STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205072	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARSHWOOD CENTER	33 ROGER STREET , LEWISTON, Maine, 04240

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F0000	INITIAL COMMENTS From 3/16/26 through 3/18/26, on-site visits were conducted at Marshwood Center for the purpose of a Recertification Survey and investigating complaint #'s 200873, 208879, 208890, 208889, 208894, 208897, 2728768, 273663, 2793768, and 2804038. It was determined that Marshwood Center was not in substantial compliance with 42 CFR 483, Sub-part B Requirements for Long Term Care Facilities.	F0000		
F0557 SS = D	Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is NOT MET as evidenced by: Based on interviews and record review, the facility failed to protect and promote a resident's dignity for 1 of 2 residents sampled for hygiene for 2 of 3 days of survey. (Resident #24). Findings: Resident #24 was admitted to facility in February 2026 with diagnoses of right tibia and fibula fracture. The most recent Brief Interview for Mental Status (BIMS) was 14 out of 15 indicating [he/she] is cognitively intact. Review of Resident#24's current care plan initiated 2/10/26 stated, Resident is at risk for decreased ability to perform ADL(s) (Activities of Dailly Living) in grooming, personal hygiene .... requires 1 person extensive assistance with bathing, and grooming ...	F0557		

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F0557 SS = D	Continued from page 1 On 3/16/26 at 10:56 a.m., observation of Resident #24 sitting in his/her wheelchair with long white facial hair on his/her chin. At this time, during an interview the resident was asked if having facial hair was a concern. The resident replied, “Yes it does, I have tried to get someone to help me, there's men here so I know they have shavers.” The surveyor asked if he/she is able to shaving his/her own face. Resident stated, he/she can but, “I don't have a mirror here either. I wish someone could shave it…” On 3/17/26 at 10:39 a.m., an additional observation, Resident #24 with the long white facial hair on his/her chin. Again, the surveyor asked the resident about his/her ability to shave his/her face. Resident stated, "The other place I had a hot towel and Olay 3 and 1 cream and I would shave. It bugs the hell out of me, I'm sure a lot of people notice it, they just don't say anything to me" and stated the facility must has razors because there are men here. On 3/17/26 at 10:45 a.m., during an interview, Certified Nurses Aid (CNA #1) confirmed she was providing care for Resident #24. The surveyor asked about the resident’s facial hair. CNA #1 stated, “I haven’t shaved [him/her]” and they would not leave razors in the resident’s rooms. On 3/17/26 at 1:38 a.m., during an interview, the above concern was discussed with Director of Nursing Services, who after surveyor intervention, discussed the resident being shaved by either staff or shaving him/herself and the facility will obtain mirror and electric shaver.	F0557		
F0584 SS = E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.	F0584		

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F0584 SS = E	Continued from page 2 (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is NOT MET as evidenced by: Based on observations and interviews, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in a sanitary, orderly, and comfortable environment on 6 of 7 units (Adams, Buchanan, Carter, Franklin, Gilbert and Hamilton) 2 of 2 facility tours.(3/16/26 and 3/18/26) Findings: On 3/18/26 from 3:00 p.m. to 3:45 p.m., two surveyor conducted an Environmental tour with the Administrator, the Director of Nursing, the Maintenance Director, the Maintenance Assistant and the Housekeeping Supervisor in which the following findings were discussed and/or observed.	F0584		

