STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205170	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Odd Fellows Health Care Center	85 Caron Lane Auburn, ME 04210

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648 Based on record review and interview, the facility failed to maintain an Infection Control Program designed to help prevent the development and transmission of disease and infection by failing to conduct ongoing surveillance for a Healthcare- Associated Infections (HAI,) failed to apply appropriate interventions including Transmission Based Precautions (TBP) to prevent further spread of a gastrointestinal symptoms, failed to develop and implement elements of a Legionella Water Management Program, failed the wear appropriate personal protective equipment (PPE) while administering eye drops and failed to ensure the facility cats remain off the kitchenette countertops and the dining room table. This has the potential to affect all 23 residents. Findings: 1. On 3/3/25, the Division of Licensing and Certification received an anonymous complaint stating, from the end of February into March, both residents and staff had experienced gastrointestinal symptoms of nausea, vomiting and diarrhea which started on the Residential Care side and spread to the Long-Term Care residents and staff, and stated the Director of Nursing/Infection Preventionists (DON/IP) claimed she tested residents for COVID-19, but only had some people wearing regular masks, failed to provide appropriate PPE when the symptoms started to spread rapidly and no precautions were being taken for the residents or the workers. From 3/18/25 through 3/20/25 the above complaint was investigated. During this investigation several interviews were completed with staff, who wish to remain anonymous. Staff interview #1: The surveyor asked this staff about any recent outbreaks or sickness including nausea, vomiting and diarrhea (n/v/d). The staff stated, maybe Norovirus, It was fast and furious, bunch of people sick including him/herself. We had some people sent home. The surveyor asked what PPE was available, staff stated, gloves, no gowns, we have masks. The surveyor asked if gowns were accessible, staff stated, they are down in the stock room. The surveyor asked if PPE and Transmission Based Precaution signage was placed outside of the resident's rooms who were sick, the staff stated, No, we kept people in their room and brought them liquids and broth, if they didn't vomit overnight, they came out the next day. The staff stated both the DON and the Assistant DON knew about the gastrointestinal symptoms occurring. (continued on next page)

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: 205170	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Staff interview #2: The surveyor asked this staff about any recent outbreaks or sickness including n/v/d. This staff stated, nothing I could name, nothing diagnosed , we had some about 24-48 hours, diarrhea mainly a couple people vomited .If they had diarrhea and vomiting, we kept them in their rooms, it was 1 -2 people at a time. The surveyor asked if the residents with only diarrhea were kept in their rooms, he/she stated No. They were only kept in their rooms if they had both vomiting and diarrhea. The surveyor aske if PPE is available, he/she stated, we have everything always available, gowns, shields, masks N95 . In the storage room The surveyor asked, if during this time with the residents n/v/d, were PPE carts and TBP signs posted at the resident's doors, he/she stated, I don't believe so. Staff interview #3: The surveyor asked this staff about any recent outbreaks or sickness including n/v/d. The staff stated, a few weeks back there was a nausea, vomiting and diarrhea, we had that including him/herself, Some did. The surveyor asked if any residents and staff were tested , he/she stated, Not that I'm aware of. The surveyor asked how long was the gastrointestinal symptoms in the facility, he/she state, Maybe about a week. The surveyor asked if TBP were put into place, he/she stated, Not really, I did my own, I wore gloves and washed my hands. The surveyor asked if he/she had worn a gown in addition to the gloves and mask while providing care to a resident who had n/v/d, he/she stated, No gowns up here, they have some downstairs. The surveyor asked, if during this time with the residents n/v/d, were PPE carts and TBP signs posted at the resident's doors, he/she stated, no. The surveyor then asked if he/she was given education on what to do and what to wear while providing care for a sick resident, he/she stated, I was told to wash my hands, there was a sign on the door (main entrance) that we had flu like symptoms. Staff interview #4: The surveyor asked this staff about any recent outbreaks or sickness including n/v/d. He/she stated, some resident's sick. One day it was this room the next day the other rooms, not at the same time The surveyor asked what PPE was worn while caring for the residents with the symptoms, he/she stated, Usually have mask and gloves at nurses' station, gloves are in the rooms. If symptoms they stay in room. The surveyor asked if he/she wore gowns, the staff stated, No, mask and gloves and wash hands all the time. The surveyor asked, if during this time with the residents n/v/d, were PPE carts and TBP signs posted at the resident's doors, he/she stated, No, when we had covid. The surveyor asked how long was the gastrointestinal symptoms in the facility, he/she state, About 2 weeks, some staff, some patients, but not that long. The surveyor asked if he/she had access to gowns, he/she stated, Yes, we have it. If something serious they have a cart set up for us. Staff interview #5: The surveyor asked this staff about any recent outbreaks or sickness including n/v/d. He/she stated that there was a GI bug, nausea, vomiting and diarrhea going around, not last week but the week before, including him/herself. The surveyor asked how long this GI Bug lasted in the facility, he/she stated, No more than 2 weeks, it was like a few, then another few, but not all at the same time. Then the next day another person would get it. The surveyor asked if any of the residents experiencing the GI bug were placed on TBP and had a PPE cart outside of their rooms. The staff stated, No, we kept them in their rooms and doorways and gave them broth. The surveyor asked if he/she had access to PPE, he/she stated, We have gloves and masks. The surveyor asked if he/she had worn gowns in addition to the mask and gloves, while providing care for residents with the gastrointestinal symptoms, the staff stated, We were not instructed to where them. I know where they are. The surveyor asked if he/she was instructed to wear masks, he/she stated, It was optional. (continued on next page)

