue flushing for several more minutes. Get medical attention if irritation persists.Skin contact: Wash with soap and water. If irritation develops and persists, get medical attention.Inhalation (breathing): If irritation is experienced, move to fresh air. Get medical attention if irritation or other symptoms develop and persist.Signs and symptoms of exposure: Harmful or fatal if swallowed. Aspiration of liquid into the lungs during swallowing or vomiting may cause lung damage. May cause eye and respiratory inhalation. Inhalation of mists or vapors may cause drowsiness, dizziness, and other nervous system effects. Skin contact may cause drying of the skin. On 1/20/26 at 11:15 a.m., in an interview with a surveyor, confirmed with the DON that the unlocked therapy room cabinet contained hazardous chemicals that were accessible to residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205168	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Park Rehab & Living Center	107 Orchard Street Farmington, ME 04938

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. Based on facility policy, observations, record reviews, and interviews, the facility failed to maintain a sanitary environment to help prevent the development and transmission of disease and infection related to respiratory care for 3 of 3 residents reviewed for respiratory care (Residents #1, #27, and #8).Findings 1. On 1/20/26 at 9:15 a.m. and on 1/21/26 at 8:55 a.m., observation of Resident #1's oxygen tubing dated 11/19/25 laying on the floor. On 1/21/26 at 9:10 a.m., In an interview and observation with a surveyor, the Director of Nursing (DON) observed and confirmed the above findings. 2. On 1//20/26 at 9:23 a.m. and on 1/21/26 at 8:58 a.m., observation of Resident #27's unlabeled and unbagged nebulizer tubing and mask on his/her bedside table. On 1/21/26 at 9:10 a.m., In an interview with a surveyor, the DON observed and confirmed the above findings. 3.On 1/20/26 at 11:43 a.m. and on 1/21/26 at 8:23 a.m. observed Resident #8's unbagged nebulizer mask and tubing lying on a shelf in his/her room. On 1/21/26 at 8:23 a.m. in an interview with a surveyor, Licensed Practical Nurse #2 observed and confirmed the nebulizer mask, and tubing was not bagged and should be. Facility Policy titled Oxygen Use and Storage under the section labeled Respiratory Care states; Nasal cannula's will be discarded and changed every 2 weeks.When the nasal cannula is not in use, on both the concentrator and portable tanks, the cannula will be placed in a plastic bag to avoid the risk of it becoming contaminated(i.e., touching the floor, etc). Nebulizer parts should be rinsed after each use, allowed to air dry then placed in a respiratory set up bag once dried.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205168	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Park Rehab & Living Center	107 Orchard Street Farmington, ME 04938

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 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. Based on observation and interview, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for a wall air conditioning unit, floors, and shelving. Further, the facility failed to ensure foods were discarded past their use by date, closed/sealed, and/or labeled and dated. In addition, the facility failed to ensure that plumbing fixtures were properly installed for an ice machine to prevent backflow as required by the Maine State Plumbing Code for 1 of 1 tour for 1 of 3 days of survey (1/20/26).Findings: On 1/20/26 from 8:05 a.m. to 8:35 a.m., a surveyor conducted an initial kitchen tour in which the following findings were observed:- The wall air conditioning unit, by the three-bay pot sink, was dusty/dirty.- There was dirt, trash and food debris on the floor underneath the equipment. - The bottom shelf, of the coffee pot table, had chipped/missing paint creating an uncleanable surface. - The small storage room, by the walk-in refrigerator, had one package of crackers that was not labeled and dated. Also, there was a previously opened package of vanilla shake supplement powder that was open to air and not sealed. - The small storage room, on the left as you enter the kitchen, had a container of thickened cranberry cocktail concentrate with a use by date of 12/11/25.- The drain lines for the ice machine were installed down in the drainpipe located next to the ice machine. The drain lines did not have the 1-inch air gap as required. The facility Food Storage policy/procedure noted: All foods should be covered, labeled and dated. All foods will be checked to assure that foods will be consumed by their safe use by dates or discarded. The direct connection of wastewater and potable water was in violation of the 10-114 State of Maine Rules Chapter 226, definition Section A, which defines an Air-Gap Separation - A physical separation between the free-flowing discharge end of a potable water supply pipeline and an open or non-pressure receiving vessel. An air-gap separation shall be at least twice the diameter of the supply pipe measured vertically above the overflow rim of the vessel - in no case less than one-inch (2.54 cm) and the Code of Federal Regulation, Title 21, Part 1250, Section 1250, 30 (d) states all plumbing shall be so designed, installed, and maintained as to prevent contamination of the water supply, food, and food utensils. On 1/20/26 at 9:05 a.m., in an interview with a surveyor, the Administrator discussed and confirmed the findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205168	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Park Rehab & Living Center	107 Orchard Street Farmington, ME 04938