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F0584 SS = E	Continued from page 3 Adams Unit: - There were six(6) cracked/broken floor tiles approximately forty one(41) cracked/broken floor tiles in the dining area. - Resident Room 105 – The bathroom walls were marred/marked with black marks by the baseboard heater. - Resident Room 104 – A surveyor had observed the heating unit to be pulled away from the wall. This was confirmed by and with the Market Clinical Advisor 3/16/26 at 11:00 a.m. Buchanan Unit: - The hallway hand rail covering, located between resident room 1 and resident room 2, was cracked/broken. - There were approximately forty one(41) cracked/broken floor tiles throughout the unit's hallway and dining area. - Resident Room 207 – The wall by the reclining chair was marred/marked with black marks. - Resident Room 208 – The bathroom had a stained ceiling tile above the toilet. The base of the bathroom metal door frame was rotted away leaving a hole in it. The floor around the base of the toilet was dirty. The ceiling exhaust fan was covered in dust/dirt. There was debris in the light fixture. Carter Unit: - Resident Room 305 – The paint on the bathroom wall was peeling near the toilet. The baseboard heater had chipped/missing paint and was rusty. - Resident Room 306 – The caulking around the base of the toilet was dirty/stained. The walls were marred and had chipped/missing paint exposing sheet rock. - Resident Room 307 – The baseboard eating unit had the cover center connector piece that was falling off and hanging down. - Resident Room 313 – Both bed side tables had dried liquid residue on them.	F0584		

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F0584 SS = E	Continued from page 4 Franklin unit: - The shower room ceiling exhaust vent was dusty/dirty. - The dining room had three stained/dirty ceiling tiles by the large ceiling air vent. - Resident Room 604 - On 3/16/26 at 9:38 a.m., a surveyor observed the privacy curtains were missing hooks, hanging down and in disrepair. - Resident Room 605- On 3/16/26 at 9:40 a.m., a surveyor observed the privacy curtains were missing hooks, hanging down and in disrepair. The heating unit by window had chipped/missing paint creating uncleanable surface. - Resident Room 606 – The bathroom call bell cord was excessively long and lying on the bathroom floor. - Resident Room 607 – There was a soiled plunger sitting on the bathroom floor next to the toilet. - Resident Room 608 – The privacy curtain for the left bed, observed by a surveyor on 3/16/26, was missing hooks, hanging down and in disrepair. Gilbert Unit - Resident Room 702 - The wall by the head of the bed and the bathroom walls were marked/marred and had chipped/missing paint creating uncleanable surfaces. - Resident Room 704 – The heating unit by the bed on the right side of room had chipped/missing paint and was rusty. - Resident Room 706 – The floor was dirty around the base of the toilet. - Resident Room 708- The table fan, on the right side night stand, was dusty/dirty. - The ceiling air vent, in the dining area by resident room 3, was dusty/dirty. Hamilton Unit - Resident Room 804 – The toilet had a broken plastic type wrap, around the base of the toilet, that was observed on 3/16/26 by a surveyor.	F0584		

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F0584 SS = E	Continued from page 5 On 3/18/26 at 3:45 p.m., in an interview with two surveyors present, the Administrator, the Director of Nursing, the Maintenance Director, the Maintenance Assistant and the Housekeeping Supervisor confirmed the findings.	F0584		
F0657 SS = E	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is NOT MET as evidenced by: Based on interviews and record review, the facility failed to review and revise the care plan by an interdisciplinary team (IDT), that included, to the extent possible, participation of the resident and/or his/her representative after each Minimum Data Set (MDS) assessment for 5 of 28 residents reviewed for care planning (Residents #1, #8, #35, #60, and #63).	F0657		

