STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205187	A. Building B. Wing	12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Piper Shores	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 services necessary to maintain the building in a sanitary and comfortable environment on 2 of 2 wings (Prout's Neck and [NAME] Beach) for 3 of 3 days of survey.Findings: On 12/8/25 at approx. 11 a.m., on 12/9/25 at approx. 11:30 a.m., and on 12/10/25 at 8:30 a.m., the following was observed:> room [ROOM NUMBER] had bed pan/sitz bath stored on the floor under the sink with a commode bucket lid in the bed pan. > room [ROOM NUMBER] had a bed pan stored on the top of the toilet tank. > room [ROOM NUMBER] had a commode bucket stored on the floor under the sink, in the bucket were 2 bed pans and emesis basin and personal hygiene items stored in the bed pans. > room [ROOM NUMBER] had a commode bucket stored under the sink with a bed pan in it. On 12/10/25 at 9:40 a.m., during an interview, the Director of Nursing stated the storage of bedpans/commode buckets should be in a plastic bag, stored in the closet or in a 3 draw plastic bin but never on the floor without a bag or in something. At this time, both the Director of Nursing and the surveyor observed the rooms above.

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. Based on observations, record reviews, interviews and the facility policy, the facility failed to maintain a sanitary environment to help prevent the development and transmission of disease and infection related to respiratory care for 2 of 2 residents reviewed for respiratory care (Resident # 12 and #10).Findings 1. On 12/8/25 at 10:17 a.m., observation of Resident #12 receiving oxygen via a nasal cannula with the tubing labeled with a date of 11/28. At this time, Resident #12 stated he/she has oxygen on at all times. The electric wheelchair in his/her room had a travel oxygen pack with an unlabeled nasal cannula tubing wrapped up and hanging off the wheelchair handle. Next to the bedroom door was an oxygen cylinder stored in a caddy with an unlabeled nasal cannula wrapped up and stored hanging off the caddy handle. Resident #12 stated the cylinder is there in case the electricity goes out and the last time he/she used it was about 2 months ago, before I got my oxygen on my wheelchair. Review of Resident #12 medical record lacked evidence of weekly oxygen tubing changes. On 12/8/25 at 2:06 p.m., an additional observation of Resident #12 receiving oxygen via nasal cannula now with the tubing labeled with a date of 12/3-12/10. The oxygen cylinder nasal cannula was now labeled with the date of 12/3-12/10 with the nasal cannula tubing prongs resting on the floor. The wheelchair had an unlabeled nasal cannula tubing that was now wrapped up and halfway out of the oxygen bag pocket. Resident #12 was asked if the oxygen tubing was changed today due to the different date now on the tubing, he/she stated, not this tubing, I have it on my face. I would know if they changed it. On 12/8/25 at 2:13 p.m., the Director of Nursing, Administrator in Training and the surveyor observed the above. Resident #12 again stated the oxygen tubing he/she is wearing had not been changed. He/she was told the tubing is supposed to be changed weekly, he/she stated, they do not change it that frequently. At this time, the surveyor questioned the integrity of the oxygen tubing change and discussed the lack of documentation in Resident #12 medical record for the oxygen tubing change. 2. On 12/8/25 at 11:21 a.m., Resident #10 was observed wearing oxygen via nasal cannula. A nearby oxygen concentrator was set at 2 liters per minute (lpm) and the tubing was dated 11/28. On 12/8/25 at 11:35 a.m., a surveyor discussed with the charge nurse that Resident #10's tubing was dated 11/28, and asked how often staff change the oxygen tubing. The nurse stated I believe it's every week. We'll get it changed out. On 12/9/25, clinical record review revealed a physician order for Resident #10 to receive oxygen at 2 lpm continuously. A review of the treatment administration record noted an entry to change portable oxygen tubing one time weekly on the evening shift. 12/9/25 was signed as the last time the tubing was changed in December. There was no additional documentation for tubing changes in November, 2025. A review of the facility's policy and procedures for Oxygen Concentrator, last revised 1/6/25, Section 5. Care of the Concentrator, c. Nurse Responsibilities, i. Change oxygen tubing and mask/cannula weekly and as needed if it becomes soiled or contaminated. Review of the facility's policy and (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	procedures for Oxygen Administration, last revised 1/6/25, stated in Section 12, Change cannula, mask and tubing every week.