STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205185	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maine Veterans Home - Bangor	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on facility policy review, record review, observation, and interviews, the facility failed to ensure administration of medications for 2 of 3 sampled residents using insulin were done correctly and in accordance to their medication administration policies (Resident #33 [R33] and R30). Facility's Medication Administration policies and procedures that was provided by their Pharmacy with a revision date of October 2017 titled Policies and Procedures Pharmacy Services for Nursing Facilities Section II- Medication Administration lists the following steps for medication administration: On page 87 Section B under number 4. When medications are administered by mobile cart taken to the resident's location medications are administered at the time they are prepared. Medications are not pre-poured either in advance of the med pass or for more than one resident at a time, number 5. instructs: When medications are administered from a central location, such as the medication room, medications for the immediate administration time may be prepared not more than 60 minutes in advance for all residents. In no case shall more than that one dose time be prepared in advance. On page 88 under number 7. The policy instructs that the person who prepares the dose for administration is the person who administers the dose. 1.On 8/13/25 during a clinical record review a surveyor identified in R33's clinical record an order, dated 7/22/25, for Lantus Insulin Glargine dose 0.3ml/30 units sub-q (subcutaneous) daily at 9:00 am, with administration instructions: if blood sugar less than 120 give 1/2 dose of Lantus, if blood sugar less than 100, hold Lantus. Review of R33's Treatment administration record (TAR) shows the order for Lantus with a block for a second person to verify to sign as completed. These blocks for the second person to verify had time stamps of when the verification occurred: the following dates of August 1 thru August 13 had the time stamps documented that the second verification occurred on the previous shifts. With a range time of 11:38 p.m. the previous night shift to 4:15 a.m. the morning of the scheduled dose, all these verifications occurred up to 9.5 hours prior to the scheduled administration time of 9:00 a.m. On 8/13/25 at 12:45 p.m. during an interview with the Director of Nursing (DON) the surveyor discussed this practice. The DON stated that because of being cited in previous surveys the facility had put the second person verify in to prevent any incorrect doses of insulin being administered. She explained that the nurse on the previous shift will dial up the scheduled dose of insulin (they use insulin pens for all insulin orders) and when the insulin is due the next nurse is supposed to verify the dose is correct then administer the insulin. The surveyor confirmed at this time that the nurse who is administering the insulin is not the person preparing the insulin to be administered. On 8/13/25 at 2:45 p.m. R33's TAR/nursing notes and pharmacy policy were reviewed with the nurse clinical support and confirmed the above findings. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205185	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maine Veterans Home - Bangor	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2.On 8/14/25 at 9:45 a.m., during a medication observation pass, Registered Nurse #2 (RN2) stated that the night shift already set the dose on the insulin pen. She then checks the dose herself and administers it to the resident. The surveyor observed the insulin pen and it was pre-set to the insulin dose R30 was to receive when RN2 opened the baggy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205185	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maine Veterans Home - Bangor	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)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on observations and interview, the facility failed to ensure that the a ware washer was maintained in good repair and in safe operating condition on 1 of 2 units (D-Unit).On 8/11/25 at 11:45 a.m., a surveyor observed a wet bath blanket on the floor in front of the ware washer in the D-Unit kitchenette. A Food Service Worker (FSW) put dirty dishes in the ware washer and turned the washer on. Once turned on, hot, steaming water spewed out from the bottom of the washer door onto the bath towel on the floor. At that time, in an interview with the FSW, she stated it has been that way for a while. On 8/11/2025 1:47 p.m., during an interview with a surveyor, a FSW stated that the dishwasher leaked which is why the towels were currently on the floor. When asked how long it had been that way, FSW stated she has been employed about a month and it has been that way since she has been here.