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F0657 SS = E	Continued from page 6 Findings: 1. Review of Resident #1's medical record contained a Quarterly Minimum Data Set (MDS) version 3.0 dated 1/6/26. The clinical record lacked evidence of his/her IDT meeting being held within 7 days of the quarterly MDS assessment On 3/18/26 at 9:30 a.m., in an interview with the Market Clinical Advisor, who confirmed that Resident #1's IDT meeting was not held within 7 days of the quarterly MDS assessment. 2. Review of Resident #8's medical record contained a Quarterly MDS version 3.0 dated 12/16/25 and 3/12/26. The clinical record lacked evidence of his/her IDT meeting being held within 7 days of the two quarterly MDS assessments. 3. Review of Resident #60's medical record contained a Quarterly MDS version 3.0 dated 6/24/25 and 9/26/25. The clinical record lacked evidence of his/her IDT meeting being held within 7 days of the two quarterly MDS assessments. 4. Review of Resident #63's medical record contained a Quarterly MDS version 3.0 dated 5/20/25. The clinical record lacked evidence of his/her IDT meeting being held within 7 days of the quarterly MDS assessment. 5. Review of Resident #35's medical record contained a Quarterly MDS version 3.0 dated 12/23/25. The clinical record lacked evidence of his/her IDT meeting being held within 7 days of the quarterly MDS assessment. On 3/17/26 at 12:20 p.m. during an interview with the Licensed Social Worker (LSW) he/she stated the expectation for documentation is for whoever spoke with family/representative would put a note in the system with what was decided for a meeting date and time. The LSW stated he/she puts a note in for the actual care plan meeting and Nursing does the actual care plan. On 3/17/26 at 12:37, in an interview with the MDS Coordinator the surveyor requested any documentation that showed the family/representative requested a meeting outside the 7 days for the above concerns, but none was presented. On 3/18/26 at 9:33 a.m. during an interview with three surveyors the Market clinical advisor confirmed the above findings.	F0657		

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F0657 SS = E SS = D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, and a review of Safety Data Sheets (SDS), the facility failed to ensure that the resident environment remained free from the potential risk of accidents, relating to the storage of chemicals being properly secured for 1 of 3 days of survey (3/16/26). Findings: On 3/16/26 at 11:18 a.m., observation of the Carter unit spa with an unlocked and ajar closet door which residents had access to. Closer observation showed the closet contained 5 gallons of Cid-A-L ™ II (disinfectant, virucide and fungicide chemical). Safety Data Sheet noted the following: Restrictions of Use: Do not ingest. Avoid contact with skin and eyes. Keep out of reach of children. Do not allow product to go directly down storm sewer. First Aid Measures Eye Contact: Flush eyes with plenty of water for at least 15 minutes. Skin Contact: Wash off skin and remove contaminated clothing. Do not reuse contaminated clothing. Inhalation: If dust, vapors or mist cause distress, remove to fresh air. Use oxygen or artificial respiration, if needed. Ingestion: If swallowed, consult a physician immediately. If symptoms persist, consult a physician. Toxicological Information Effects of Exposure: Product is toxic, may cause death. Eyes: Contact can cause irreversible eye damage or burns. Skin: Prolonged contact may cause burns or irritation. Inhalation: Vapor may cause drowsiness, nausea, loss of motor skills or disorientation. Do not create mist.	F0657 F0689		

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F0689 SS = D	Continued from page 8 Ingestion: Causes digestive tract burns. On 3/16/26 at 11:22 a.m. both the Director of Nursing and Surveyor observed the unsecured chemicals. At this time, the Director of Nursing confirmed the chemicals were not secured creating a hazardous and unsafe environment for which residents could access.	F0689		
F0812 SS = E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observations and interviews the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for walls, floors, air conditioner vents, and ceiling tiles for 1 of 1 kitchen tour (3/16/26). Findings: On 3/16/26 from 8:16 a.m. to 8:48 a.m. two surveyors conducted an initial kitchen tour with the Director of Operations for Dietary for Health Care Services in which the following findings were observed and discussed:	F0812		

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F0812 SS = E	Continued from page 9 -The wall behind the stove has missing sheet rock. -The kitchen floor had food debris and trash under tables and equipment. -The floor in the walk-in freezer had chipped/missing paint creating an uncleanable surface. -The air conditioner vents were soiled with dust/dirt. -Approximately 15 ceiling tiles and the ceiling grids above the stove were stained yellowish and soiled with dust/dirt. On 3/16/26 at 8:48 a.m., in an interview with two surveyors, the Director of Operations of Dietary for Health Care Services confirmed the findings.	F0812		
F0814 SS = D	Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is NOT MET as evidenced by: Based on observation and interview, the facility failed to maintain a garbage storage area in a sanitary condition to prevent the harborage and feeding of pests for 3 of 3 dumpsters for 1 of 3 days of survey (3/16/26). Finding: On 3/16/26 at 8:18 a.m., a surveyor observed food and trash to be on the ground around 3 of 3 dumpsters. On 3/16/26 at 8:48 a.m., in an interview with two surveyors the Director of Operations for Dietary for Health Care confirmed the finding.	F0814		
F0842 SS = E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5),483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the	F0842		

