STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205136	A. Building B. Wing	03/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southridge Rehab & Living Ctr	10 May St Biddeford, ME 04005

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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** 37648 Based on observations and interviews, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in good repair and sanitary conditions on 2 of 2 resident units (A1 and B2). In addition, the facility failed to provide a homelike environment in the area of dining by serving meals on paper products for an extended period of time. Findings: 1. On 3/6/23 at 10:30 a.m., on 3/7/23 at 10:08 a.m. and on 3/9/23 at 8:42 a.m., observation of room [ROOM NUMBER] bathroom to have an unlabeled urinal stored on top of toilet and room [ROOM NUMBER] to have a urine hat stored on the floor next to the toilet, a folded towel underneath the trash can and 3 graduate containers on the back of the toilet. On 3/6/23 at 3:20 p.m., room [ROOM NUMBER] privacy curtain was stuck half open on the tracks. On 3/9/23 at 8:51 a.m., the shower room on A1 unit had a black and orange color substance along base of tiles at floors edge. On 3/9/23 from 10:14 a.m. - 10:22 a.m., an environmental tour was completed with the [NAME] President of Clinical Operations. The above concerns were again observed, with the additional observations of the following: room [ROOM NUMBER] - privacy curtain was now held closed by tying to another curtain. room [ROOM NUMBER] - bathroom wall to the right of toilet was marred, sheet rock exposed. room [ROOM NUMBER] - bathroom toilet base had a cove base glued incorrectly making the cove base stand taller than the toilet allowing dirt debris to build up and a brown substance at the base of the toilet. room [ROOM NUMBER] - window curtain, left side hanging off the rod and the privacy curtain hanging off the hooks at the end. (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

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. On 3/6/23 at 11:20 a.m., during observation of tray line in the kitchen, surveyor noted the following paper products in use: paper trays, paper clam shell containers used as plates, paper cups, paper soup bowls with lids and plastic ware sets with a napkin sealed in plastic wrap. At this time, in an interview with the Food Service Director (FSD), he stated the facility had using paper products for about 5 months due to, not enough staff for dishes, for the amount of dishes. On 3/7/23 at 7:33 a.m., during an interview with staff on A1 unit, she stated the kitchen had been using paper/plastic ware products for like 3 years. Surveyor asked if residents have complained about paper products. She stated yes, it's hard to cut up meats, a lot of spillage, food doesn't stay hot, a lot of reheating, dropped a few if someone has a lot of drinks. Some of the residents require special things, like a lip plate, they are not always getting the equipment they need. On 3/7/23 at 7:46 a.m., during an interview with the Director of Nursing (DON), she stated the kitchen has been using paper products/plastic ware, too long, at least a year, started with COVID. We lost so many people in the kitchen, so it kind of stayed that way, there's not enough staff to do dishes. At 7:51 a.m., the Acting Administrator (Senior [NAME] President of Development) joined the interview, surveyor explained concern with the ongoing use of paper products. On 3/7/23 at 11:45 a.m., during observations of dining services, the residents were observed using paper products i.e., paper trays, cups, clam shell plates and plastic ware. On 3/8/23 at 8:22 a.m., during an interview, RN1 stated the facility had been using paper products basically when COVID hit.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33639 Based on record review and interviews, the facility failed to include a resident in the development of his/her comprehensive plan of care for 1 of 33 sampled residents (#10). Finding: Resident #10 was admitted to the facility on [DATE]. In an interview with Resident #10 on 3/6/23 10:15 a.m., he/she stated I don't get invited, I haven't been to a care plan meeting. The surveyor then asked Would you go to a care plan meeting if you were invited? Resident #10 stated Yes. On 3/8/23 upon review of Resident #10's clinical record, the surveyor noted that the care plan meetings held on 7/15/22, 10/5/22 and 12/28/22, lacked evidence that the resident was invited to care plan meetings. On 3/9/23 1:05 p.m., during an interview with the Social Service Director, she confirmed that she did not invite Resident #10 to the care plan meetings on 7/15/22, 10/5/22 and 12/28/22. The Social Services Director stated that she had only invited the resident representative.