

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2024
NAME OF PROVIDER OR SUPPLIER  Piper Shores		STREET ADDRESS, CITY, STATE, ZIP CODE 15 Piper Road Scarborough, ME 04074	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>37648</p> <p>Based on record review and interview, the facility failed to ensure the Skilled Nursing Facility Advance Beneficiary Notices (SNFABN) Form 10055, which included appeal rights and liability of payment, were provided at least 2 days prior to the resident's last covered day, for 2 of 3 residents whose Medicare Part A services were discontinued, and remained in the facility (#13, #21).</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Resident #13 who remained in the facility, had a SNFABN which indicated he/she's last day of Skilled services was on 9/8/24. Resident #13 was not provided the SNFABN until 9/9/24, the day after services ended.</li> <li>2. Resident #21 who remained in the facility, had a SNFABN which indicated he/she's last day of Skilled services was on 7/1/24. Resident #21 was not provided the SNFABN until 7/2/24, the day after services ended</li> </ol> <p>On 9/9/24 at 1:07 p.m., in an interview with the surveyor, the Social Worker stated she was unaware that the SNFABN notices should be provided to resident and/or resident representative 48 hours prior to services being terminated.</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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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37648</p> <p>Based on observation and interview the facility failed to provide maintenance services necessary to maintain a sanitary and comfortable interior on 2 of 2 units observed (Prouts Neck Walkway and [NAME] Beach Walkway).</p> <p>Findings:</p> <p>On 9/11/24 from 10:02 a.m., during a tour of the facility, the Director of Nursing confirmed the following:</p> <ol style="list-style-type: none"> <li>1. Prouts Neck Walkway in the Personal Care room, the exhaust fan was coated with dust, the shower room had orange/brown color-stained tiles from the shower rail to the floor and the base of the shower had what appeared to be white tape with the corners lifting up and areas of discolored black and orange colors.</li> <li>2. [NAME] Beach Walkway in the Personal Care room, the exhaust fan was coated with dust.</li> </ol>		

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<p>F 0640</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>37648</p> <p>Based on record review and interview, the facility failed to transmit a quarterly Minimum Data Set (MDS) electronically to the State MDS database within 14 days of completion date for 1 of 2 system selected residents reviewed for Resident Assessment (Resident #31).</p> <p>Finding:</p> <p>Resident #31's quarterly MDS was completed on 7/15/24. This assessment was required to be electronically submitted to the State MDS database within 14 days after completion, as of 9/10/24 the MDS had not submitted to the State MDS database.</p> <p>On 9/10/24 at 12:04 p.m., during an interview, the MDS Coordinator stated that she will submit Resident #31's quarterly MDS today and was unaware that it wasn't transferred until the surveyor asked about it.</p>		