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F0842 SS = E	Continued from page 10 facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or	F0842		

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F0842 SS = E	Continued from page 11 (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is NOT MET as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Medication Administration Records (MAR) and Treatment Administration Records (TAR) were accurately completed for 7 of 28 residents reviewed (Resident #1, #3, #8, #14, #35, #60, and #63). Findings: 1. On 4/2/25 a surveyor reviewed Resident #1's clinical record which showed an active physician order initiated on 12/9/25 for Humalog Solution 100 units/milliliters with instructions to "Inject per sliding scale if 0-150= 0 units (if blood glucose is less than 70, call MD (medical doctor); 151-200 = 2 units; 201-250 = 4 units; 251-300 = 6 units; 301-230 = 8 units; 351+ = 10 units and 9 (if blood glucose is greater than 400, call MD immediately for further instruction), subcutaneously before meals for sliding scale insulin coverage for diabetes must take finger stick blood glucose prior to administration". A review of his/her Medication Administration Record/Treatment Administration Record for the month of March, lacked evidence that Resident #1's blood sugars were checked and insulin was given on 3/1/26, 3/5/26, 3/8/26, and 3/10/26. On 3/18/26 at 9:25 a.m., during an interview with the	F0842		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0842 SS = E	Continued from page 12 Market Clinical Advisor, who confirmed there was no evidence that Resident #1 got his/her blood sugars checked or received insulin for the above dates. 2. On 3/18/26, a surveyor reviewed Resident #3's clinical record which showed the following active physician orders: -HumaLOG Solution 100 UNIT/ML(milliliter) (Insulin Lispro (Human)) Inject as per sliding scale: if 0 - 150 = 0 units (If blood glucose is less than 70, call(MD); 151 - 200 = 2 units;201 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351+ = 10 units and (if blood glucose is greater than 400, call MD immediately for further instruction) , subcutaneously before meals and at bedtime for sliding scale insulin coverage for diabetes must take finger stick blood glucose prior to administration -Start Date 01/05/2026. A review of his/her Medication Administration Record/Treatment Administration Record for the month of January 2026, lacked documented evidence that Resident #3's blood sugars were checked and insulin was given on 1/17/26 (2000). - Lantus Subcutaneous Solution 100 UNIT/ML (Insulin Glargine) Inject 20 unit subcutaneously at bedtime for DM -Start Date 01/07/2026. A review of his/her Medication Administration Record/Treatment Administration Record for the month of January 2026, lacked documented evidence that Resident #3's blood sugars were checked and insulin was given on 1/17/26(2000). -Dulaglutide Subcutaneous Solution Auto-injector 1.5 MG/0.5ML (Dulaglutide) Inject 3 mg subcutaneously one time a day every Thursday for Diabetes with a start date of 01/01/2026 and D/C date 03/04/2026. A review of his/her Medication Administration Record/Treatment Administration Record for the month of January 2026, lacked documented evidence that Resident #3's Dulaglutide was given on 1/17/26(2000). -Miconazole External Powder 2 % (Miconazole Nitrate (Topical)) Apply to groin and abdominal folds topically two times a day for yeast related skin condition initiated on 10/22/2025. A review of his/her Medication Administration Record/Treatment Administration Record for the month of January 2026, lacked documented evidence that Resident	F0842		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205072	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/18/2026