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. 35904 Based on record reviews and interview, the facility failed to follow physician orders for 2 of 5 residents reviewed for unnecessary medications (Resident #35, and #13). Findings: 1. On 3/9/23, Resident #35's clinical record was reviewed and included a physician order, dated 1/17/23, that directed staff to check vital signs every 6 hours x 3 days and call Provider if heart rate was greater than 100, systolic blood pressure was less than 100, respiratory rate was equal to or greater than 24, and temperature was greater than 100, for a diagnosis of UTI (urinary tract infection). Documentation in the Electronic Treatment Administration Record (TMAR) for January, indicated that on 1/17/23, 1/18/23, 1/19/23, 1/20/23, and 1/21/23 staff initialed that the temperature, pulse, respiratory rate, and blood pressures were taken; however, there was no evidence of temperature, pulse, respiratory rate, and blood pressures taken every 6 hours for three days from 1/17/23 through 1/21/23. On 3/9/23 9:47 a.m., in an interview with B2 Unit, Registered Nurse (B2-RN) she looked up vital signs from 1/17/23 through 1/21/23, there was an order for the vital sign checks, but they were not done for 3 of 3 days. On 3/9/23 at 11:07 a.m., during an interview with North Country Associates (NCA's), Quality Improvement Specialist (QIS), a surveyor confirmed this finding. 2. On 3/9/23, Resident #13's clinical record was reviewed and included a physician order, dated 2/6/23, that directed staff to check blood pressure every day in the morning for 5 days. Documentation in the Electronic Treatment Administration Record (TMAR) for February, indicated that on 2/7/23, 2/8/23, 2/9/23, 2/10/23, and 2/11/23 staff initialed that the blood pressure was taken; however, there was no evidence of any blood pressures taken on 2/10/23 and 2/11/23 for 2 of 5 days ordered. On 3/9/23 at 11:20 a.m., during an interview with QIS, a surveyor confirmed this finding.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 33639 Based on record review and interview, the facility failed to show evidence of an attempt of a gradual dose reduction (GDR) and lacked documentation to justify the continued use of antipsychotic medications for 1 of 5 residents reviewed for unnecessary medications (#37). Finding: Resident #37's Physician Order Sheet signed by the physician on 7/21/22 indicated that Resident #37 had been receiving the antipsychotic Olanzapine 5 mg twice daily since 2/15/22. A Pharmacy GDR Tracking Report dated 2/15/23 indicated Resident #37's next GDR eval is due on 2/15/23 The clinical record lacked evidence that a gradual dose reduction was attempted or that a gradual dose reduction was clinically contraindicated for this resident between the dates of 1/26/22 and 2/15/23. The surveyor discussed this finding in an interview with the Quality Improvement Specialist (QIS) on 3/8/23 at 3:20 p.m.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 37648 Based on observations and interviews, the facility failed to ensure expired medications were removed from the supply available for use in 1 of 3 medication carts reviewed and failed to ensure that medications were stored properly by having unlocked, unattended medication carts allowing residents and unauthorized persons access to medications, on 2 of 5 days of survey. Findings: 1. On 3/6/23 at 9:20 a.m. two surveyors observed an unlocked and unattended medication cart in the hallway of the A1 unit for approx. 5 minutes. During this time, 3 residents were observed in the hallway. Upon return to the medication cart the RN2 confirmed she had left the medication cart unlocked and unattended. 2. On 3/7/23 at 12:55 p.m., during review of medication cart #1, on B2 unit with the charge nurse, a surveyor observed a bingo card containing Tramadol 50 mg tabs with the expiration date of 1/31/23. This finding was confirmed with the charge nurse. 3. On 3/9/23 at 8:54 a.m., a surveyor observed RN2 walk away from an unlocked medication cart, walked down the hallway and enter a resident's room, leaving the medication cart unlocked and unattended for approx. 2 minutes. At approx. 8:56 a.m., the Quality Improvement Specialists observed the unlocked and unattended medication cart as the RN2 came back up the hallway, stating I did it again and I need to slow down as she locked the cart. 44049

