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Form Approved OMB
No. 0938-0391

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	02/18/2026

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on record review and interview, the facility failed to ensure an as needed (prn) psychotropic medication met the required 14-day limit for 1 of 5 Resident's reviewed for unnecessary medications (Resident #9). Finding:On 2/17/26, a review of Resident #9's current physician orders contained an order dated 1/19/26 for Seroquel (antipsychotic medication used to treat mental health conditions such as schizophrenia and bipolar disorder) 25 milligrams twice daily prn for agitation related to severe dementia with no stop date. The medical record lacked evidence of clinical rational to continue the prn psychotropic medication with an extended time frame.On 2/17/26 at 2:20 p.m., during an interview, the Director of Nursing confirmed the above Seroquel prn order initiated on 1/19/26 did not meet the required 14-day limit.

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 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 observation, record review and interview, the facility failed to update and/or implement care plans in the area of transfers for 2 of 2 sampled residents (#28 and #9) reviewed for Activities of Daily Living (ADL). In addition, the facility failed to develop a care plan in the area of bladder and bowel incontinence for 1 of 1 resident reviewed for incontinence (Resident #17) and in the area of Hospice for 1 or 1 resident reviewed for End of Life (Resident #8).Findings: 1. On 2/17/26 at 9:10 a.m., observation of the Certified Nurses Aide (CNA) #1 and CNA #2 transfer Resident #28 from a wheelchair to a recliner by hoisting the resident up from under his/her arms and preforming a pivot transfer, during this transfer the CNA had to grab a hold of the residents pants to assist with the transfer of the residents weight. Review of Resident #28's current care plan in the area of Activities of Daily Living initiated on 3/22/23 stated the resident may use a hemi-walker to transfer, may use stand/pivot lift when (he/she) is weak. The care plan in the area of falls, last revised on 11/24/25 states uses Hemi walker for transfer. Uses wheelchair for mobility. Use stand/pivot lift to transfer as needed when (he/she) is weak. On 2/18/26 at 10:36 a.m., during an interview, the Licensed Practical Nurse (LPN)#2 provided the surveyor with the current CNA assignment list which indicated Resident #28 was a sit to stand for transfers. At this time the surveyor discussed the transfer observed on 2/17/26. On 2/18/26 at 10:55 a.m., observation of CNA #2 and CNA #5 transfer Resident #28 from the recliner to a wheelchair by lifting him/her up from under the arms. At this time in an interview with CNA #2, she stated Resident #28 is a 1-2 person transfer but on a better day 1 person can do it stand and pivot. The surveyor asked if a sit to stand lift is used for his/her transfers. CNA #2 stated, I don't know, we don't use a sit to stand, only if (he/she) is sick or weaker. (He/she) also has a hemi walker, I call it the tripod, I use that with (him/her) if I'm doing (him/her) alone. If I have 2 people, then we just stand (him/her) and (he/she) walks. 2. On 2/17/26 at 9:12 a.m., observation of CNA #1 and CNA #2 transfer Resident #9 from the wheelchair to a recliner by hoisting the resident up from under his/her arms and performing a pivot transfer. On 2/17/26 at 11:33 a.m., during an interview, Resident #9's representative stated when he/she first arrived at the facility, the staff utilized a machine to lift him/her for transfers and now they usually just hold (him/her). On 2/18/26 at 7:56 a.m., an additional observation of CNA#1 and CNA #5 transfer resident #9 from the bed by hoisting the resident up from under his/her arms and preforming a pivot transfer to the wheelchair. Review of Resident #9's clinical record showed he/she was admitted in January 2026. The current Activities of Daily Living care plan initiated on 1/20/26 and revised on 1/31/26 states Resident #9 requires a Mechanical Lift with 2 staff assistance for transfers. The current CNA assignment list states he/she is a 2 assist with walker for transfers. