MAINE VETERANS' HOMES
caring for those who served
An independent nonprofit organization serving Maine's veterans and families

November 25, 2025

Dear Ms. Leslie,

As result of the statement of deficiencies (SOD) received November 18, 2025 via email, please see the attached plan of correction.

Stemming from an annual site visit conducted from 9/29/25-10/3/25 we were determined not in compliance with 42 CFR Part 483, Subpart B, requirement of Long Term Care Facilities, specifically:

F0580: Notify of Changes (Injury/Decline/Room, ect.): No residents were harmed by this finding however, all residents had the potential to be affected by this finding. An audit from the last 30 days was performed to ensure all other residents' responsible party and or physician were immediately notified following a fall. Staff with the responsibility to contact responsible parties and the physician of falls were re-educated on the importance of notification following all falls. The Director of Nursing or designee will complete random audits for 3 months to ensure compliance. Results will be reviewed at the QAPI committee meeting. Completion Date: 12/19/25

F0584: Clean/Safe/Comfortable/ Homelike Environment: No residents were harmed by this finding however many residents had the potential to be affected. All of the identified concerns associated with this finding were immediately addressed. An audit was performed of all facility toilets, furniture, floor mats and wheel chairs to ensure compliance. All staff were re-educated on ensuring a safe, clean, comfortable, homelike environment and how to complete work orders. The Administrator or designee will complete random audits for three months to ensure compliance. The results of the audit will be reviewed at the facility's QAPI committee meeting. Completion Date: 12/19/25

F0605: Right to be Free of Chemical Restraints: No residents were harmed by this finding however some residents had the potential to be impacted by this finding. The resident identified in this finding had their record reviewed by the physician and the diagnosis list updated to include the appropriate indication for the use of the identified medication. An audit was performed of residents currently using antipsychotic medications to ensure supporting documentation is present for use of the medication. The appropriate staff were re-educated on Chemical restraints and the use of antipsychotic medication. The Director of Nursing or designee will complete random audits for 3 months to ensure compliance. Results will be reviewed at the QAPI committee meeting. Completion Date: 12/19/25

F0656: Develop/Implement Comprehensive Care Plan: No residents were harmed by this finding but all residents had the potential to be affected by this finding. The single resident who's hearing loss care plan did not include the use of hearing aids was immediately updated. An audit was performed of all hearing loss care plans to ensure no other residents were affected. Staff who have care plan responsibilities were re-educated on the importance of accurate and comprehensive care plans. Random audits will be performed by the Director of Nursing or designee for three months to ensure all

hearing deficit care plans are accurate and comprehensive. Results will be presented to the QAPI committee to ensure compliance. Correction date: 12/19/25

F0684: Quality of Care: No residents were impacted by these findings however, all residents had the potential to be impacted by this finding. Audit was performed of reviewing resident falls for the last 30 days to determine compliance with facility neuro-check policy. Staff with the responsibility to initiate and complete neuro-checks were re-educated on MVH policy. The Director of Nursing or designee will perform random audits for three months. Results will be presented to the facility's QAPI committee to ensure compliance. Completion Date: 12/19/25

F0812: Food Procurement, Store/Prepare/Serve/-Sanitary: No residents were harmed by this finding however, all residents had the potential to be impacted. The items identified in the finding were immediately corrected. An audit of all food storage and preparation areas was completed to ensure no additional concerns were identified. Staff with food prep or kitchen cleaning responsibilities were re-educated on food storage and sanitary requirements. The Administrator or designee will complete random audits for three months. Results will be presented at the facility's QAPI committee to ensure compliance: Completion Date: 12/19/25

Jacob C. Anderson, Administrator

11/25/25
Date