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<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44049</p> <p>Based on interviews, record reviews and facility policy, the facility failed to ensure all facility staff maintain training in cardiopulmonary resuscitation (CPR) for Healthcare Providers.</p> <p>Findings:</p> <p>On [DATE] at 10:11 a.m., the Staff Development Coordinator stated the facility does not track or ensure their staff including the Licensed Nurses and Certified Nursing Assistants (CNA's) have an active CPR certification and that CPR is not a requirement.</p> <p>On [DATE] at 10:11 a.m., the facility provided documentation of current CPR certifications for 10 of 17 Registered Nurses (RNs), 2 of 7 Licensed Practical Nurses (LPNs), 9 of 44 CNAs, 1 of 2 Personal Support Staff (PSS), 1 of 3 Activity staff, and 0 of 2 administrative personnel.</p> <p>On [DATE] at 10:53 a.m., during an interview, the DON, stated he himself was not CPR certified and hasn't been since he is not working the floor. In addition, he confirmed there is 1 of the 36 residents who is Full Code and could potentially require CPR however, all residents are at risk for choking.</p> <p>Facility Policy's and Procedure and Job Descriptions:</p> <p>Policy for Cardiopulmonary Resuscitation (CPR), revised on [DATE], under Policy Explanation and Compliance Guidelines States, Staff will maintain current CPR certification for health care providers through a CPR provider who evaluates proper technique through in person demonstration of skills. CPR certification which includes an online knowledge component yet still requires in person skills demonstrations to obtain certification or recertification is also acceptable.</p> <p>The facilities Job Description for a Charge Nurse, dated ,d+[DATE], under qualifications: states, Current CPR certification/IV certification desired.</p> <p>On [DATE], at approximately 11:00 a.m. the above information was confirmed with the Director of Nursing and the Staff Development Coordinator.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>33639</p> <p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observation, interview, and record review, the facility failed to be free of medication error rate of 5% or more. There was a total of 2 medication errors out of 29 opportunities. The medication error rate was 6.9%.</p> <p>Finding:</p> <p>On 9/11/24 at approximately 8:47 a.m., a surveyor observed the Certified Nursing Assistant (CNA-M) prepare medications for Resident #9, which included physician orders for: Senna Plus (senna 8.6 mg (milligrams) with ducosate sodium 50 mg) Give 1 tablet by mouth twice a day for constipation and Aspirin 81 mg tablet, delayed release, give 1 tablet by mouth every day for heart health.</p> <p>The CNA-M dispensed one tablet of the Senna 8.6 mg and Aspirin 81 mg chewable into the medicine cup. At this time the surveyor intervened, questioning the dosage of tablets dispensed of both the Senna and Aspirin. The CNA-M reviewed the medications in the medicine cup and confirmed she did not dispense the correct medications of Senna Plus and the delayed release Aspirin.</p> <p>On 9/11/24 at approximately 9:45 a.m., the above findings were discussed with the Director of Nursing.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33639</p> <p>Based on observation and interviews, the facility failed to ensure that expired over the counter medications were removed from the supply that were available for use in 1 of 1 medication storage room and failed to ensure the medication room refrigerator was maintained at an acceptable temperature range for 15 of 39 days. In addition, the facility failed to ensure medications were stored properly by having an unlocked, unattended medication cart allowing residents and unauthorized persons access to medications on 1 of 3 survey days.</p> <p>Findings:</p> <p>1. On [DATE] at 1:50 p.m., during a medication supply cabinet review with the Registered Nurse (RN #1), and a surveyor observed the following expired over the counter medications: 2 unopened bottles of Healthstar Aspirin 325 milligrams (mg) with an expiration date of ,d+[DATE], 4 unopened bottles of Gericare Aspirin 325 mg with an expiration date of ,d+[DATE] and 2 unopened bottles of Gericare Multivitamin with an expiration date of ,d+[DATE].</p> <p>2. On [DATE] at 2:00 p.m., a surveyor and RN #1 observed the medication storage room refrigerator on the [NAME] unit. The refrigerator contained insulin, immunizations and controlled liquid medications. A temperature log sheet, located on the counter above the refrigerator dated for the month of August and [DATE], states, Acceptable temperature range 36 - 46 degrees Fahrenheit and The temperature of each medication refrigerator must be checked daily and recorded on this log. If an out-of-range temperature is found, notify Clinical Engineering and document your response.</p> <p>A review of the temperature log sheet had multiple days when temperatures were documented below 36 degrees Fahrenheit and lacked evidence of documentation of action taken to correct the low temperatures. The refrigerator temperatures were as follows:</p> <p>On [DATE] documentation of 35 degrees Fahrenheit</p> <p>On [DATE] documentation of 35 degrees Fahrenheit</p> <p>On [DATE] documentation of 35 degrees Fahrenheit</p> <p>On [DATE] documentation of 34 degrees Fahrenheit</p> <p>On [DATE] documentation of 35 degrees Fahrenheit</p> <p>On [DATE] documentation of 34 degrees Fahrenheit</p> <p>On [DATE] documentation of 34 degrees Fahrenheit</p> <p>On [DATE] documentation of 35 degrees Fahrenheit</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] documentation of 35 degrees Fahrenheit</p> <p>On [DATE] documentation of 35 degrees Fahrenheit</p> <p>On [DATE] documentation of 34 degrees Fahrenheit</p> <p>On [DATE] documentation of 35 degrees Fahrenheit</p> <p>On [DATE] documentation of 34 degrees Fahrenheit</p> <p>On [DATE] documentation of 34 degrees Fahrenheit</p> <p>On [DATE] documentation of 35 degrees Fahrenheit</p> <p>On [DATE] at 2:10 p.m., a surveyor confirmed the above findings with the Director of Nursing.</p> <p>3. On [DATE] at 9:28 a.m., a surveyor observed the medication cart in the hallway outside resident room [ROOM NUMBER]. The cart was unlocked and there was no staff member near the cart. A surveyor opened 2 drawers of the medication cart and observed over the counter and prescription medications labeled for residents. At 9:35 a.m., (7 minutes later) the Certified Nursing Assistant - Med Tech (CNA-M) returned to the medication cart. During an interview with a surveyor. The CNA-M acknowledged that the medication cart should have been locked.</p> <p>On [DATE] at 10:00 a.m., a surveyor discussed the finding of the unlocked, unattended medication cart with the Director of Nursing.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44049</p> <p>Based on observations and interviews, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner relating to the ceiling air intakes vents and the over-the-stove exhaust hood in the main kitchen on the third floor.</p> <p>Findings:</p> <p>On 9/9/24 at 8:40a.m., during the initial kitchen observation, a surveyor noted the two main air intake vents were covered with a moderate to heavy amount of dirt and debris. In addition, one-half of the over the stove exhaust hood was covered with a heavy amount of a grease like substance.</p> <p>At this time, the above was confirmed with the Food and Nutrition Director.</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>51331</p> <p>Based on Certified Nursing Assistant (CNA) employee education record review, the facility failed to monitor and ensure that the CNA attended the required 12 hours of annual in-service education training and the mandatory yearly training for dementia care 2 of 5 randomly selected CNAs employed greater than 1 year (CNA #3 and CNA #4).</p> <p>Findings:</p> <p>On 9/10/2024 and 9/11/2024, a surveyor reviewed the following employee education files:</p> <p>1. CNA #3 was hired 5/7/2021. Review of CNA #3 Employee In-service/attendance 2ecords stated, she has 1 of the 12 hours required for continuing education and lacked evidence of dementia training for the year of 2023.</p> <p>2. CNA #4 was hired 6/19/2017. Review of CNA #4 Employee In-service/attendance records stated, she has 2.25 of the 12 hours required for continuing education and lacked evidence of dementia training for the year 2023.</p> <p>On 9/11/2024 at 11:40 a.m., the above information was confirmed with the Director of Human Resources.</p>		