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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** 37648 Based on observations, interviews, and review of the facility's sink/bucket sanitizer form/policy and procedure and review of the food storage policy and procedure, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner, failed to remove expired foods, failed to label and date foods in the walk-in freezer, and failed to monitor the chemical sanitizer levels for the sanitizing buckets for 2 of 5 survey days ([DATE] and [DATE]) in the kitchen. This has the potential to affect all residents. Findings: 1. On [DATE] at 9:13 a.m., during initial kitchen tour with the Food Service Director, the following findings were observed: - Stove top with flat grill: front and sides coded with dried food particle, oil dripping down sides/front, front open area of flat grill where the dials are located has heavy dust coded wires. - Steam table bottom shelf /base and legs have crumbs/debris, dried on food particles throughout. - Texture table bottom shelf with crumbs/debris, dried on food particles throughout - The Kitchen floor had dirt, trash and food debris around the edges and under the equipment and under the hand sink has a balled up face cloth, - The walk in freezer contained a bag of 6 frozen patties not labeled/dated and a bag of chicken tenders not labeled/dated. - Dry storage room had a package of Hot Dog rolls with fresh by date of [DATE] and the floor has brown/tan stained areas dirt throughout At this time, in an interview, the Food Service Director confirmed the initial findings in the kitchen. 2. On [DATE] at 8:20 a.m., during follow up observation of the kitchen with the FSD, the following was observed: - The Kitchen had food debris and papers on the floor under the prep table and walkway. - Stove top with flat grill still had the front and sides coded with dried food particle, oil dripping down sides/front, front open area of flat grill where the dials are located has heavy dust coded wires. - The facility's Sink/Bucket Sanitizer Forms were missing documentation on the following dates: [DATE]: every day at 1:00p.m. and 5:00 p.m. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	[DATE] at 5:00 a.m., 9:00 a.m., 1:00p.m. and 5:00 p.m. February 2023: every day at 1:00p.m. and 5:00 p.m. [DATE] at 5:00 a.m., 9:00 a.m., 1:00p.m. and 5:00 p.m. [DATE]: [DATE] through [DATE] at 1:00p.m. and 5:00 p.m. The facility's Food Safety and Sanitation Policy and Procedure noted: 4. All time and temperature control for safety foods (including leftover) should be labeled, covered and dated when stored. When a food package is opened, the food item should be marked to indicate the open date., This date is used to determine when to discard the food. The Dry storage Ares Policy and Procedure noted: 12. Food with expirations dates are used prior to the date on the packages. The store room will be cleaned on a regular basis. Floors will be wept and mopped at least weekly and more often as needed. The facility's Sink/Bucket Sanitizer Form, updated [DATE] noted: Take and record sanitizer ppm (parts per million) strength and solution temperature at designated times or when the solution looks dirty. Periodically ensure sanitizer is still at full strength before the 4 hours is up, especially if it is being used often .See manufacturer's directions for temperature and proper solution strength recommended. Ecolab: SmartPower Sink and Surface Cleaner Sanitizer, directions indicate the testing solution should be at or above room temperature and testing solution should be between ,d+[DATE] ppm. At this time, in an interview, the Food Service Director confirmed the lack of documentation on the Sink/Bucket Sanitizer Forms, stating he knows they change the sanitizer buckets every couple of hours and test the sanitizer per the manufacture's specifications, but it's not documented.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. 37648 Based on observation and interviews, the facility failed to maintain garbage storage areas in a sanitary condition to prevent the harborage and feeding of pests for 2 of 3 dumpsters for 3 of 5 days of survey. (3/6/23, 3/7/23, 3/8/23) Findings: On 3/6/23 at 8:31 a.m., 2 surveyors observed a volunteer open dumpster #2's lid, leaving it open. Then at 8:44 a.m., 2 staff approached the open dumpster, dumped 2 bags of trash, leaving dumpster open. On 3/7/23 at 7:02 a.m., observation of both dumpster #1 and #2 with the lids left open. On 3/8/23 at 7:56 a.m., observation of dumpster #2 with 2 garbage bags on the ground next to the dumpster and scattered trash i.e., gloves, plastic ware and a paper cup on the ground next to dumpster. On 3/8/23 at 4:02 p.m., observation of an empty dumpster with of a bag of trash on top, the trash bag half sticking out and is ripped with contents on the ground. On 3/9/23 at 8:07 a.m., during an interview with 2 surveyors, the above was confirmed with the Administrator and the [NAME] President of Clinical Operations. During this interview the Administrator stated on the evening of 3/8/23 he was shoveling out the trash underneath the dumpster.