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F0842 SS = E	Continued from page 13 #3's Miconazole External Powder 2 % was applied on 1/17/26(2000). -Monitor scabbed wound on left shin until resolved. every day shift for skin care initiated on 10/20/2025 and discontinued on 02/04/2026. A review of his/her Medication Administration Record/Treatment Administration Record for the month of January 2026, lacked documented evidence that Resident #3's scabbed wound on left shin was monitored on 1/13/26. -Acetaminophen Oral Tablet 500 milligrams (MG) (Acetaminophen) Give 2 tablet by mouth three times a day for back pain initiated on 08/14/2025. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February 2026, lacked documented evidence that Resident #3's Acetaminophen was given on 2/12/26 on evening (1900). -1C, BMP (Basic Metabolic Panel) one time only for DM for 1 Day initiated on 02/16/2026. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February 2026, lacked documented evidence that Resident #3's 1C, BMP one time only was completed on 2/16/26. -Does the patient need to have the Head of Bed Elevated to Avoid Shortness of Breath while lying flat? every shift initiated on 06/04/2025. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February 2026, lacked documented evidence that Resident #3's Head of Bed Elevated 1C was completed 2/13/26 and 2/22/26 on nights. -Is resident free from side effects of psychotherapeutic medications? (if no, document side effects in PN) every shift initiated on 08/12/2025. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February 2026, lacked documented evidence that Resident #3's was checked for side effects on 2/22/26 on nights. -Voltaren External Gel 1 % (Diclofenac Sodium (Topical)) Apply to bilateral knees topically three times a day for pain 4g initiated on 02/09/2026. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February 2026, lacked evidence that the Voltaren	F0842		

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F0842 SS = E	Continued from page 14 External Gel 1 % was applied on 2/11/26, 2/15/26 and 2/17/26 on afternoons. -Wander Guard/Wander Elopement Device due to poor safety awareness every night shift check function and document in supplemental documentation Expiration date:_07/2026 (update the order with the new date when the bracelet is changed) initiated on 08/08/2025. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February 2026, lacked documented evidence that Resident #3's wander guard's function was checked on 2/4/26 and 2/22/26 on nights. -Wander Guard/Wander Elopement Device due to poor safety awareness every shift check the placement of the device and in supplemental Documentation document the location initiated on 08/08/2025. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February 2026, lacked documented evidence that Resident #3's wander guard's placement was checked on 2/4/26 and 2/22/26 on nights. On 3/18/26 at 9:35 a.m., in an interview with five surveyors present, the Market Clinical Advisor confirmed the findings 3. On 3/18/26, a surveyor reviewed Resident #8's clinical record which showed the following active physician orders: -Risperidone oral tablet 1miligram (mg) give 1.5 tablet by mouth two times a day for psychosis, agitation with start date of 2/12/26 and discontinue date 3/2/26. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #8 was given the medication on 2/12/26. -Does the patient need to have the Head of Bed Elevated to Avoid shortness of Breath while lying flat? every shift with start date 11/12/25. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #8 was checked for this on 2/2/26 at night, 2/13/26 at night, and 3/4/26 in the evening. -Is resident free from side effects of	F0842		

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F0842 SS = E	Continued from page 15 psychotherapeutic medications? [if no, document side effects in PN (progress note)] every shift with start date 11/12/25. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #8 was checked for this on 2/2/26 at night, 2/13/26 at night, and 3/4/26 in the evening. -Weigh every day shift every Monday with start date 12/8/25. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #8 was weighed on 2/23/26. -Vital Signs short term/skilled patient q (every) shift x72 hrs (hours) then daily every, day shift with start date 8/11/25. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #8 had his/her vital signs taken on 3/5/26. -Check placement of clonidine patch every shift with start date 8/7/25. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #8's patch placement was checked on 3/5/26 in the evening. -Comprehensive Metabolic Panel (CMP), Complete Blood Count (CBC) one-time only for 1 day with start date 3/9/26. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #8 had this done on 3/9/26 or 3/10/26. -Epson salt to right great toe twice a day (BID), follow with Bactroban ointment and cover with 2x2 gauze and tape two times a day for irritation to toe following podiatry care for 7 days with start date 2/28/26. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that this was done for Resident #8 on 3/4/26 in the evening (PM). -Mupirocin external Ointment 2% apply to right great toe topically two times a day for irritation following podiatry care for 7 days with start date 2/28/26. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #8 received this on 3/4/26 PM.	F0842		

