STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205174	A. Building B. Wing	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sanfield Rehab & Living Center	95 Main Street Hartland, ME 04943

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 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assess the resident when there is a significant change in condition Based on interview and record reviews, the facility failed to complete a significant change in status Minimum Data Set 3.0 (MDS 3.0) assessment within 14 days of a resident's admission to hospice services, for 2 of 3 sampled residents (Resident #10 [R10] and R9). 1.Review of the RAI (Resident Assessment instrument) manual directs that a significant change MDS ARD (assessment reference date) date is no later than 14th calendar day after determination that significant change occurred. Completion is the 14th calendar day after determination. On 7/22/25 at 12:16 p.m., a review of R10's clinical record was completed. R10 was admitted to Hospice on 6/27/25 and a Significant Change MDS was initiated with an Assessment Reference Date (ARD) of 7/3/25 but was not completed. The completion date should have been 7/11/25 and as of 7/22/25 the MDS was not completed. On 7/22/25 at 1:52 p.m., during an interview with a surveyor, The [NAME] President of clinical Services reviewed the clinical records and stated the MDS's had not been completed timely. 2. On 7/21/25, R9's clinical record was reviewed and indicated that R9 entered Hospice on 6/22/25. A significant change MDS was due to be completed by 7/6/25, within 14 days after the entrance into Hospice. R9's significant change MDS was not signed by the Registered Nurse, indicating completion until 7/17/25, 11 days late. On 7/22/2025 at 1:52 p.m., during an interview with the [NAME] President of Clinical Services, a surveyor confirmed this finding.

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. Based on record reviews, Minimum Data Set 3.0 (MDS) reviews and interviews, the facility failed to electronically submit discharge MDS data to the State MDS database within 14 days after completion for 4 of 12 residents MDS's reviewed (Resident #2 [R2], R3, R19, R21).1. On 7/21/25, a review of R2's clinical record indicated that R2 was discharged on 6/5/25. A review of R2's discharge MDS with an ARD date of 6/5/25 indicated that assessment was due to be completed by 6/19/25 and was required to be electronically submitted to the State MDS database within 14 days after completion (7/3/25) but had not been submitted at time of review. 2, On 7/21/25, a review of R3's clinical record indicated that R3 was discharged on 6/6/25. A review of R3's discharge MDS with an ARD date of 6/6/25 indicated that assessment was due to be completed by 6/20/25 and was required to be electronically submitted to the State MDS database within 14 days after completion (7/4/25) but had not been submitted at time of review. On 7/22/2025 at 1:52 p.m., during an interview with the [NAME] President of Clinical Services, a surveyor confirmed these findings 3. On 7/22/25, a review of R19's clinical record and discharge MDS was completed. Documentation on R19's MDS indicated that the resident's discharge date was 6/4/25 and the MDS was completed on 6/5/26. This MDS was required to be electronically submitted to the State MDS database within 14 days (6/19/25), but was not submitted until 7/22/25 (33 days late). On 7/23/25 at 9:00 a.m., in an interview with the surveyor, the Director of Nursing (DON) confirmed the MDS's were not submitted timely. 4. On 7/22/25, a review of R21's clinical record and discharge MDS was completed. Documentation on R21's MDS indicated that the resident's discharge date was 4/9/25 and the MDS was not completed until 7/14/26 (82 days late). This MDS was required to be electronically submitted to the State MDS database within 14 days (4/23/25), but was not submitted until 7/22/25 (90 days late). On 7/23/25 at 9:00 a.m., in an interview with the surveyor, the Director of Nursing (DON) confirmed the MDS's were not submitted timely.

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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. Based on observation, record review and interview, the facility failed to ensure that a care plan was developed in the area of Hospice care for 2 of 3 residents reviewed for Hospice (Resident #10 [R10] and R9). 1. Review of R10's clinical record stated he/she was admitted into Hospice on 6/27/25. The clinical record lacked evidence that a comprehensive care plan had been developed in the area of Hospice care that included goals and interventions. On 7/22/25 at 12:30 p.m., during an interview with the Director of Nursing the surveyor confirmed the above finding. 2. On 7/22/25, R9's clinical record was reviewed indicated R9 was admitted on Hospice on 6/22/25. The clinical record lacked evidence that a comprehensive care plan had been developed in the area of Hospice care that included goals and interventions. On 7/22/25 at 12:31 p.m., during an interview with the Director of Nursing, the surveyor confirmed the above finding.