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. 44049 Based on interview and document review, the facility failed to review and update the Facility Assessment at least annually (between 2017 -2022). Finding: On 3/6/23 at 9:40 a.m. during the entrance conference the survey team requested documents to include the Facility Assessment. On 3/9/23 at 8:00 a.m., the Administrator provided to the survey team the Facility Assessment, stating the date on the face sheet of the Facility Assessment is 2017, but it has been revised, it just has not been taken to QAPI as of yet. The survey team could not locate any evidence that a review or update of the Facility Assessment was completed between 2017-2022. The date of the most recent review/update to the Facility Assessment was noted to be dated 3/6/23, the date the survey team entered the facility for the annual survey and first request the Facility Assessment. On 3/9/23 at approximately 11:30 a.m., a surveyor confirmed the lack of review and updates to the Facility Assessment between 2017-2022, in an interview with the Administrator.

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 44049 Based on interviews and document reviews the facility's Quality Assurance Performance Improvement (QAPI) committee lacked documented attendance of the Administrator and the Medical Director. In addition, the facility failed to present evidence that a quarterly meeting was held 2 of 4 quarters (July 2022 and October 2022). Finding: On 3/7/23, at approximately 9:00 a.m. the Acting Director of Nursing gave the survey team a folder of information marked QAPI. The folder contained minutes from the 1/27/22 meeting, however, the attendance indicated that the Administrator and the Medical Director were not present. The next meeting that was mentioned in the folder was 4/21/22. There were no minutes and no attendance list. On 3/7/23, at 2:30 p.m., in an interview with the Acting Director of Nursing, she stated that there was no more QAPI information that she could find. On 3/8/23, at 8:00 a.m., in an interview with the Acting Administrator, he stated that there was no more documentation to present. He stated, The Committee has not met since April of 2022, due to one thing or another. The departments have been doing their work, but nothing has come together.

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35904 Based on interview, observation, and record review, the facility failed to ensure resident's exhibiting symptoms of gastroenteritis were on contact precautions; failed to ensure Personal Protective Equipment (PPE) supplies were available for use (gowns); failed to disinfect resident rooms and common areas with the appropriate (Environmental Protection Agency) EPA cleaner; and failed to educate and reeducate staff on contact precautions and appropriate disinfection resulting in spread of gastroenteritis creating an immediate jeopardy situation to 9 out of 34 Resident's, as of 3/6/2023, on the B2 Unit. (Resident #41, #29, #28, #32, #13, #27, #26, #35, #4). In addition to the immediate jeopardy, the facility failed to have a risk assessment and have water management policies and procedures in place to reduce the risk of growth and spread of Legionella and other opportunistic waterborne pathogens in the facility water system resulting in potential harm that is not immediate jeopardy to 52 residents in the facility. Findings: According to the Centers for Medicare and Medicaid Services, State Operations Manual Appendix PP Guidance to Surveyors for Long Term Care Facilities rev. 211 dated 2/03/2023, page 778, Contact Precautions: Contact precautions are intended to prevent transmission of pathogens that are spread by direct (e.g., person-to-person) or indirect contact with the resident or environment (e.g., C. difficile, norovirus, scabies), and requires the use of appropriate PPE, including a gown and gloves before or upon entering (i.e., before making contact with the resident or resident's environment) the room or cubicle. Prior to leaving the resident's room or cubicle, the PPE is removed and hand hygiene is performed. On 3/6/23 at 9:21 a.m., the Acting Director of Nursing (ADON) stated, to the survey team, words to the effect of: at the end of last week we had some type of Norovirus type thing in the building on B2, now we have more residents that are not doing well. A surveyor asked what type of precautions the residents on B2 are on, and the ADON stated, standard precautions. On 3/6/23 at 9:32 a.m., in an interview with a surveyor, Licensed Practical Nurse (LPN)1 stated, on the evening shift last night [Resident #30] was nauseous, [Resident #13] had loose stool x(times) three, [Resident #21] had nausea this morning, [Resident #35] had vomiting, [Resident #50] had a loose stool and one episode of vomiting, and [Resident #4] had extra-large loose stool. On 3/6/23 at 10:38 a.m., in an interview with a surveyor, LPN2 indicated that there were three residents with diarrhea and vomiting. [Resident #4] started last night, vomiting and diarrhea; [Resident #35] started yesterday, and overnight vomiting and diarrhea, and vomiting right now; [Resident #13] started overnight, and the evening shift yesterday, diarrhea. This surveyor asked what type of precautions the residents are on. She stated, everyone is on contact, wash hands, and wash hands after gloves. The LPN did not indicate what contact precautions meant. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 3/6/23 at 11:03 a.m., a surveyor observed Resident #35 seated in a wheelchair, vomiting into a basin. Certified Nursing Assistant-Medication Technician (CNA-M)1 was holding the basin with ungloved hands. In an interview with a surveyor, CNA-M1 stated, she was off the weekend, and if there are bins (precaution supply carts) outside the room, she would have known to wear gloves into the room, the facility is not doing that. The facility has not identified it as Norovirus, they identified it as a stomach flu. The CNA-M1 stated she was given a list of people not to give laxatives to due to loose stool. At this time a surveyor requested to see the list, Residents #4, #34, #50, #27, #3, #29, #21, #35, and #13 were highlighted on the list to Please hold laxatives. On 3/6/23 at 11:07 a.m., in an interview with a surveyor, CNA3 indicated she came on shift at approximately 6:45 a.m. this morning and she said, some residents have symptoms of Norovirus, who had bowel movememt(BM) over the last evening shift. CNA3 stated she did not write the residents down, but [Resident #4] and [Resident #30] were not feeling well. [Resident #35], [Resident #7], and [Resident #13] were not feeling well. CNA3 stated, I go between floors(works different floors/units and goes back and forth between units). When a surveyor asked what PPE the CNA should use, she stated masks and gloves on, no gown precautions. If full precautions would have gowns available. On 3/6/23 at 11:24 a.m., a surveyor observed Physical Therapy (PT) going into room [ROOM NUMBER] with no gloves on, she leaned on the bedside table, hands resting on her face and spoke with Resident #30 before taking Resident #30 into the hallway for therapy services. In an interview with a surveyor, the Physical Therapist indicated that her Rehab Manager, and LPN1 said [Resident #30] was clear (not having symptoms of nausea/vomiting). On 3/6/23 at 11:38 a.m., a surveyor observed the Rehab Manager in room [ROOM NUMBER], she was walking around the bedside of Resident #4, picking up items next to the bed, counting repetitions for Resident #4 while the resident was lifting and lowering a physical therapy long stick (piece of exercise equipment). The Rehab Manager did not have a gown, or gloves on. In an interview with a surveyor, the Rehab Manager indicated she was not aware that [Resident #4] was on contact precautions, and that [Resident #4] complains of nausea all the time. In an interview with a surveyor, at this time, the Rehab Manager indicated she was unaware that [Resident #4] had vomiting and diarrhea today. On 3/6/23 at 1:37 p.m., in an interview with a surveyor regarding gastrointestinal symptoms, LPN2 stated, it started with [Resident #29] on the 27th (2/27/23), and next day [Resident #28] was vomiting, now we've got several people with diarrhea and vomiting. On 3/6/23 at 2:23 p.m., in an interview with a surveyor, LPN2 indicated, the facility started contact precautions this morning, but had no gowns. When asked by a surveyor how staff know what type of precautions, LPN2 stated, As soon as cards (precaution signs that get posted on or near a resident room that describes what type of transmission based precautions to use when entering a room) get up here. Waiting for maintenance, the cards are in a different building The LPN2 also indicated the gowns are kept in a different building (therefore precaution indication cards and gowns were not available for staff) and she was waiting for maintenance to bring them to B2 Unit. (continued on next page)

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	205136	A. Building B. Wing	03/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southridge Rehab & Living Ctr	10 May St Biddeford, ME 04005

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 3/6/23 at 1:57 p.m., in an interview with a surveyor, CNA2 was asked how she knows what type of precautions and personal protective equipment (PPE) she must wear when entering a resident room, she stated, usually, a sign and a cart outside the door. When report exchange. I know there are a lot of people sick right now, cautious, no signs up. Just make sure we wash hands before entering and leaving rooms. Some residents are having loose stool. Always glove. Not told to wear a gown. This surveyor asked if any residents are on contact precautions right now, and CNA2 stated, No. On 3/6/23 at 2:11 p.m., in an interview with a surveyor, CNA-M1 stated she was not wearing gloves when she was holding a basin that [Resident #35] was vomiting into on 3/6/23 at 11:03 a.m. CNA-M1 also stated that she cleaned up the vomit and floor area with the purple top disinfectant wipes (Super Sani-Cloth Germicidal disposable wipes (cleanser was not an EPA approved for norovirus disinfection)). She stated, Usually, housekeeping will clean it thoroughly, but I couldn't find anybody. CNA-M1 didn't disinfect the floor with an EPA approved disinfectant On 3/6/23 at 2:14 p.m., in an interview with a surveyor, LPN1 stated, regarding how to disinfect an area that a resident vomited, he said, have housekeeping come in and clean it up with chlorine concentration. I suppose we should be using gowns, but I haven't seen any up here. On 3/6/23 at 2:26 p.m., in an interview with a surveyor, CNA2 stated, no one is on precautions, and that usually, all the precaution stuff is hanging on the doors, or the nurse tells us. There is definitely something going on, residents are vomiting and pooping. [Resident #39] has very loose stool, and the facility is aware of [Resident #4]. I mentioned to LPN1 about the loose stool. On 3/6/23 at 2:29 p.m., in an interview with a surveyor, the Rehab Manager indicated that she wiped down an exercise device that [Resident #4] was using earlier with a purple top wipe (Super Sani-Cloth Germicidal disposable wipe(cleanser was not an EPA approved for norovirus disinfection)) before she left the B2 unit Resident #4 was having gastrointestinal symptoms. The Rehab Manager didn't disinfect the exercise device with an EPA approved disinfectant. On 3/6/23 at 2:35 p.m., a surveyor observed no signage on B2 unit to indicate that there is gastrointestinal illness on the unit or any directions for a visitor to the unit. During a medical record review, Resident #41's clinical note, dated 2/26/23 at 4:06 a.m. indicated, resident was vomiting during the prior shift. On 3/8/23 at 8:37 a.m., during observation of B2 unit, surveyor observed CNA-M2 don additional PPE (gown/gloves) then grab a medicine cup and a cloth wrist blood pressure (BP) cuff and enter room [ROOM NUMBER] (Resident #30), which was posted as contact precautions for GI symptoms. CNA-M2 applied the BP cuff to the resident's wrist, obtained the reading then removed the cuff and placed it in her scrub pocket, then administered the medications to the resident. Upon leaving the room, the CNA-M2 doffed the PPE and washed her hands. The surveyor requested the BP reading, the CNA-M2 removed the contaminated BP cuff from her scrub pocket. At this time, the surveyor confirmed the BP cuff was not cleaned after coming in contact with a resident who was on contact precautions prior to being placed in the CNA-M2 pocket. During a medical record review, Resident #29's clinical note, dated 2/27/23 at 11:40 a.m. indicated, has vomited several times this morning, can't hold down fluids . one diarrhea episode this morning. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	During a medical record review, Resident 28's clinical note, dated 2/28/23 9:19 a.m. indicated, Resident reportedly vomited several times early this morning. No diarrhea. During a medical record review, Resident #32's clinical note, dated 2/28/23 at 2:36 p.m. indicated, admits to mild nausea, no vomiting or diarrhea, on 3/1/23 at 8:47 a.m. indicated, several bouts of diarrhea during the night .Had another large diarrhea this morning. On 3/1/23 at 12:40 p.m. indicated, had large diarrhea stool in bed. During a medical record review, Resident #13's clinical note , dated 3/4/23 at 9:15 a.m. indicated, doesn't feel good because he/she has been having diarrhea. During a medical record review, Resident #27's clinical note, dated 3/4/23 at 5:47 p.m. indicated, acute episode of nausea with vomiting, diarrhea, on 3/6/23 at 4:57 a.m. late entry, had multiple episodes of vomiting and diarrhea during the NOC (night) shift., on 3/5/23 at 2:30 p.m. indicated, had another diarrhea stool, no further vomiting. During a medical record review, Resident #26's clinical note, dated 3/1/23 10:12 a.m. indicated, provider visit, type of visit: N/V (nausea/vomiting) occasionally last 5-7 days, on 3/5/23 at 9:06 a.m. indicated, feels nauseated, just vomited yellow bile in his/her waste basket. States that he/she feels awful. During a medical record review, Resident #35's clinical note, dated 3/6/23 at 4:54 a.m. indicated, Resident has been experiencing nausea and vomiting. During a medical record review, Resident #4's clinical note, dated 3/6/23 at 1:18 a.m. indicated, Resident had x-large loose BM. Currently complaining of nausea. A review of North Country Associates Infection Control Management of Norovirus Outbreak Policy, developed: April 2007, and revised on 9/18 indicated, Noroviruses are a group of viruses that cause gastroenteritis in people infected with the virus. Symptoms of gastroenteritis include nausea, vomiting, abdominal cramping, and diarrhea. The primary mode of transmission is via poor hand washing and/or unsanitary conditions. Any