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F 0880

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

On 3/20/25 at 8:17 a.m., during an interview, the DON/IP was asked if the facility had a system in place for tracking and identifying infection trends. The DON/IP stated forms are filled out if a resident has symptoms and if an antibiotic is prescribed. The surveyor requested the facilities tracking forms for infections/outbreaks for the past 3 months. The DON/IP stated she doesn't have an all-inclusive form but uses different forms that she has to fill out when a resident is placed on an antibiotic. The surveyor asked if the facility had any recent outbreaks or sickness including nausea, vomiting and diarrhea. She stated, We have had a couple people with diarrhea. It was very, very quick started on ResCare . it came so quickly. I tested 5 residents for influenza and COVID, all came back negative. By the time I got the results back they were all done. The surveyor asked if the facility had Point of care (POC) tests for COVID-19 and rapid influenza tests, she stated, No, we don't have those. I swabbed them and sent them out. The surveyor asked again about the POC COVID tests due to previously in the interview the DON/IP stated she would test staff in the parking lot if they had symptoms of COVID, she stated, Oh, we have plenty of the COVID tests, we don't have the rapid influenza. The surveyor asked if the POC COVID test was used on residents or staff during this sickness, No, we had one staff go to the hospital and her flu and covid test came back negative, so they presumed it was Norovirus. By that time, it was all done. The surveyor asked if she had tested residents for norovirus, she stated No, we had 5 in the nursing home, they were kept in their room, they were kept on clear liquids for the day and but the next day they were all done. The Surveyor asked if PPE was placed out, she stated, Yes, we had mask, gowns and gloves, we had carts out. At this time, the surveyor requested the resident and staff line list for this n/v/d that occurred. The DON/IP stated she only had a list of who had symptoms that she had emailed to the Center for Disease Control. She provided an email list, dated 3/10/25 which had names of 14 Residential care residents, 5 nursing home residents and 26 facility staff. This list lacked the dates of when the symptoms began and ended, what the symptoms were, if TBP were initiated and resolved, if testing was completed and results.

Review of the medical records from the end of February through March for the 5 nursing home residents provided on the list of symptoms, lacked evidence of any gastrointestinal symptoms, doctor and/or family notification, TBP in place or any measures put into place during the time period of the above gastrointestinal symptoms occurred.

Review of the facility provided infection control reporting form for February 2025 had only one resident experiencing respiratory symptoms. As of the recertification exit on 3/20/25 at 5:15 p.m. the requested infection control surveillance and tracking for March had not been provided

The facilities policies and procedures include:

Surveillance of Infections policy updated on 6/12/24 states, The infection preventionist will conduct ongoing surveillance of Healthcare-Associated Infections (HAI) and other epidemiologically significant infections that have substantial impact on potential resident outcome and that may require transmission-based precautions and other preventative interventions. Data collection and recording:

1. For residents with infections that meet the criteria for definition of infection for surveillance, collect the following data as appropriate:

a. Identifying information (i.e., residents name, age, room number, unit, and attending physician)