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. Based on record review and interview, the facility failed to complete an annual Comprehensive Minimum Data Set (MDS) 3.0 with Care Area Assessments timely for 1 of 1 resident reviewed for Accident Hazards (Resident #17 [R17]). The Long Term Care Facility Resident Assessment Instrument (RAI) User's Manual, Version 1.19.1, dated October 2024, on page 2-16, Section 2.6 Required OBRA Assessments for the MDS provided a table RAI OBRA-required Assessment Summary required assessments that directs when assessments are due to be completed. Annual MDS are due to be completed 14 days from the ARD date. On 7/22/25, a review of R17's clinical record was completed. R17's annual MDS with an Assessment Reference Date (ARD) of 4/2/25 was due to be completed by 4/16/25, 14 days from the ARD date. The CAA completion date was 4/28/25, 12 days late. On 7/23/25 at 10:48 a.m., a surveyor confirmed this finding with the Director of Nursing.

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F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident?s assessment is updated at least once every 3 months. Based on record reviews and interviews, the facility failed to complete a quarterly Minimum Data Set (MDS) 3.0 in a timely manner for 2 of 12 sampled residents (Resident #11 [R11] and R7).The Long Term Care Facility Resident Assessment Instrument (RAI) User's Manual, Version 1.19.1, dated October 2024, on page 2-16, Section 2.6 Required OBRA Assessments for the MDS provided a table RAI OBRA-required Assessment Summary required assessments that directs when assessments are due to be completed. Quarterly MDS are due to be completed 14 days from the ARD date. 1. On 7/21/25, R11's clinical record was reviewed. R11's Quarterly MDS had an Assessment Reference Date (ARD) of 7/3/25 and was due to be completed by 7/17/25, which is the ARD plus 14 calendar days. The assessment was not completed at time of review. On 7/22/2025 at 2:37 p.m., during an interview with the [NAME] President of Clinical Services, a surveyor confirmed that R11's quarterly MDS was late. 2. On 7/22/25, R7's clinical record was reviewed. R7's Quarterly MDS had an Assessment Reference Date (ARD) of 7/8/25 and was due to be completed by 7/22/25, which is the ARD plus 14 calendar days. The assessment was not completed at time of review. On 7/23/2025 at 10:46 a.m., during an interview with the Director of Nursing, a surveyor confirmed that R7's quarterly MDS was now late.

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on performance evaluation review and interview, the facility failed to complete annual performance evaluations at least every 12 months for 1 of 5 sampled employees (Certified Nursing Assistant #1 [CNA1]). 1. CNA1 was hired on 8/3/2004. The facility was unable to provide evidence of a completed annual performance evaluations for 2024. On 7/23/25 at 12:45 p.m., in an interview with a surveyor, the Administrator confirmed that CNA1 had not received an annual performance evaluations in 2024.

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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. Based on observations, 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 wear gloves during a subcutaneous injection for 1 of 1 resident observed during medication administration. (Resident# 12 [R12])On 7/22/25 at 7:50 a.m., the Charge Nurse was observed in the nurse's station preparing R12's Lantus insulin dose 25 units with no infection control concerns. The Charge Nurse then entered R12's room and asked him/her where they wanted their injection. The charge nurse then cleaned the abdominal area with an alcohol prep pad and then administered the 25 units of Lantus subcutaneously without wearing gloves.At this time the Charge Nurse acknowledged that she did not wear gloves during this insulin injection and that she should have been wearing gloves, the surveyor confirmed this finding.

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F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame. Based on observations and interview, the facility failed to ensure that a bed gap filler (bumper pad) was in place between the mattress and foot of bed frame to eliminate the potential risk of entrapment of body parts for 1 of 22 resident beds observed (Resident #17 [R17]).On 7/21/2025 at 12:42 p.m., two surveyors observed a gap stuffed with blankets between the foot board of bed frame and mattress of R17's bed. The gap between the end of the mattress and foot board was 5 inches. On 7/21/25 at 2:15 p.m., during an observation of R17's bed, the Administrator stated that there should have been a bumper pad in place and not stuffed with blankets, thinking maybe it was soiled and sent for cleaning. The bumper pad was immediately put in place by the facility.