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F0842 SS = E	Continued from page 16 -Right great toe: cleanse right great toe with wound cleanser, apply thin layer Mupirocin External Ointment 2% two times per day until resolved two times a day for ingrown toe with start date 2/12/26. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #8 had this done on 3/4/26 from 4 pm to10. On 3/18/26 at 9:35 a.m., in an interview with five surveyors, the Market Clinical Advisor confirmed the findings. 4. On 3/18/26, a surveyor reviewed Resident #14's clinical record which showed the following active physician orders: -Ammonium Lactate External Lotion 12 % (Lactic Acid (Ammonium Lactate)) with instructions to apply to Bilateral LE topically every day and evening shift for dry and flaky skin initiated on 01/31/2026. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March 2026, lacked documented evidence that Resident #14's Ammonium Lactate External Lotion 12 % was applied on 3/4/26 in evening. -Does patient need to have the Head of Bed Elevated to Prevent Shortness of Breath while lying flat? every shift for COPD -Start Date 02/17/2023. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March 2026, lacked documented evidence that Resident #14's Head of Bed Elevated was elevated on 3/10/26 at night. -Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML 3 ml inhale orally three times a day for Influenza, wheezing for 7 Days -Start Date 02/19/2026. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February 2026, lacked documented evidence that Resident #14's Ipratropium-Albuterol Solution was administered on 2/24/26 for afternoon. -IV: Observe IV site routinely for S/S of complications at a frequency based on therapy and resident condition. Document in PN at least q shift. every 2 hours for dehydration -Start Date 02/27/2026 -D/C Date 02/28/2026. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February 2026, lacked documented evidence that Resident #14 was observed for dehydration on 2/28/26 at 0600.	F0842		

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F0842 SS = E	Continued from page 17 On 3/18/26 at 9:35 a.m., in an interview with five surveyors, the Market Clinical Advisor confirmed the findings. 5. On 3/17/26, a surveyor reviewed Resident #35's clinical record which showed the following active physician orders: -Basic Metabolic Panel (BMP) one time only for chronic kidney disease (CKD) for 1 day with start date 2/26/26. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #35 had this done on 2/26/26 or 2/27/26. -Is resident free from side effects of psychotherapeutic medications? (if no, document side effects in PN) every shift with start date 6/9/23. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #35 had this done on 2/2/26 at night, 2/13/26 at night, 3/1/26 at night, or 3/4/26 in the evening. -Wander Guard/Wander Elopement device due to poor safety awareness every shift, check the placement of the device on Right Left Leg (RLE) and in supplemental documentation document the location with start date 6/9/23. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #35 had this done on 2/6/26 at night, 2/13/26 at night, 3/1/26 at night, or 3/4/26 in the evening. -Bilateral (BIL) knee high teds at bedtime for edema remove teds, rinse and hang with start date 6/13/23. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #35 had this done on 3/4/26 at bedtime (HS). On 3/18/26 at 9:35 a.m., in an interview with five surveyors, the Market Clinical Advisor confirmed the findings. 6. On 3/18/26, a surveyor reviewed Resident #60's clinical record which showed the following active physician orders: -Allow ice chips upon request for quality of life, seat patient fully upright in bed or chair prior to administration. The patient may self-administer ice chips by cup, cue patient to cough after each swallow.	F0842		