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205185	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maine Veterans Home - Bangor	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)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted Based on clinical record review and interview, the facility failed to ensure a Baseline Care Plan was developed and implemented within 48 hours, that included the instructions needed to provide minimum healthcare information necessary to properly care for 1 of 2 residents reviewed for Dialysis (Resident #91 [R91]).On 8/14/25, R91's clinical record was reviewed and indicated that R91 was admitted to the facility in July 2025. The clinical record lacked evidence that R91's baseline care plan was developed and implemented within 48 hours of admission to include problems, goals, and interventions, for the monitoring and treatment of Type 1 Diabetes Mellitus with insulin dependence, and/or End Stage Renal Disease with dependence on renal dialysis. On 8/14/25 at 10:57 a.m., during an interview with a surveyor and the B-unit Manager, R91's medical record was reviewed. The B-Unit Manager stated the facility does not formulate a Baseline Care Plan separate from the Comprehensive Care Plan. She stated if a resident is diabetic on admission, they should have a Care Plan for Diabetes and/or other needs such as insulin and dialysis. The Care Plan is then updated over time as needed. At this time the surveyor confirmed that R91's Care Plan was not developed and implemented within 48 hours of admission for the monitoring and management of diabetes, use of insulin medication, or End Stage Renal Disease with dependence on renal dialysis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205185	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maine Veterans Home - Bangor	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review and interview, the facility failed to develop a Comprehensive Care Plan that addressed the physical needs of 1 of 2 residents reviewed for Dialysis (Resident #91 [R91]).On 8/14/25, R91's clinical record was reviewed, and indicated R91 has an active diagnoses of Type 1 Diabetes Mellitus with insulin dependence and End Stage Renal Disease with dependence on renal dialysis. The Physician's Orders (signed on 7/9/25), contained orders for insulin to treat Type 1 Diabetes, blood glucose checks four times per day, and if [blood sugar (BS)] is higher than 500 and the resident has two of the following symptoms (nausea, vomiting, abdominal pain, fever, pulse >100, or [respiratory rate (RR)] >25) the provider is called. The Physician Orders also stated R91 has an arteriovenous (AV) fistula (a surgically created connection between an artery and vein for hemodialysis access) in the right arm requiring daily monitoring and interventions to including palpate thrill over right arm AV fistula site daily, auscultate bruit at right arm AV fistula site daily, No [blood pressures [BPs]) or blood draws from right arm where AV fistula site has been created, and If site begins to drain or resident complains of numbness or pain in extremity, notify Dialysis center immediately.The clinical record lacked evidence that R91's Comprehensive care plan was developed and implemented to include problems, goals, and interventions, for the monitoring and treatment of Type 1 Diabetes Mellitus with insulin dependence, and/or End Stage Renal Disease with dependence on renal dialysis. On 8/14/25 at 10:57 a.m., during an interview with a surveyor and the B-unit Manager, R91's medical record was reviewed. The B-Unit Manager stated the facility does not formulate a Baseline Care Plan separate from the Comprehensive Care Plan. She stated if a resident is diabetic on admission, they should have a Care Plan for Diabetes and/or other needs such as insulin and dialysis. At this time the surveyor confirmed with the B-unit Manager that the Comprehensive care plan was not developed and implemented to include problems, goals, and interventions, for the monitoring and treatment of Type 1 Diabetes Mellitus with insulin dependence, and/or End Stage Renal Disease with dependence on renal dialysis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205185	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maine Veterans Home - Bangor	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation, record reviews, and interviews, the facility failed to ensure physician orders were followed for the use on insulin for 2 of 3 sampled residents (Resident #2 [R2] and R33). 1. On 8/12/25 at 12:49 p.m., a surveyor observed a medication pass completed by Registered Nurse #1 (RN1) for R2. When the surveyor asked RN1 how much Insulin Aspart R2 was to receive, RN1 stated 6 units and changed the pre-set Insulin pen from 5 units to 6 units; RN1 administered the Insulin subcutaneously to R2. On 8/12/25 at 1:25 p.m., a surveyor reviewed R2's clinical record and noted that the physician order for the Insulin Aspart was to administer 5 units, and not 6 units. The surveyor confirmed this finding with RN1 at this time. 2. On 8/13/25 during a clinical record review a surveyor identified in R33's clinical record two orders, dated 7/22/25, for Lantus Insulin Glargine dose 0.3 milliliters (ml)/30 units sub-q (subcutaneous) daily at 9:00 am, with administration instructions: if blood sugar (BS) less than 120 give 1/2 dose of Lantus, if blood sugar less than 100, hold Lantus. and for Lantus Insulin Glargine