surface, device, or material (e.g., commodes, bathing tubs, electronic rectal thermometers, and portable phones) that becomes contaminated with feces may serve as a reservoir for the Norovirus. Notify Maine CDC (Centers for Disease Control) to report outbreak of Norovirus like illness, follow Maine CDC recommendations, Notify resident's physician and family of Norovirus like illness. Prevention: Immediately implement Contact Precautions for residents with symptoms consistent with Norovirus. Do not wait for culture results. Re-educate staff on Standard and Contact Precautions. Thoroughly clean and disinfect contaminated surfaces immediately after an episode of illness by using an EPA registered disinfectant effective against Norovirus. Can norovirus infections be prevented? Yes .thoroughly clean and disinfect contaminated surfaces immediately after an episode of illness by using a bleach-based household cleaner. Based on the above information, IJ was called on 3/6/23 at 3:19 p.m. for the facility's failure to provide adequate infection prevention measures to mitigate the spread of infection in a timely manner. The facility's failure to provide these services constituted an immediate jeopardy situation. Please see F-0000 Initial comments related to the IJ removal plan. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 3/9/23 at 1:12 p.m., during an interview with the Administrator, he stated the facility does not have a Legionella or other opportunistic waterborne pathogen management and prevention program in place. 33639

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use. 33639 Based on record review, policy review, and interview, the facility failed to implement their Antibiotic Stewardship Program (ASP) related to tracking of infections. This has the potential to affect all residents for risk of infection. Finding: North Country Associates Policy & Procedure: Antibiotic Stewardship Program, revised 1/2019, under Infection Preventionist: A. Monitors and supports antibiotic stewardship activities through rounds, review of provider orders, documentation, and available reports. B. Tracks antibiotic therapy through use of line listings and pharmacy report. C. Reviews antibiotic resistance patterns: a. Monitors Healthcare-Associated Infections, Multidrug Resistant Organisms (HAI MDROs) on Monthly Line Listings and Infection Control Report looking for increased rates or trends. b. Compares with center antibiogram to look for commonalities The facility Matrix For Providers provided to the survey team indicates that two residents has a Urinary Track Infection and 1 resident has sepsis. On 3/8/23 at 1:36 p.m., the Quality Improvement Specialist (QIS) stated, I don't have anything for antibiotic stewardship and showed the surveyor an empty binder that would've been used for antibiotic tracking information regarding infections.

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F 0885 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Report COVID19 data to residents and families. 33639 Based on record review, interviews, and Centers for Medicare and Medicaid Services' (CMS) Corona Virus Disease of 2019 (COVID-19) Long-Term Care (LTC) Facility guidelines, the facility failed to notify resident representatives of resident and/or confirmed positive cases of COVID-19 in a timely manner. This has the potential to affect all residents in the facility. Findings: On 3/9/23, a review of the facility's line listing for positive COVID-19 testing stated the following: On 1/22/23, 1 confirmed case was identified by Point of Care (POC) testing. On 1/23/23, 1 confirmed case was identified by POC testing. On 1/24/23, 1 confirmed case was identified by POC testing. On 1/28/23, 3 confirmed cases were identified by POC testing. On 1/30/23, 2 confirmed cases were identified by POC testing. On 2/1/23, 3 confirmed cases were identified by POC testing. On 2/3/23, 1 confirmed case was identified by POC testing. On 2/10/23, 1 confirmed case was identified by POC testing. On 2/13/23, 1 confirmed case was identified by POC testing. A review of the Centers for Medicare & Medicaid Services (CMS) Ref: QSO-20-29-NH Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes, dated May 6, 2020, 483.80 Infection control section (g) COVID-19 Reporting notes the following in sub section (3): The facility must (3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This document further states: Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. (continued on next page)

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F 0885 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The clinical records lacked evidence that resident, resident representatives were notified of Covid positive cases on 1/22/23, 1/23/23, 1/24/23, 1/28/23, 1/30/23, 2/1/23, 2/3/23, 2/10/23 and 2/13/22 in a timely manner. On 3/9/23 at 1:50 p.m., during an interview with a surveyor, the [NAME] President of Clinical Operations, the above findings were confirmed.