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F0842 SS = E	Continued from page 18 Leave head of bed elevated for 20 minutes after ice chips every shift with start date 1/13/21. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #60 had this done on 2/2/26 at night, 2/13/26 at night, and 3/1/26 at night. - CeraVe Moisturizing External Cream (Emollient) Apply to dry areas topically three times a day for excessive skin breakdown, rash apply to all areas of redness that patient will tolerate with start date 1/6/26. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #60 had this done on 2/6/26 at 1400, 2/7/26 at 1400, 2/15/26 at 1400, and 2/17/26 at 1400. -Colostomy care every shift with start date 4/8/20. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #60 had this done on 2/17/26 during the day, and 3/1/26 at night. - Colostomy Appliance Change one time a day every 3 day(s) with start date 6/24/25. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #60 had this done on 2/13/26. -Does patient elevate Head of Bed (HOB) to prevent Shortness of Breath (SOB)? Every shift with start date 10/10/22. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #60 had this done on 2/13/26 at night, and 3/1/26 at night. -Enteral feed order every shift Jevitty 1.2 Calorie (CAL) administer continuous via pump 100 milliliters (ml) per hour with water flush 25 ml/hour (hr) with start date 9/6/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #60 had this done on 2/2/26 at night, 2/13/26 at night, and 3/1/26 at night. -Enteral feed: elevate head of bed 30-45 degrees during feeding and for 30-45 minutes after every shift with start date 4/7/20. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #60 had this done on 2/2/26 at night, 2/13/26 at night, and 3/1/26 at night.	F0842		

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F0842 SS = E	Continued from page 19 -Enteral Feed: change syringe every 24 hours with start date 4/7/20. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #60 had this done on 2/9/26 or 2/17/26. - Enteral Feed: check for gastric residual volume (GRV) every shift prior to medication administration via tube. If GRV is greater than 250 ml or over, hold med notify physician/Advanced Practice Provider and document amount in ml with start date 9/6/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #60 had this done on 2/2/26 at night, 2/13/26 at night, and 3/1/26 at night. -Enteral feed: Flush tube with 30 ml of water before and after each medication pass. Every shift flush tube with at least 15 ml of water between each medication. Auscultate for presence of bowel sounds prior to med administration via tube with start date 9/6/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #60 had this done on 2/2/26 at night, 2/13/26 at night, and 3/1/26 at night. -Flush tube with 25 ml/hr of water during continuous feeding and a total volume of flush = 600 ml/24 hrs (excluding medication flushes). Total volume of nutrients + flush = 3000 ml/24hrs every shift with start date 9/6/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #60 had this done on 2/2/26 at night, 2/13/26 at night, and 3/1/26 at night. -Is resident free from side effects of psychotherapeutic medications? (If no, document side effects of psychotherapeutic medications? (if no, document side effects in PN) every shift with start date 4/8/20. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February and March lacked evidence that Resident #60 had this done on 2/2/26 at night, 2/13/26 at night, and 3/1/26 at night. -Oral care every day and evening shift with start date 5/24/23. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #60 had this done on 2/17/26 during the day.	F0842		

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F0842 SS = E	Continued from page 20 -Total nutrient 2400 ml/24 hrs. total calories 2880 CAL/ 24 hrs with start date 9/6/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #60 had this done on 2/13/26 at night, 2/22/26 at night, and 2/23/26 at night. -Perform surface disinfection of suction canister as per Genesis policy, change the canister and the connecting tubing, date the canister every night shifts every Sunday with start date 9/6/20. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #60 had this done on 3/1/26. -Placement and tube length in centimeters (CM) every shift check tube for proper placement prior to each feeding, flush, or medication administration by measuring the length of the tube with start date 4/7/20. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #60 had this done on 3/1/26 at night. On 3/18/26 at 9:35 a.m., in an interview with five surveyors, the Market Clinical Advisor confirmed the findings. 7. On 3/18/26, a surveyor reviewed Resident #63's clinical record which showed the following active physician orders: -CMP, Hemoglobin A1c one time only for diabetes, CKD for 1 day with start date 2/5/26. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #63 had this done on 2/5/26 or 2/6/26. -Does the patient need to have the Head of Bed Elevated to avoid shortness of Breath while lying flat? Every shift for Asthma with start date 9/4/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #63 had this done on 2/2/26 at night and 2/13/26 at night. -Is resident free from side effects of psychotherapeutic medications? (if no, document side effects in PN) every shift with start date 9/3/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of February lacked evidence that Resident #63 had this	F0842		