dose 0.26ml/26 units sub-q (subcutaneous) daily at hour of sleep (HS), with administration instructions: if blood sugar (BS) less than 120 give 1/2 dose of Lantus, if blood sugar less than 100, hold Lantus Review of R33's Treatment Summary Report for August shows that on 8/1/25 R33's BS at 8:42 a.m. was 107. R33 was scheduled to receive his/her Lantus insulin and per the instructions he/she should have received 1/2 dose to equal 15 units, R33's clinical record and Summary report indicate that he/she was given the full 30-unit dose instead of the 1/2 dose as ordered. On 8/7/25 R33's BS at 8:58 a.m. was 115, R33 was scheduled to receive his/her Lantus insulin and per the instructions he/she should have received 1/2 dose to equal 15 units, R33's clinical record and Summary report indicate that he/she was given the full 30-unit dose instead of the 1/2 dose as ordered. On 8/5/25 R33's BS at 8:30 p.m. was 118, R33 was scheduled to receive his/her Lantus insulin and per the instructions he/she should have received 1/2 dose of 13 units, R33's clinical record and Summary report indicate that he/she was given the full 26-unit dose instead of the 1/2 dose as ordered. On 8/13/2025 at 1:50 p.m. during an interview with the Director of Nursing, the surveyor confirmed that there is no evidence in R33's clinical record that he/she received the correct doses of Lantus in relation to his/her BS results. On 8/13/25 at 2:45 p.m. the surveyor and the nurse clinical support reviewed R33's Treatment administration record and his/her nursing notes the surveyor confirmed the above findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205185	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maine Veterans Home - Bangor	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)
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 and interviews, the facility failed to maintain their Infection Control Program designed to provide a sanitary environment to help prevent the development and transmission of disease and infection by keeping a water-soaked bath blanket on the floor in front of the ware washer in the D-Unit kitchenette for 2 of 3 observations. In addition, the facility failed to ensure medications were prepared in a sanitary manner during 1 of 5 medication observation passes. 1.On 8/11/25 at 11:45 a.m., observed a wet bath blanket on the floor in front of the ware washer in the D-Unit kitchenette. A Food Service Worker put dirty dishes in the ware washer and turned the washer on. Once turned on, hot, steaming water spewed out from the bottom of the washer door onto the bath towel on the floor. At that time, in an interview with the Food Service Worker, she stated it has been that way for a while. On 8/11/25, at approximately 1:45 p.m., in a second observation, the water soaked bath blanket remained on the floor. On 8/12/25 at 7:20 a.m., the surveyor showed the Administrator and Director of Nursing (DON)/Infection Preventionist (IP), the wet bath towel on the floor and discussed the ware washer spewing water on the floor. At the time of this observation, in an interview with the DON, she confirmed that the wet blanket left on the floor was an infection control concern and would be removed. 2. On 8/14/25 at 7:45 a.m., a surveyor observed Certified Nursing Assistant-Medication (CNA-M) prepare medications for a resident. CNA-M popped a pill from a medication card and it fell on to a piece of paper that was on the medication cart. CNA-M picked up the pill with her bare hands and place it in the medication cup with other medications. The surveyor confirmed this observation at this time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205185	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maine Veterans Home - Bangor	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)
F 0842 Level of Harm - Potential for minimal harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interviews, the facility failed to ensure that a resident record contained accurate and complete information for 1 of 3 residents reviewed for hospitalization (Resident #7 [R7]). On 8/12/25, a surveyor observed documentation in R7's clinical record from Third Eye Health with a service date and time of 8/10/25 at 9:17 a.m., Central Time that named R7 with a Primary Chief Complaint of transfer notification on Page 1 and included R7's information for Patient data on page 3. However, the second page, which included the Summary with chief complaint, Orders and follow up, and disposition lists another persons name that did not reside in the Long Term Care Facility. On 8/12/25 10:13 a.m., during an interview with a surveyor, D Unit Manager stated she would check into this. On 8/12/25 at 10:40 a.m., during an interview with a surveyor, D Unit Manager stated that the documentation from Third Eye Health belonged to a non long term care resident and they have reached out to the provider to correct this documentation, removing R7 from this documentation. On 8/12/25 at 2:35 p.m., during an interview with the Administrator, a surveyor further confirmed this finding stating that staff could have picked this up when filing in the papers in R7's clinical record if all the pages had been reviewed.