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 2/18/26 at 11:07 a.m., the above was discussed with Director of Nursing. 3. Record review of Resident #8's medical record contained a Minimum Data Set (MDS) version 3.0 quarterly assessment dated [DATE], which stated the resident is receiving hospice care. Review of the resident's current diagnosis stated he/she had started palliative care on 1/16/26. As of 2/17/26 the residents' care plan lacked evidence of development and/or interventions for palliative care. On 2/17/26 at 2:04 p.m. during an interview, the Director of Nursing confirmed the current care plan did not reflect the current needs of Resident #8. 4. Record review of Resident #17's medical record contained an MDS annual assessment dated [DATE], which indicated the resident is always incontinent of bowel and bladder. As of 2/17/26 the residents' care plan lacked evidence of development and/or interventions for bowel and bladder incontinence. On 2/18/26 at 10:07 a.m. during an interview, the Director of Nursing confirmed the current care plan did not reflect the current needs of Resident #17.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observations, interviews and record review, the facility failed to provide Activities of Daily Living (ADL) care in the area of personal hygiene for 1 of 1 residents reviewed for oral care (Resident #28) for 2 of 2 days of survey.Findings:On 2/17/26 at 9:10 a.m., observation of Resident #28's teeth to have a white visible coating at the gum line. At this time, the resident stated the staff does not help him/her with teeth brushing and he/she can do it on her own. On 2/18/26 at 10:19 a.m., observation of Resident #28 with a white, thick coating at the gum line.Review of Resident #28's current care plan for Self-care deficit relating to Cerebral Palsy initiated on 3/22/23 states the resident needs extensive assistance with ADL's (Activities of Daily Living). Set up with basin each morning and make sure needed items are within reach. Assist as needed. Allow time to complete tasks on (him/her) own. The current care plan for ADL self-care performance deficit last revised on 1/4/26 has an intervention for oral care routine: brush teeth.Review of the CNA documentation from February 2026 lacks any evidence of personal hygiene being completed. On 2/18/26 at 10:36 a.m., during an interview, the Licensed practical Nurse (LPN)#2, was unable to find documentation of personal hygiene being performed stating, the facility had recently changed to an online documentation system and failed to add the personal hygiene items for CNA's to document care that is being completed and the level of assistance that is needed.On 2/18/26 at 11:07 a.m., the above concern was discussed with the Director of Nursing.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations and interviews, the facility failed to ensure expired medications were removed from the supply available for use in 1 of 1 medication cart observed and 1 of 1 medication room observed.Findings:1. On 2/18/26 at 8:23 a.m., during observation of the medication cart and medication storage room with the Licensed Practical Nurse (LPN) #1 the following medications were observed to be available for use:The medication cart contained:Opened bottle of ibuprofen 200mg tabs with an expiration date of 12/2025Opened bottle of Calcium Carbonate 500mg tabs with expiration date of 1/2026Opened bottle of aspirin 325mg with expiration date of 10/2025Opened bottle of Vitamin D 10 mcg (microgram) with expiration date of 12/2025 The medication storage room contained:1 Fleets enema with expiration date of 8/20242 bottles of Aspirin 325mg with expiration date of 4/2025 and 1 with an expiration of 5/20251 bottle of Calcium Carbonate 500mg tabs with expiration date of 1/20261 bottle of Vitamin D 10 mcg with expiration of 11/20243 bottles of Vitamin B complex with expiration date of 11/20252 bottles of multivitamins with expiration date of 11/2025The refrigerator in the medication room contained 1 opened box of Bisacodyl suppository's with expiration date of 11/2025. On 2/18/25 at 8:42 a.m., the above was discussed with the Director of Nursing