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F0842 SS = E	Continued from page 21 done on 2/2/26 at night and 2/13/26 at night. -Levothyroxine sodium Tablet 150 micrograms give 1 tablet by mouth one time a day for low thyroid hormone with start date 11/5/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #63 received this on 3/16/26 at 0600. -Bilateral feet: Monitor feet, apply skin prep to bilateral feet two times per day every day and evening shift may apply foam dressing for added comfort with start date 2/26/26 and discontinue date 3/11/26. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #63 had this done on 3/4/26 in the evening. -Does the patient need to have the Head of Bed Elevated to avoid shortness of Breath while lying flat? Every shift for Asthma with start date 9/4/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #63 had this done on 3/1/26 at night, 3/4/26 in the evening, and 3/8/26 at night. -Is resident free from side effects of psychotherapeutic medications? (if no, document side effects in PN) every shift with start date 9/3/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #63 had this done on 3/1/26 at night, and 3/4/26 in the evening. -Lantus Solostar Subcutaneous Solution Pen-injector 100 unit/ml (insulin Glargine) inject 25 unit subcutaneously at bedtime for diabetes mellitus with start date 9/3/24. A review of his/her Medication Administration Record/Treatment Administration Record for the month of March lacked evidence that Resident #63 had this done on 3/4/26 HS. On 3/18/26 at 9:35 a.m., in an interview with five surveyors, the Market Clinical Advisor confirmed the findings.	F0842		
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a	F0880		

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F0880 SS = D	Continued from page 22 safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff	F0880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205072	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARSHWOOD CENTER	33 ROGER STREET , LEWISTON, Maine, 04240

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F0880 SS = D	Continued from page 23 involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, record review and facility policy, 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 management of residents with Clostridium Difficile (C-diff - a highly contagious bacterium (germ) that causes diarrhea and colitis) infection for 1 of 3 residents reviewed for Transmission Based Precautions. (#117) Finding: Resident #117 was admitted with a diagnosis of Clostridioides difficile. The current care plan for actual infection of Clostridioides difficile initiated on 3/14/26, had interventions of “Contact Precautions”. On 3/16/26 at 10:33 a.m., observation of Resident #117’s room with a posted “Contact Precautions” sign on the door instructing staff to put on gloves and a gown before entering the room. Next to the door was a 3 draw plastic bin containing Personal Protective Equipment (PPE) of gloves and gowns. At this time, Resident #117 stated he/she was on contact precautions due to having C-diff and is on an antibiotic for a couple more days. On 3/16/26 at 11:11 a.m., 2 surveyors observed the Licensed Social Worker (LSW), without gloves or gown, in resident #117’s room, sitting in the resident’s wheelchair. At this time, Registered Nurse Manager (RN #6) came around the corner, the surveyor asked RN#6 why the LSW was not wearing the required PPE. The RN #6	F0880		

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F0880 SS = D	Continued from page 24 stated, you only wear PPE if you are touching items. RN#6 then called the LSW out of the room and explained that she should be wearing gown and gloves while in room. At 11:17 a.m., the LSW applied gown and gloves. The facilities "Transmission Based Precautions" policy and procedure last revised on 5/1/25 states, "The Center will have PPE readily available near the entrance of the patient's room and will don appropriate PPE before or upon entry into the environment of a patient on Transmission Based Precautions…", "Contact Precautions: intended to prevent transmission of pathogens that are spread by direct or indirect contact with the patient or the patient's environment." and "Donning PPE upon room entry and discarding before exiting the room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination, Clostridioides difficile, norovirus and other intestinal tract pathogens…" On 3/16/26 at 11:23 a.m., the above was discussed and confirmed with Director of Nursing.	F0880		