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and facility policy, the facility failed to ensure products in the walk-in refrigerator and freezer were labeled and/or dated and failed to remove expired foods available for use for 2 of 2 kitchen tours. (12/8/25 and 12/9/25) In addition, the facility failed to ensure the dish machine was maintaining proper temperature ranges for proper washing/rinsing/sanitizing. Findings:1. On 12/8/25 at 9:21 during observation of the [NAME] Kitchen with the Food and Nutritional Director, the walk in refrigerator had a container of cut veggies dated 12/1, a container of cold mayonnaise type salad without a label and dated 12/2, an open and undated package with 2 hot dogs, a container of sliced mushrooms dated 12/4 and container of cooked bacon bits dated 11/24. The Freezer contained an open bag of noodles and open bag of egg rolls. At this time, the Food and Nutritional Director stated the container dates are when the left overs were put into the refrigerator and these products have a 3 day time limit and confirmed the out of date, unlabeled and/or open food products.2. On 12/9/25 at 2:27 p.m., an additional observation of the [NAME] Kitchen with the Certified Food Manager, the walk-in refrigerator had the container of cooked bacon bits dated 11/24, the container of cold mayonnaise salad with no label dated 12/2 and the container of cut up veggies dated 12/1 were still available for use. At this time, the Certified Food Manager confirmed the above containers of food should have been discarded within 3 days. The facilities Storage and use of leftover food policy and procedure dated 9/5/25 states under #2. Storage of Leftovers. Foods must be covered, wrapped, or placed in sealed, food-safe containers. 3. Labeling and Dating, all leftover items must be labeled with: Name of the food item, Date and time of preparation or service, use-by/discard date and Refrigerated leftovers must be used within 3 days unless frozen leftovers must be used within 30 days.3. Review of the October, November and December 2025 High temp dishwasher Final rinse temperature logs revealed the following temperatures for Breakfast, Lunch and Dinner. The logs lacked evidence of the facility monitoring the wash cycles for the minimum temperature requirements. * [NAME] Kitchen wash/rinse temp log October 2025 has documented temperatures for Breakfast final rinse temp where the temperature was below 180 degrees 11 out of 31 days, Lunch had 3 out of 31 days.* [NAME] Kitchen wash/rinse temp log November has documented temperatures for Breakfast final rinse temp where the temperature was below 180 degrees 23 out of 30 days, Lunch had 2 out of 30 days and dinner 1 out of 30 days.* [NAME] Kitchen wash/rinse temp log December has documented temperatures for Breakfast final rinse temp where the temperature was below 180 degrees 4 out of 8 days reviewed.* Health Center Kitchen wash/rinse temp log October has documented temperatures for Breakfast final rinse temp where the temperature was below 180 degrees 2 out of 31 days, Lunch had 6 out of 31 days and dinner 1 out of 31 days.* Health Center Kitchen wash/rinse temp log November has documented temperatures for Breakfast final rinse temp where the temperature was below 180 degrees 4 out of 30 days, Lunch has 6 out of 30 days and dinner 4 out of 30 days.* Health Center Kitchen wash/rinse temp log December has documented temperatures for Breakfast final rinse temp where the temperature was below 180 degrees 1 out of 8 days reviewed and lunch had 3 out of 7 days reviewed. On 12/9/25 at approx. 3:00 p.m., the above, out of range temperatures and the lack of monitoring of the wash cycle temperatures were discussed with the Food and Nutritional Director and the Certified Food Manager. At this time, the Food and Nutritional Director stated that in his years of being in food service he has never documented the wash cycle temperatures. The facilities Dishwasher Temperature back-up system policy and guidelines, revised 9/2/25 states under Guidelines, All cooking and service utensils, including glassware will be washed in the appropriate kitchen with a logged final rinse cycle of 180ˆ F or higher. Wash cycles will be a minimum of 160ˆ F.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 observation and interview, the facility failed to adequately date and properly dispose of open medications according to manufacturer specifications for 1 of 1 medication rooms observed.On 12/9/25 at 10:06 a.m. during an observation of the medication room with Registered Nurse (RN) #1, a surveyor observed an opened 30 milliliter, multi-dose, bottle of Lorazepam Intensol Oral Concentrate 2 milligram per milliliter with no open date, and with manufacturer recommendations to discard open bottle after 90 days. The RN then placed the bottle back into the refrigerator for use.On 12/9/25 at 11:35 a.m. during an interview, RN #1 stated they had pulled the undated medication from the refrigerator and then presented the controlled substance log to the surveyor that stated the bottle was opened on 8/6/25.On 12/9/25 at 11:37 a.m. the above findings were confirmed with RN #1.

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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 interview, the facility failed to ensure the resident record was complete and accurately reflected Certified Nursing Assistant (CNA) provided care for 1 of 1 resident reviewed. (Resident #11) Review of CNA Activities of Daily Living (ADL) documentation for Resident #11 for the months of November and December 2025 revealed missing documentation for scheduled daily activities including toileting, transfers and locomotion. Missing documentation was identified on 16 out of 30 days in November and 4 out of 9 days in December 2025.The CNA's task list indicated these cares were required daily; however, documentation was not completed consistently in the resident records.On 12/15/25 at 10:34 a.m. the above finding was discussed with the Director of Nursing