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 0947 Level of Harm - Minimal harm or potential for actual 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. Based on employee record reviews, interviews, and the Facility Assessment, the facility failed to develop, implement, and maintain an effective in-service training program by failing to ensure that a Certified Nursing Assistant (CNA) received the required dementia management training for 5 out of 5 randomly sampled CNA files (CNA #1, CNA #2, CNA #3, CNA #4, and CNA #5).Findings:A review of the Comprehensive Facility Assessment, updated August 2025, indicates the facility is licensed for 38 beds and under Section 2.4, that the facility commonly provides care to individuals with Alzheimer's Disease and Non-Alzheimer's Dementia and that the Number/Average or Range of Residents with Dementia is 12. Section 3.1 Resident support/care needs states, Specific Care or Practices.care of someone with cognitive impairment.On 1/22/26, five randomly sampled employee files were reviewed and revealed the following:1. CNA #1 was hired on 1/7/25. The employee file lacked evidence of dementia training.2. CNA #2 was hired on 1/14/25. The employee file lacked evidence of dementia training.3. CNA #3 was hired on 12/12/25. The employee file lacked evidence of dementia training.5. CNA #4 was hired on 7/23/25. The employee file lacked evidence of dementia training.6. CNA #5 was hired as contracted staff with an initial start date of 3/29/25, and a most recently renewed contract start date of 12/9/25. The employee file lacked evidence of dementia training.On 1/22/26 at 11:59 a.m., during an interview in the presence of 2 surveyors, the Business Office Manager confirmed that the above CNAs have not received dementia training. At this time, the Business Office Manager provided a copy of the facility's Mandatory Education Calendar, which indicates staff is not scheduled to receive Dementia Management training until August 2026.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205168	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Park Rehab & Living Center	107 Orchard Street Farmington, ME 04938

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. Based on record review and interview, the facility failed to review and revise the care plan by an interdisciplinary team (IDT), that included, to the extent possible, participation of the resident and/or his/her representative after each Minimum Data Set (MDS) assessment for 1 of 14 residents reviewed for care planning (Resident #28).Finding:Review of Resident #28's clinical record revealed an MDS Quarterly Assessment was completed on 12/17/25. Further review of Resident #28's clinical record lacked evidence that an IDT meeting was held within 7 days following the assessment.On 1/22/26 at 12:04 p.m., the above finding was discussed during an interview with the Social Services Director (LSW). At this time, the LSW stated that Resident #28's IDT meeting was held on 12/19/25. The surveyor requested evidence of the meeting, and the LSW stated she was off at the time and would request the meeting notes from the Director of Nursing (DNS). On 1/22/26 at 12:35 p.m. during a follow-up interview in the presence of 4 surveyors, the LSW confirmed that the facility did not have the meeting notes or evidence that an IDT meeting was held for the 12/17/25 assessment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205168	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Park Rehab & Living Center	107 Orchard Street Farmington, ME 04938

