| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 205077 | A. BUILDING _____ B. WING _____ | C 03/18/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **AUGUSTA CENTER FOR HEALTH & REHABILITATION, LLC** | **188 EASTERN AVE AUGUSTA, ME 04330** |

| (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 |
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| F 000 | INITIAL COMMENTS<br><br>On 3/18/24, an unnanounced on-site visit was conducted at Augusta Center for Health & Rehabilitation for the purpose of investigating complaints #ME00046662 & #ME00046676. It was determined that Augusta Center for Health & Rehabilitation is not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities. | F 000 | | |
| F 684 SS=D | Quality of Care<br>CFR(s): 483.25<br><br>§ 483.25 Quality of care<br>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interviews, the facility failed to ensure that physician's orders were followed for 1 of 5 sampled residents (Resident #2).<br><br>Finding:<br><br>Resident #2's Physician Order Summary sheet, dated 12/15/23, indicated the resident was to be weighed weekly for Congestive Heart Failure. There was no evidence in the resident's clinical record to indicate the resident was weighed on 1/26/24, 2/2/24 and 2/23/24.<br><br>The surveyor confirmed this finding in an | F 684 | | |

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

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| F 684 | Continued From page 1<br>interview with the Administrator on 3/18/24 at 2:30 p.m. | F 684 | | |
| F 880 SS=D | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§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 §483.70(e) and following accepted national standards;<br><br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;<br>(ii) When and to whom possible incidents of communicable disease or infections should be reported; | F 880 | | |

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| F 880 | Continued From page 2<br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;<br>(iv)When and how isolation should be used for a resident; including but not limited to:<br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.<br>(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<br>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.<br><br>§483.80(e) Linens.<br>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.<br><br>§483.80(f) Annual review.<br>The facility will conduct an annual review of its IPCP and update their program, as necessary.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interview, the facility failed to transport soiled linens in a sanitary manner on 1 of 3 units. (Saco unit)<br><br>Finding:<br><br>On 3/18/24 at 10:15 a.m., a surveyor observed a | F 880 | | |

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| F 880 | Continued From page 3<br>Certified Nursing Assistant #1 (CNA) carry unbagged bed linens against her body in the Saco unit corridor. During an interview with a surveyor, CNA #1 confirmed the bed linens were soiled and acknowledged that she was holding soiled bed linens close to her body.<br><br>The facilities "Handling Soiled Linen Policy & Procedure" dated 1/2020 instructs staff to place soiled linen directly into a soiled linen hamper or a plain plastic bag.<br><br>On 3/18/24 at 11:19 a.m., the surveyor confirmed the above finding in an interview with the Director of Nursing. | F 880 | | |