02/06/2026

Maine General Rehab and Long Term Care – Gray Birch

PLAN OF CORRECTION

F 584: Safe/Clean/Comfortable/Homelike Environment S/S = E

Based on observations and interview, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in a sanitary, orderly, and comfortable environment on 2 of 2 units (Birches and Pines) and for the common area dining room for 1 of 1 facility tour.

- The base board heating unit heater cover in the dining room was fixed immediately.
- Birches Unit: The privacy curtains in resident rooms 1, 2, 4, 5, 6, 10, 11, 14, 15, 18, 19, 20 and 21 were evaluated to determine what repairs needed to be completed. Repairs were completed in all rooms.
- Birches shower room: The old caulking around base of toilet was removed, cleaned and new caulking applied on 1/14/26. The hole in the shower was repaired and sealed on 1/14/26. Ceiling grid was painted 1/15/26.
- Birches whirlpool room: Old caulking around base of toilet was removed, cleaned and new caulking applied on 1/14/26.
- Birches tub room: Ceiling grid painted 1/15/26.
- The walls in resident rooms 2 on Birches and Pines 2, 3, 8, 17 and 19 will be repaired and painted.
- The bathroom door frames in resident rooms 1 and 2 on Birches will be painted.
- EVS or designee will complete random privacy curtain inspections.
- Maintenance to complete monthly building inspections to identify resident rooms with marred/scuffed walls and painting needs.
- Quarterly preventative maintenance to paint a designated resident neighborhood (Birches, Pines, or Oaks).
- The results of the audits will be shared with the QAPI Committee for 3 months (March, April, May). After 3 months, the QAPI Committee will determine the continuation and frequency of audits.

Completion Date: 03/06/2026

F 605: Right to be Free from Chemical Restraints **S/S + E**

Based on record reviews and interviews, the facility failed to monitor for side effects of psychotropic medications for 3 of 4 residents reviewed for unnecessary medications (Resident #4, #9, and #16).

- Treatment orders to monitor for side effects were obtained for all residents receiving psychotropic medications, including residents #4, 9 and 16.
- Education will be provided to nursing staff on psychotropic medication monitoring.
- Director of Nursing, or designee, will complete random audits of new admissions and current residents who receive new orders for psychotropic medication to ensure there is a treatment order in place to monitor for side effects.
- The results of the audits will be shared with the QAPI Committee for 3 months (March, April, May). After 3 months, the QAPI Committee will determine the continuation and frequency of audits.

Completion Date: 03/06/2026

F 699: Trauma Informed Care **S/S = D**

Based on record review and interview, the facility failed to identify a resident's current diagnosis of Post-Traumatic Stress Disorder (PTSD)/trauma to determine what trigger(s) might cause re-traumatization for 1 of 1 resident reviewed with a current diagnosis of PTSD (Resident #9)..

- Resident #9's care plan was updated.
- An audit was completed on all residents with PTSD care plans related to triggers.
- Education provided to care management regarding documentation and identification of resident triggers on Trauma assessments.
- Care Management, or designee will complete random audits on PTSD care plans to ensure triggers are documented on care plan.
- The results of the audits will be shared with the QAPI Committee for 3 months (March, April, May). After 3 months, the QAPI Committee will determine the continuation and frequency of audits.

Completion Date: 03/06/2026

F 755: Pharmacy Srvcs/Procedures/Pharmacist/Records S/S = B

Based on record review and interview, the facility failed to ensure that the licensed medication administration personnel coming on duty and going off duty signed the shift count logbook indicating that they counted all Scheduled II controlled substance and other medications with a risk of abuse or diversion at change of shift for 6 of 6 controlled log books reviewed for several shifts between 6/13/25 and 1/9/26.

- Obtain missing signatures from controlled books where possible
- Variance will be completed for missing signatures unable to be obtained
- Educate all nurses and CNA-M on Policy/procedure for controlled books.
- The Director of Nursing, or designee, will complete random audits of controlled books.
- The results of the audits will be shared with the QAPI Committee for 3 months (March, April, May). After 3 months, the QAPI Committee will determine the continuation and frequency of audits.
- ***Completion Date: 03/06/2026***

F 761: Label/Store Drugs and Biologicals S/S = D

Based on observation and interview, the facility failed to ensure expired medications were removed form available supply in 1 of 3 mediation carts observed.

