

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2025
NAME OF PROVIDER OR SUPPLIER Maine Veterans Home - Bangor		STREET ADDRESS, CITY, STATE, ZIP CODE 44 Hogan Rd Bangor, ME 04401	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to provide care for residents in a manner that maintained the residents dignity and respect when resident treatments; that were labeled with room number and body area to be treated, were left in a D-Unit corridor for 1 of 1 observation (Resident #1 [R1], R2, R3). Finding:On 12/16/25 at 8:30 a.m., during a tour of the D-Unit, treatments were observed left on a counter/storage area in the corridor across from Room D1 and D2. All residents and visitors have access to the area. Three medication cups were observed along with two packets of cream. One medication cup contained an ointment and was labeled with room [ROOM NUMBER]/big toe. A second medication cup contained a powder and was labeled room [ROOM NUMBER]/groin and the third medication cup contained a gel and was labeled room [ROOM NUMBER]/penis. At 8:35 a.m., in an interview with the surveyor, the RN-Charge Nurse, confirmed that she dispensed and left the treatments out for the Certified Nurse Assistants (C.N.A.s). She confirmed that she labeled the medication cups with the room number and where the treatment was to be applied. She immediately removed the treatments from the area.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observations and interview, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in good repair in 1 of 1 tour of the D-Unit dishwashing room, dining room and kitchenette. Findings: On 12/16/25 from 8:45 a.m. to 8:55 a.m., a surveyor and Maintenance Assistant conducted a tour of the D-Unit dining area in which the following findings were observed and confirmed: The metal molding at the base of the kitchenette counter is soiled with dried liquids. In the dining room, four floor tiles located at the outside wall across from the dishwasher room are cracked creating an uncleanable surface. In the dining room, the ceiling air vent over the middle room dining tables and the ceiling air vent next to the cooking area are heavily soiled with dust. At the nurse's station, the protective plastic panel, facing the dining room, is cracked, missing pieces and has sharp edges.</p>		