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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. Based on observations, interviews, the facility's Temperature Log Policy and the facility's Labeling & Dating Procedure, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for metal duct work, floors, the cook stove, a solid floor pad, a food mixer, a food processor, a table, and a food disposal unit. Additionally, the facility failed to ensure that foods were dated, labeled and/or removed from service past the manufacturer's use by date in a reach-in refrigerator and a walk-in freezer for 1 of 1 kitchen tour (2/17/26). Further, the facility failed to ensure that Daily Dishwasher Temperatures were monitored/documented when reviewed (2/18/26). Findings: The facility's Temperature Logs, updated 1/24/25, noted: It is our policy that temperature logs will be maintained on our: dish machine.The cook on duty will review temperatures and record on each item on each shift.The facility's Labeling & Dating Procedure, updated 1/24/25, noted: Label and date all items. Use masking tape or labeling stickers. Label the date when the item is opened or prepared and write the expiration date three days from the day it is opened or prepared . Unprepared foods that are opened. Must be thoroughly sealed and dated with the date the item was opened. Throw all items out that are expired. 1. On 2/17/26 from 8:15 a.m. to 9:00 a.m., a surveyor conducted an initial kitchen tour with the Food Service Director (FSD) in which the following findings were observed: - The metal duct work, running along the kitchen ceiling above food preparation areas, had dust/dirt buildup in many areas. - The kitchen floor had food debris and trash around the entire kitchen, under equipment and under shelving.- The cook stove had dried food particles and dried liquid residue on the cook top surface and the door surfaces. - The solid floor pad, under the stove, had chipped/missing paint creating an uncleanable surface. - The food mixer had dried food particles on it. - The food processor and table it was sitting on had dried food particles on them. - The dish room food disposal unit had dried food particles and dried liquid residue on it. Additionally, the wall mounted fan was heavily soiled with dust/dirt. - The reach-in refrigerator had a large plastic container of pizza dough balls that was unlabeled and undated. Additionally, there were four bags of whipped topping with no thaw date. The manufacturer's directions stated that the product was good for two weeks after being thawed. - The Walk-in freezer had two large bags of popcorn chicken that were unlabeled and undated. On 2/17/26 at 9:00 a.m., in an interview with a surveyor, the Food Service Director confirmed the findings.