- Med carts were cleaned and expired medications removed.
- Educate nursing staff, to include and CNA-M's, on Policy/procedure for removing expired medications/creams from medication/treatment carts
- DNS or Designee will complete random audits of medication/treatment carts.
- The results of the audits will be shared with the QAPI Committee for 3 months (March, April, May). After 3 months, the QAPI Committee will determine the continuation and frequency of audits.

Completion Date: 03/06/2026

F 812: Food Procurement, Store/Prepare/Serve-Sanitary S/S = E

The Nursing Facility failed to store, prepare, and serve food in accordance with professional standards for food service safety by not storing dishes and food in a sanitary manner, not maintaining a clean kitchen floor and not ensuring that plumbing fixtures were properly installed to prevent backflow as required by the Maine State Plumbing Code for 2 of 3 days of survey (8/5/24 and 8/6/24).

- The air gap will be fixed.
- The male food service worker not wearing a beard net was provided a beard net.
- The water softening machine, two food disposal units in the dish room, kitchen floor (around the edges and underneath equipment), and dry storage floor, ceiling lights in the dish room and kitchen, the hood system above the stove, the cook stove and backsplash, ceiling vent and surrounding tiles, and wall vent were all cleaned. In addition, the hood system, stove/grill, shelving under the stove/grill and air vent in the dining room cooking area were also cleaned.
- Food in the refrigerator/freezer that was not labeled, and dated properly were removed.
- The food storage bins located in the kitchen were labeled and dated.
- A replacement stand mixer has been ordered.
- The kitchen closet cement floor and metal cover located under the shelf will be painted.
- The vendor for the freezer where the ice buildup was identified was notified and maintenance was completed on 2/5/26.
- The vendor for the dishwasher chemicals was notified about the cleanliness of the cups/dessert cups and maintenance was completed on 2/6/26.
- The water softener vendor was notified about the cleanliness of the cups/dessert cups and provided maintenance to the softener on 2/3/26.
- The facility has invested in a water softening system for the whole building. As a result, the water softening system in the kitchen will be removed once the facility softener is installed.
- While many temps were missing from the temperature sheet, the facility utilizes Temp Trak which continuously monitors the temperatures of all kitchen, dining room and kitchenette cooling devices. This device sends a notification to the kitchen manager and Administrator if temperatures are out of range.
- A cleaning task list has been implemented to address the identified cleaning concerns and Food and Nutrition staff will document completion of assigned tasks.
- Education to be provided to Food and Nutrition staff on the following: temperature logs for the dishwasher and all cooling appliances, wet nesting, use of beard nets, labelling and dating, keeping storage containers covered, and cleanliness of the kitchen.
- Food and Nutrition Manager, or designee, will randomly review the cleaning task list to ensure completion of tasks.
- Food and Nutrition Manager will complete random inspections of all areas of the kitchen to ensure compliance.

- Maintenance to complete monthly PM for ceiling vents.
- The results of the audits will be shared with the QAPI Committee for 3 months (March, April, May). After 3 months, the QAPI Committee will determine the continuation and frequency of audits.

Completion Date: 03/06/2026

F 814: Dispose Garbage and Refuse Properly S/S = D

Based on observation and interview, the facility failed to ensure that garbage and refuse were disposed of in a manner to prevent pest infestation for 1 of 3 survey days (1/12/26)

- The dumpster lid was closed.
- Education to be provided to dietary, EVS and nursing staff on the importance of the dumpster lid being closed.
- Dietary Manager or designee will complete random observations to ensure the dumpster lid is closed per protocol.
- The results of the audits will be shared with the QAPI Committee for 3 months (March, April, May). After 3 months, the QAPI Committee will determine the continuation and frequency of audits.

Completion Date: 03/06/2026

F 880: Infection Prevention & Control **S/S =E**

Based on observations, interviews and record reviews, the facility failed to inform visitors and staff of an influenza outbreak. Furthermore, the facility failed to maintain an Infection Control Program designed to provide a sanitary environment to help prevent the development and transmission of disease and infection related to the use of Personal Protective Equipment (PPE) for 2 of the 3 days of survey.

- Signage was immediately placed in the lobby regarding the flu outbreak.
- Educate nursing staff on infection prevent and control to include types of precautions/PPE required for each and proper donning and doffing of PPE, and signage during outbreaks.
- DNS or Designee will randomly audit all staff for adherence to appropriate precautions.
- The results of the audits will be shared with the QAPI Committee for 3 months (March, April, May). After 3 months, the QAPI Committee will determine the continuation and frequency of audits.

Completion Date: 03/06/2026

Melissa ~~Mack~~, MLA
Administrator
2/6/26