

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2020
NAME OF PROVIDER OF SUPPLIER STILLWATER HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 335 STILLWATER AVE BANGOR, ME 04401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0867 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on record reviews and interview, the facility's Quality Assurance Committee failed to ensure that the plan of correction for identified deficiencies from a complaint survey, dated 3/9/20, was effective. Citation F609 was cited again during the revisit survey completed on 7/28/20. Finding: On a complaint survey, dated 3/9/20, deficiency F609 was cited. The facility's plan of correction (with a correction date of 3/18/20) for the cited federal deficiencies was: All Staff received education on the Prevention, Investigation, and reporting of Abuse/Neglect and Exploitation on 2/13/20, 2/14/20, 2/19/20, and 2/20/20; All staff receive yearly mandatory education on Abuse/Neglect and Exploitation Prevention, Investigation, and Reporting and new hires receive education during orientation; a tracking system is in place to ensure compliance; and the tracking will be reported monthly to the Quality Assurance Performance Improvement Committee. During the Revisit survey completed on 7/28/20, the surveyor identified the facility failed to ensure that an injury of unknown origin was reported to the State Agency within 24 hours after a resident was observed to have ankle/leg bruising, swelling, and pain with no known injury reported for 2 of 2 residents (Resident #2, #1) and failed to ensure that the facility's investigation was sent to the State Agency within 5 business days of the occurrence of the incident for 1 of 1 injury of unknown origin reviewed for Resident #1. Citation F609 was cited again. On 7/28/20, at 1:20 p.m. and 2:20 p.m., during interviews with the Director of Nursing, the surveyor confirmed this finding.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations and interview, 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 urinary catheter drainage bags for 1 of 2 residents review for catheters. (#5) Finding: 1. On 3/9/2020 at 9:20 a.m., a surveyor observed Resident #5 lying in a low bed with his/her urinary catheter bag observed laying on the floor under the bed. On 3/9/2020 at 9:26 a.m., a surveyor confirmed this finding with the Registered Nurse who stated that catheter bags are not typically on the floor.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

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.