b. Diagnosis

(continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	c. admitted , date of onset of infection (may list symptoms, if known, or date of positive diagnostic test). d. infection site e. pathogens f. invasive procedures or risk factors g. Pertinent remarks (additional relevant information . other symptoms .) h. treatment measures and precautions (interventions and steps taken that may reduce risk) . 3. Daily: record detailed information about the residents and infection on an individual infection report form. 4. Monthly: collect information from individual resident infection reports and enter line listing of infections by resident for the entire month . Infection Preventionist updated on 10/20/24 states, The Infection Preventionists (IP) will ensure that: staff appropriately use PPE including, but not limited to, the following: . An isolation gown is worn for direct resident contact if the resident had uncontained secretions or excretions . The IP will determine that appropriate Transmission-Based Precautions are implemented .For a resident with an undiagnosed respiratory infection: staff follow standard, contact, and droplet precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires airborne precautions . For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher level respirator if available . That there is signage on the use of specific PPE (for staff) posted in appropriate locations in the facility (e.g., outside of a residence room, wing, or facility wide) . that appropriate staff are aware of process/protocols for transmission-based precautions and how staff is monitored for compliance. COVID-19 Testing and Monitoring updated on 10/12/24, states . Staff - if they are at the facility, will be given a test and if positive, sent home to isolate . Residents - if residents have symptoms they will be tested , if positive, the resident will be isolated to their room or another room if necessary and they will be put on extra precautions for staff entering the room. Personal Protective Equipment - Using Gowns updated on 2/20/25, states To protect soiling of clothing with infectious material. To prevent splashing or spilling blood or body fluids onto clothing or exposed skin. 2. Review of the provided Water Management program was a one page Legionella Water Management Policy updated on 10/14/25 which stated, Odd fell ows' and Rebekah's Home conducts bi-weekly testing of water temperature at all faucets and bathing areas . Additional surveillance checks will be performed if the following situations occur: control limits are not met, major maintenance or water service change, diseases associated with the water system and changes in law, regulations, standards or guidelines. The policy lacks evidence of the buildings water systems flow diagram, what control measures are in place and where, monitoring of the controls including testing protocols, acceptable ranges, documents of testing results and ways to intervene when control limits are not met. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/19/25 at 9:45 a.m., during an interview with the Administrator, the surveyor requested additional information which was lacking from the policy provided. The Administrator stated the city of [NAME] does the water testing of legionella and the one paper he provided (Legionella Water Management Policy) was all he had. As of the recertification exit on 3/20/25 at 5:15 p.m. the above requested documents were not provided. 3. On 3/19/25 at 7:29 a.m., during the medication administration observation with the Licensed Practical Nurse #2 (LPN#2), the following was observed: LPN#2 opened the bottle of artificial tears and without applying gloves, she opened each eye by pulling the lower lid down and administered the drops. She then handed the resident a tissue to use for both eyes. At this time, the surveyor asked LPN #2, when administering eye drops should you wear gloves? She stated, Yes. I should have worn gloves. Review of the Facilities policy on Instillation of Eye Drops updated on 10/20/24 states, Steps in Procedure . Put on gloves . gently pull the lower eyelid down. Instruct the resident to look up. Drop the medication into the mid lower eyelid .Gently dry the eyelid with cotton ball if dripping occurs. (Note: Use only one cotton ball per wipe.) .Remove gloves and discard into designated container. Wash and dry your hands thoroughly. On 3/19/25 at 11:05 a.m., the above was discussed with the Director of Nursing. 4. On 3/19/25 at 2:26 p.m., a surveyor observed a cat sitting on a dining room table (East side) with a Certified Nurse Aid documenting at the same table, allowing the cat to remain on the table for approx. 1 min. The surveyor discussed the observation with the Assistant Director of Nursing. 51331 5. Review of the Facility Pet Policy last reviewed on 10/20/24 states The pets are to be kept off tables and desks and when they violate this they are to be removed and the area disinfected. On 3/18/25 at 3:30 p.m., Observation of 2 white cats walking on the Long-Term Care Unit kitchenette countertops. Further observation shows the countertops containing food, coffee pots, toasters, face masks, and a microwave. On 3/18/25 at 3:36 p.m., During an interview with Licensed Practical Nurse (LPN) #1, who states that the cats often jump on the kitchenette countertops, but staff try to keep them off as much as possible. Follow up questions disclose that the countertops are mainly cleaned once a shift and not after each time the cats are on the countertops. On 3/19/24 at 7:24 a.m., the above information was confirmed with the Director of Nursing On 3/19/25 at 2:26 p.m., Observation of a white cat on the east side dining room table with a Certified Nursing Assistant documenting at the same table, not attempting to remove the cat from the table. At this time the surveyor got the Assistant Director of Nursing to observe the above infromation. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/20/25 at 12:09 p.m., the above information was confirmed with the Director of Nursing.

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 37648 Based on interviews and record review, the facility failed to designate a qualified staff member to function as the Infection Preventionist who works at least part time and who is responsible for the facility's Infection Control Program. This has the potential to affect all residents in the facility. Finding: On 3/19/25 at 11:05 a.m., during an interview, the Director of Nursing (DON) confirmed she works full time in the DON capacity, and she is also the Infection Preventionist (IP) for the facility and completed her online education on 3/30/22. At this time, the surveyor confirmed the facility did not have a dedicated IP who worked at least 24 hours in the IP role. The DON stated she was unaware that she could not function in the capacity of both the full time DON and the IP which requires 24 hours.