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on record review and interviews, the facility failed to obtain informed consent for treatment with psychoactive medications including the risks and benefits of treatment for 1 of 5 sampled residents reviewed for psychoactive medication use, (#3). Findings:Resident #3 was admitted to the facility in May of 2025. Resident #3's physician order dated 12/16/25 directed staff to administer the medication, Duloxetine HCl Capsule Delayed Release Particles 60 milligrams (MG) Give 1 capsule by mouth one time a day related to alcohol abuse. Resident #3's physician order dated 12/16/25 directed staff to administer the medication, TraZODone HCl Tablet 50 MG Give 0.5 tablet by mouth at bedtime and Give 0.5 tablet by mouth every 12 hours as needed for aggressive or on edge related to Anxiety Disorder.Resident #3's medical record was reviewed and lacked evidence that Resident #3 and/or Resident #3's representative was informed of the risks and the benefits of treatment with these medications and lacked evidence that Resident #3 and/or Resident #3's representative had consented to treatment with these medications. On 2/18/26 at 8:20 a.m., in an interview with a surveyor, the Administrator and the Director of Nursing confirmed the findings.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 2 of 2 wings (East and [NAME] Wings), a hallway and the laundry room for 1 of 1 facility tours. (2/18/2026)Findings: On 2/18/2026 from 11:05 a.m. to 11:20 a.m., a surveyor did an Environmental tour with the Administrator and the Maintenance Director in which the following findings were discussed and observed. Hallway:- The hallway between the units had three ceiling tiles with brown stains on them. Additionally, the baseboard heating unit had chipped/missing paint creating an uncleanable surface. [NAME] Wing: - The wooden television stand, in the dining room, had missing surface sealant exposing untreated wood creating an uncleanable surface.- The large standing floor fan, in the corner to the right of the television stand was dusty/dirty. - Resident room [ROOM NUMBER]- The caulking around the base of the toilet was stained yellowish and was dirty. There was a dirty glove and a soiled towel on the floor under the sink. The baseboard heater had chipped/missing paint creating an uncleanable surface. East Wing:- The solarium baseboard heater and the dining room wall heating unit had chipped/missing paint creating uncleanable surfaces. Laundry Room:- The painted cement floor had chipped/missing paint in many areas of the room creating uncleanable surfaces. The large metal floor water drain cover had chipped/missing paint and was heavily rusted creating an uncleanable surface. There were five ceiling tiles with brown stains on them. On 2/18/2026 at11:20 a.m., in an interview with a surveyor, the Administrator and the Maintenance Director confirmed the discussed and observed findings.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to establish and implement written policies and procedures consistent with nationally recognized infection control guidelines, including Enhanced Barrier Precautions (EBP) and to prevent the transmission of communicable diseases for 1 of 1 resident reviewed for transmission-based precautions. Finding: On 2/17/25 at 8:39 a.m., a Contact Precautions sign was observed posted on the door of room [ROOM NUMBER]. The sign instructed staff to perform hand hygiene before entering and exiting the room, don gloves and gown prior to room entry, discard gloves and gown before exiting and use dedicated or disposable equipment. Clean and disinfect reusable equipment. A Personal Protective Equipment (PPE) cart was observed outside the room. On 2/17/26 at 9:26 a.m., the surveyor observed Licensed Practical Nurse (LPN) #1 enter room [ROOM NUMBER] without donning PPE to administer medication to Resident #4. LPN #1 administered the medication and exited the room without wearing gown or gloves. Upon exiting the room, the surveyor asked LPN #1 what the contact precautions sign posted on the resident's door was for. LPN #1 stated That's for the girls giving care. I'm only giving him/her medication. LPN #1 acknowledged she did not wear PPE while in the room. When asked to explain contact precautions and what PPE she would wear. LPN #1 stated gloves and gown are to be worn when providing personal care for residents with colostomies or foley catheters. When asked whether she had received Infection Control training related to EBP. LPN #1 stated she was not familiar with EBP.On 2/17/26 at 9:48 a.m. Certified Nursing Assistant (CNA) #2 was asked if she had recently received training regarding Infection Control education including Contact Precautions and EBP. CNA #2 stated she had received training; however, the facility does not utilize EBP and only uses contact precautions. CNA #2 stated that gowns and gloves are not required if staff are not providing direct care.Resident #4's clinical record indicated he/she has a documented history of Extended-Spectrum Beta-Lactamase (ESBL) in the urine and requires extensive assistance with activities of daily living, including personal care. Review of the Facilities Infection Control Manual, last updated for 4/25/25, lacked evidence of written policies or procedures addressing Enhanced Barrier Precautions.On 2/18/26 at 10:57 a.m. During an interview the Director of Nursing stated she assumed EBP were implemented in the facility and was unaware they were not included in the facilities Infection Control [NAME].

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on interviews and record review, the facility failed to designate a qualified staff member to function as the Infection Preventionist, who is responsible for the facility's Infection Control Program, from 8/8/25 to 8/29/25, which has the potential to affect all residents in the facility. Finding:On 2/18/26 at 1:57 p.m., during an interview, the Director of Nursing (DON) stated the previous Infection Preventionist separated employment on 8/7/25. The DON further stated that on 8/8/25, another staff member was asked to assume the Infection Preventionist role. Review of training documentation revealed the newly designated Infection Preventionist completed the required Infection Prevention training on 8/29/25. The facility was unable to provide documentation demonstrating the individual had completed required Infection Preventionist training prior to assuming the role of the Infection Prevention and Control program. On 2/25/26 at 3:00 p.m., the above finding was confirmed with the Administrator.

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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 the current daily nurse staffing information that includes the facility name, day of the month, a breakdown of the number of registered and licensed nursing staff responsible for direct resident care and indicate which shifts the numbers corresponded to for 2 of 2 survey days.Findings:1. On 2/17/26 at 8:36 a.m., a surveyor observed that the posted nurse staffing information was for 1/7/26. 2. On 2/18/26 at 8:10 a.m., a surveyor observed that the posted nurse staffing information was for 1/7/26. On 2/18/26 at 10:04 a.m., the Director of Nursing confirmed with the surveyor that there was no current posting of the staffing.