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 0628 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to issue a written transfer/discharge notice and a bed hold notice to include cost of care to the legal representative for 2 of 4 sampled residents reviewed for transfer to an acute care hospital (Residents #4, #28).Findings:1. Resident #4 was admitted to the facility in January 2024.A review of Resident #4's clinical record indicated he/she was transported to an acute care hospital on [DATE]. Further review of the clinical record lacked evidence that Resident #4 and his/her representative received a written transfer/discharge notice and a written bed hold notice for the above date.2. Resident #28 was admitted to the facility in October 2022.A review of Resident #28's clinical record indicated he/she was transported to an acute care hospital on 4/2/25. Further review of the clinical record revealed the following nursing progress notes, indicating Resident #28 was again transported to an acute care hospital on 4/4/25 and was subsequently admitted : A nursing progress note dated 4/4/25 that states, Spoke with [Gastroenterologist] in regards to last ED [Emergency Department] visit.Was advised that resident return to ED for another evaluation.Resident is going to ED at [alternate ED] .transported by facility staff.A nursing progress note dated 4/4/25 that states, .left a voicemail that we received a call from [Gastroenterologist] and they wanted [Resident #28] back in the ED. As a team we decided to bring [him/her] to [alternate ED] as resident was just in [original ED] and they did not help [him/her].A nursing progress note dated 4/4/25 that states, Resident admitted to [acute care hospital] with Dx [diagnosis] of intestinal blockage.Additional record review indicated Resident #28 was transported to an acute care hospital on [DATE] and was subsequently admitted .Resident #28's clinical record lacked evidence that R2's representative received a written transfer/discharge notice and a written bed hold notice for the above dates.On 1/22/26 at 11:15 a.m. a surveyor discussed the above findings during an interview with the Licensed Social Worker (LSW). At this time, the LSW confirmed that she does not have evidence that the facility provided a written transfer notice and a written bed hold notice for Resident #4's transfer on 10/19/25 and Resident #28's transfers on 4/2/25, 4/4/25, and 12/4/25. The LSW then stated that Resident #28's transfer to the Emergency Department on 4/4/25 was a scheduled appointment, so the facility was not required to provide a transfer notice or a bed hold notice.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205168	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Park Rehab & Living Center	107 Orchard Street Farmington, ME 04938

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Some	Post nurse staffing information every day. Based on observation and interview, the facility failed to post nurse staffing information on a daily basis for 1 of 3 days of survey (1/20/26).Finding:On 1/20/26 at 8:00 a.m., upon entering the facility, 4 surveyors observed the posted nurse staffing sheet dated 1/14/26, 6 days prior.On 1/22/26 at 8:22 a.m., the above finding was discussed with the Administrator. At this time, the Administrator stated that the Scheduler or the clinical team is responsible for posting the nurse staffing daily.On 1/22/26 at 9:47 a.m., during an interview, the Scheduler stated that since she started in August, she posts the nurse staffing information each weekday and that nursing posts the staffing on weekends. At this time, the surveyor discussed the above observation, and the scheduler stated that it was overlooked for those 6 days.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205168	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Park Rehab & Living Center	107 Orchard Street Farmington, ME 04938

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 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to insure all single resident rooms measured at least 100 square feet for 2 of 6 single resident rooms (#116 and #118).Findings: On 1/20/26 at 8:30 a.m., two surveyors observed rooms [ROOM NUMBERS] with a resident occupying each room. 1. A review of the Orchard Park Resident List (Census) indicated Resident #2 was residing in room [ROOM NUMBER], a single resident room. On 1/20/26 at 9:30 a.m., facility documentation noted that room [ROOM NUMBER] measured 93 square feet. At this time, a surveyor measured the room and measured 93 square feet. A surveyor requested documentation showing the facility had a variance for room [ROOM NUMBER]. 2. A review of the Orchard Park Resident List (Census) indicated Resident #2 was residing in room [ROOM NUMBER], a single resident room. On 1/20/26 at 9:30 a.m., facility documentation noted that room [ROOM NUMBER] measured 93 square feet. At this time, a surveyor measured the room and measured 93 square feet. A surveyor requested documentation showing the facility had a variance for room [ROOM NUMBER]. On 1/20/26 at 9:40 a.m., The surveyor observed the facility license and there was no waiver stated on the facility license. On 1/21/26 at 9:50 a.m., in an interview with a surveyor, the Administrator confirmed that the facility did not have variances for Resident Room # 116 and Resident room [ROOM NUMBER] for not having the required space of 100 square feet for a single resident room.